Shared goals of care plan

Family Name: _____

Given Name: _____ Gender: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

Discuss the goal of care for this admission with the person, family, whānau or other (as appropriate). Outline which treatments are more likely to cause benefit than harm during this admission.

Select the agreed goal of care and document your discussion.

Attempt CPR

A The goal of care is **curative** or **restorative.**

☐ Treatment aims to prolong life.

Attempt CPR: it is clinically recommended and in accordance with the person's known wishes.

Also for referral for ICU level care, RRT calls and all appropriate life sustaining treatments.

Additional comments: _____

Do not attempt CPR

B The goal of care is **curative** or **restorative.**

☐ Treatment aims to prolong life and enhance its quality.

Do not attempt CPR: this is likely to cause more harm than benefit or is not desired by the person.

Referral for ICU level care is appropriate ☐ Yes ☐ No

RRT calls are appropriate.

Additional comments (e.g. non-invasive ventilation, dialysis): _____

C The goal of care is primarily **improving quality of life.**

☐ Treatment aims to control symptoms, enhance wellbeing and should be easily tolerated.

Do not attempt CPR: this is likely to cause more harm than benefit.

Referral for ICU level care is unlikely to be appropriate.

RRT calls are appropriate ☐ Yes ☐ No

Additional comments (e.g. antibiotics, IV fluids, NG feeding): _____

D The goal of care is **comfort whilst dying.**

☐ Treatment aims to alleviate suffering in the last hours or days of life and allow a natural death.

Consider end of life guidelines such as *Te Ara Whakapiri.*

Do not attempt CPR, refer for ICU level of care or make RRT calls.

Additional comments (e.g. pain management, fluids): _____

This plan has been discussed with the person. If not, record reason overleaf.

Name: _____ Date: / / Time: _____

Designation: _____ Signature: _____

☐ SMO informed, name: _____

This plan is not valid unless signed and dated. Clinically review the person if there are concerns or a change in their condition. Any change to the goal of care requires a new plan and the earlier plan crossed out. Include a copy of this plan with discharge information.

SHARED GOALS OF CARE PLAN—TEST FORM

HQSC test SGOC form v16 March 2020

Shared goals of care plan

Use this side first to guide the conversation and record key points.

Family Name: _____

Given Name: _____ Gender: _____

AFFIX PATIENT LABEL HERE

Date of Birth: _____ NHI#: _____

Prepare

Consider the person's capacity, their privacy, support people, cultural needs and medical trajectory.

Do they have an:

- Advance Care Plan and/or Advance Health Directive? ☐ Yes ☐ No ☐ Unknown
- Enduring Power of Attorney (EPoA) or legally appointed guardian? ☐ Yes ☐ No ☐ Unknown

If yes, circle either EPoA or legal guardian and record their full name:

_____

Seek agreement with the person to have the conversation, with the people they want present.

Full name(s), relationship(s) and role(s) of those present: _____

_____

_____

Discuss

Ask about their understanding of their current condition and what may lie ahead.

Ask how much information they would want to know.

Share your understanding of their current condition and what may lie ahead.

Explore their values and what is important — their priorities, hopes, worries, what helps in tough times and what they would be willing to go through for more time:

_____

_____

_____

_____

_____

_____

_____

Summarise and check for shared understanding.

Recommend and close

Explain your recommendation in plain language.

Reach a decision and document the goal of care overleaf.

Additional comments: _____

_____

_____

_____

_____

☐ Further information in clinical record.

If conversation not held with person, record reason below: _____

_____

_____

_____

_____

Document follow-up plan in the clinical record.

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