# Goals of Care Designation (GCD) Order

**Date** (yyyy-Mon-dd)  **Time** (hh:mm)

## Goals of Care Designation Order

To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

<table>
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<tr>
<th>Check</th>
<th>□ R1</th>
<th>□ R2</th>
<th>□ R3</th>
<th>□ M1</th>
<th>□ M2</th>
<th>□ C1</th>
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Check ✓ here □ if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________

**Patient’s location of care where this GCD Order was ordered** *(Home; or clinic or facility name)*

## Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)

- □ This GCD has been ordered after relevant conversation with the patient.
- □ This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM’s should be noted on the ACP/GCD Tracking Record)*
- □ This is an interim GCD Order prior to conversation with patient or ADM.

## History/Current Status of GCD Order

Indicate one of the following

- □ This is the first GCD Order I am aware of for this patient.
- □ This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order)*.
- □ This GCD Order is unchanged from the most recent prior GCD.

## Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD

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<th>Name</th>
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## Signature

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In the above descriptions, when indicating "discussions with the Patient," it is to be assumed that this means a capable Patient, a Mature Minor, or a designated Alternate Decision Maker (ADM). If a patient is incapable and hydration.

Life Sustaining Measures

compressions, mechanical ventilation, defibrillation, other resuscitative measures, and physiological support.

mean interventions typically undertaken in the Intensive Care Unit but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest deterioration should be discussed with the Patient in advance of the

Transfer: is not undertaken. 

•   Transfer: 

•   Major Surgery: should be discontinued after discussion with the Patient.

Life Sustaining Measures: are usually undertaken, but can be contemplated if symptom

is undertaken for acute deterioration, but

is not usually undertaken, but can be

Resuscitation if required followed by ICU care. In Pediatrics, ICU can be considered if that location is deemed the best location for delivery of specific short-term care if required.

M: Medical Care and Interventions, Excluding Resuscitation.

Focus of Care and interventions are for the active palliative care, symptom-based care for this particular Patient. In this circumstance (see below in Major Surgery), any appropriate investigations/interventions that can be directed at symptom control and psychosocial and spiritual support in advance of expected to benefit from attempted resuscitation followed by life-sustaining care in an ICU. In Pediatrics, ICU can be considered if that location is deemed the best location for delivery of specific short-term care if required.

R3: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be attempted resuscitation and ICU care, including medical care for symptom control and psychosocial and spiritual support in advance of expected to benefit from attempted resuscitation followed by life-sustaining care in an ICU. In Pediatrics, ICU can be considered if that location is deemed the best location for delivery of specific short-term care if required.

R2: Patient is expected to stop treatment and to return to the focus to comfort care. If there is no indication of ongoing life-sustaining care in the hospital, the Focus of Care is comfort care. If there is no indication of ongoing life-sustaining care in the hospital, the Focus of Care is comfort care.

R1: Patient is expected to benefit from attempted resuscitation and ICU life-sustaining care in an ICU. In Pediatrics, ICU can be considered if that location is deemed the best location for delivery of specific short-term care if required.