

Weight: _____ kg
Height: _____ cm

Allergies: NKA or _____

Advance Care Directive Order Set

*****This Directive must remain at the front of the patient's chart*****

Summary of Goals of Care (GOC)

Patient capable of participating in care planning at the time of Goals of Care discussion Yes No

Patient has written Advance Directives Yes No

If YES, Reviewed by MRP/delegate with Patient/SDM: Yes No

Name of Substitute Decision maker(s) (SDM): _____

Relationship: _____

Participated in discussion: Patient SDM MRP MRP Delegate Discussion Deferred

Goals of Care:

Agreement between MRP and Patient/SDM on GOC: Yes No

****If NO, Conflict Resolution (CR) is in process and CR to be provided****

Code Status in the Event of Respiratory or Cardiac Arrest

*****Please check one then complete Scope of Treatment*****

Provide required cardiopulmonary resuscitation (CPR) and continue CPR as clinically indicated

Allow Natural Death (AND). Do not attempt cardiopulmonary resuscitation (no CPR)

Specific resuscitation details: _____

Scope of Treatment

Active treatment including critical care Intubation: Yes No

Active treatment excluding critical care measures

Treatment to focus on palliation and end-of-life supportive measures

Plan to support goals of care:

Previous Advanced Care Directive has been discontinued and replaced by current Advanced Care Directive, as applicable

Practitioner Signature: _____

Date (d/m/y): _____

Transcribed by: _____

Date/Time _____

Practitioner Name (printed): _____

Time _____

Checked by: _____

Date/Time _____

PHA
OE
Care Plan

Copy sent to pharmacy

BARCODE

|xxxxx/Medicine/draft/V1

