

Patient name:

Patient UR:

Patient DOB:

**GOALS OF PATIENT CARE SUMMARY: OVERVIEW**

**\*This page to be completed by senior medical staff\***

Regardless of the patient’s resuscitation status, the following immediately reversible causes of acute clinical deterioration should be treated: **choking, anaphylaxis, blocked tracheostomy tube, other** (please state): \_\_\_\_\_

- Resuscitation status has not been discussed – attempt full resuscitation
- Resuscitation status has been discussed but not completed - see page 3 and discuss with family
- Resuscitation status has been discussed and the following has been agreed

NO LIMITATION OF MEDICAL INTERVENTIONS				
<b>A.</b>	<b>LIFE SUSTAINING TREATMENT</b> The primary goal of care is to assist the patient to fully recover from an acute and potentially reversible deterioration. For full resuscitation and all appropriate life-sustaining treatments		→ For MET calls For ICU admission	
LIMITATION OF MEDICAL INTERVENTIONS				
<b>B.</b>	<b>LIFE SUSTAINING INTERVENTIONS WITH SOME LIMITATIONS</b> The primary goal of care is to assist the patient to fully recover from an acute and potentially reversible deterioration but with the limits defined below :	<b>C.</b>	<b>PRIMARILY SYMPTOM MANAGEMENT &amp; NON-BURDENSOME INTERVENTIONS</b> The primary goal of care is to optimise the patient’s comfort, but some less burdensome life-sustaining measures may be appropriate, as defined below:	
		YES	NO	NOT DISCUSSED Default to “YES”
Comfort management and symptom control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood tests		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NGT insertion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral / PEG antibiotics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV antibiotics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV fluids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood products		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway suction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen (via nasal prongs / mask)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non invasive ventilation (HFNP / CPAP / biPAP)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MET calls		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICU admission		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation and mechanical ventilation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac compressions *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inotropes *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* If patient is <u>not</u> for intubation and mechanical ventilation, it is not usually appropriate to offer cardiac support				
<b>D.</b>	<b>END OF LIFE CARE: MAINTAINING COMFORT &amp; DIGNITY - See “Palliative Care Symptom Management Plan”</b>			
<input type="checkbox"/>	The goal of care is to optimise the patient’s comfort and dignity	→ MET calls for <i>symptoms only</i> <u>Not</u> for ICU admission		

**This page discussed by:**  
 Child / Parent / Carer:  
 Professional [Full name & job title]:  
 Date: