
This paper GCD Order form has been developed after extensive input from stakeholders and arising from the use experience of previous GCD Order form versions.

The following guide describes the form’s elements and their correct completion.

While the key element is the signed GCD Order, the other elements are very important so that receiving care teams understand the context of that Order. Completing all fields is the safest approach for quality patient care and for support of colleagues.

If a GCD is changed for a patient during their care episode, a new GCD Order Form is to be completed.

A ‘screen’ shot of each field follows, with an explanation and some examples included:

1. Enter Date and Time in the appropriate boxes.

2. Place a check mark in the box beside the GCD that you are ordering. Below that designation, write your initials in the line provided that corresponds to the GCD you have selected. If this Order has been provided as a verbal Order to a Registered Nurse, that nurse should place a checkmark within the relevant box, and place his or her initials in the relevant line below the selected GCD, and then the Physician co-initials on this line at the earliest possible opportunity.

3. In the uncommon situation in which a dispute resolution mechanism is being undertaken, place a checkmark in the indicated box, and write any important details on the ACP/GCD Tracking Record. These steps provide the patient with a covering GCD Order, but signal that further determination of GCD may be impacted by a dispute resolution process. This also guides practitioners to be carefully reflective of undertaking particular interventions that might be relevant to the decision-making dispute.
4. Specific clarifications. In this section, write in special clarifications. For instance, “This patient refuses PEG tube feeds”. Or, in the case of a patient with an M1 GCD who fracture his hip: “This patient is scheduled for emergency surgery and agrees to post-op ICU monitoring if necessary, but his GCD Order supports such an action only for goal-directed and very limited time.” Document these specific clarifications on the ACP/GCD Tracking Record as well.

5. Location of Care – Indicate the patient’s location of care where this GCD Order is ordered.

6. Patient or ADM involvement – Place a checkmark in one of the three applicable boxes. This assists current and future care providers to understand the degree to which patients or ADMs are involved and aware of the GCD Order and the decision-making that went into this Order. For a situation in which a Supported Decision Maker is involved, and both the patient and the SDM have been part of the discussion, it is acceptable to check both of the first two boxes. The third box is checked for the uncommon circumstance in which a GCD Order is provided by a physician prior to a conversation with the patient or ADM. This might occur in the case of admission Orders being provided remotely by phone. The conversation still needs to be completed, and should occur as soon as possible. Once the conversation has occurred, the physician can check the appropriate box in this section and initial the change.

Include the names of formally appointed or of informal ADMs who were involved in the discussion, in the ACP/GCD Tracking Record.
7. History/current status of GCD Order – Place a checkmark in one of the three applicable boxes. This provides relevant information regarding the recent history of GCD decisions, and is especially important for safe patient transitions between care environments. Validating or altering GCD Orders by the most responsible physician from a receiving care team is a key action in safe transitions.

8. Name and signature of physician or designate, and discipline - Print the name of the attending physician or Resident physician or, if designated to write these Orders, the Nurse Practitioner. Indicate the discipline and write your signature, including the date. If a verbal GCD order is provided to a Registered Nurse, the RN’s name and signature is included here, indicating that this is a verbal Order and naming the Physician who provided it. The Order is then co-signed by the Attending Physician, in this same space, at the earliest possible opportunity.

* A detailed description guide is on the back of the GCD Order form, to assist in interpreting the application of the GCD architecture in most clinical situations.