## Step 3: Goals of patient care summary\*

## \*Must be completed by senior medical staff\*

| Name  |  |  |  | Date               |                                     |  |  |
|---|--|--|--|--------------------|-------------------------------------|--|--|
|   | Resuscitation status has <b>not</b> been discussed with the family — attempt full resuscitation if appropriate   |  |  |                    |                                     |  |  |
|   | Resuscitation status is currently being discussed — see notes  |  |  |                    |                                     |  |  |
|   | Resuscitation status has been discussed and the following has been agreed:   |  |  |                    |                                     |  |  |
| No limitation of medical interventions:                         |  |  |  |                    |                                     |  |  |
| A. Life-sustaining treatment                                    |  |  |  |                    |                                     |  |  |
|   | The primary goal of care is to assist the to fully recover from an acute and pot reversible deterioration. For full resust all appropriate life-sustaining treatments    | citation   |  | → For M<br>For ICU | ET calls<br>admission               |  |  |
| Limitation of medical interventions:                            |  |  |  |                    |                                     |  |  |
| B. Life-sustaining interventions with some limitations          |  | C. Primarily symptom management and non-burdensome interventions |  |                    |                                     |  |  |
|   | The primary goal of care is to assist<br>the patient to fully recover from<br>an acute and potentially reversible<br>deterioration but with the limits<br>defined below: |  | 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 –<br>default to 'Yes' |  |  |
| Comfort management and symptom control of always to be provided |  |  |  | N/A                |                                     |  |  |
| Blood tests   |  |  |  |                    |                                     |  |  |
| NGT insertion   |  |  |  |                    |                                     |  |  |
| Oral / PEG antibiotics  |  |  |  |                    |                                     |  |  |
| IV antibiotics  |  |  |  |                    |                                     |  |  |
| IV fluids   |  |  |  |                    |                                     |  |  |
| Blood products  |  |  |  |                    |                                     |  |  |
| Airway suction  |  |  |  |                    |                                     |  |  |
| Low-flow oxygen (via nasal prongs / mask)                       |  | _  |  |                    |                                     |  |  |
| High-flow oxygen  |  |  |  |                    |                                     |  |  |
| Bag and mask ventilation  |  |  |  |                    |                                     |  |  |
| Non-invasive ventilation (CPAP / BiPAP)                         |  |  |  |                    |                                     |  |  |
| MET/Code Blue calls   |  |  |  |                    |                                     |  |  |

| ICU admission   |  |  |                        |  |  |  |  |
|---|--|--|------------------------|--|--|--|--|
| Intubation and mechanical ventilation*  |  |  |                        |  |  |  |  |
| Cardiac compressions*   |  |  |                        |  |  |  |  |
| Inotropes*  |  |  |                        |  |  |  |  |
| Central venous access   |  |  |                        |  |  |  |  |
| Intraosseous needle insertion   |  |  |                        |  |  |  |  |
| *If patient is <b>not</b> for intubation and mechanical ventilation, it is not usually appropriate to offer cardiac support |  |  |                        |  |  |  |  |
| D. End of life care: maintaining comfort and dignity  |  |  |                        |  |  |  |  |
|   | The goal of care is to optimise the patient and dignity.  Consider referral to the palliative care tea | → MET calls for uncontrolled<br>symptoms/support for<br>nursing staff only |                        |  |  |  |  |
|   | to obtain a symptom management plan.   | <b>Not</b> for ICU admission   |                        |  |  |  |  |
| This goals of care document has been rescinded on date  |  |  | and no longer applies. |  |  |  |  |
|   |  |  |                        |  |  |  |  |
| Signed:   |  | ame:   |                        |  |  |  |  |