

**Guide to using the new (2013/14) Goals of Care Designation Order Form – January 2014**

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.

Goals of Care Designation (GCD) Order	
Date (yyyy-Mon-dd)	Time (hh:mm)
Goals of Care Designation Order	

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.

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. <i>(See reverse side for detailed definitions)</i>								
Check	▶	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> M1	<input type="checkbox"/> M2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
Initials	▶	_____	_____	_____	_____	_____	_____	_____
Check <input checked="" type="checkbox"/> here <input type="checkbox"/> if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution								

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.

Check <input checked="" type="checkbox"/> here <input type="checkbox"/> 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

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.

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.

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

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

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

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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.

**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.

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.

<input type="checkbox"/> This is an interim GCD Order prior to conversation with patient or ADMIT.	
<b>History/Current Status of GCD Order</b> Indicate one of the following	
<input type="checkbox"/> This is the first GCD Order I am aware of for this patient.	
<input type="checkbox"/> This GCD Order is a revision from the most recent prior GCD ( <i>See ACP/GCD Tracking Record for details of previous GCD Order</i> ).	
<input type="checkbox"/> This GCD Order is unchanged from the most recent prior GCD.	
Name of Physician/Designated Most Responsible Health	Discipline

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.

<input type="checkbox"/> This GCD Order is unchanged from the most recent prior GCD.	
Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date (yyyy-Mon-dd)

\* 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.

Goals of Care Designations – Guide for Clinicians		
<p><b>R:</b> Medical Care and Interventions, including Resuscitation if required followed by Intensive Care Unit admission. Focus of Care and interventions are for cure or control of the Patient's condition. The Patient would desire and is expected to benefit from attempted resuscitation and ICU care if required.</p> <p><b>R1:</b> Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is undertaken for acute deterioration, and may include intubation and chest compression</li> <li>• Life Support Interventions: are usually undertaken</li> <li>• Life Sustaining Measures: are used when appropriate</li> <li>• Major Surgery: is considered when appropriate.</li> <li>• Transfer: is considered for diagnosis and treatment, if required</li> </ul> <p><b>R2:</b> Patient is expected to benefit from and is accepting of</p>	<p><b>M:</b> Medical Care and Interventions, Excluding Resuscitation. Focus of Care and interventions are for cure or control of the Patient's condition. The Patient either chooses to not receive or would not be 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 <u>symptom</u>-directed care.</p> <p><b>M1:</b> All clinically appropriate medical and surgical interventions directed at cure and control of condition(s) are considered, excluding the option of attempted life-saving resuscitation followed by ICU care. See above, regarding Pediatrics and ICU.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is not undertaken for cardio respiratory arrest.</li> <li>• Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient.</li> <li>• Life Sustaining Measures: are used when appropriate.</li> <li>• Transfer: to another location of care is considered if that location provides more appropriate circumstances for diagnosis and treatment</li> <li>• Major Surgery: is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered including short-term</li> </ul>	<p><b>C:</b> Medical Care and Interventions, Focused on Comfort. Focus of Care and Interventions are for the active palliative treatment of the Patient who has a terminal illness, and support for those close to them. This includes medical care for symptom control and psychosocial and spiritual support in advance of death. Care can be provided in any location best suited for these aims, including an ICU, a Hospice or any location that is the most appropriate for symptom-based care for this particular Patient.</p> <p><b>C1:</b> All care is directed at maximal symptom control and maintenance of function without cure or control of an underlying condition that is expected to cause eventual death. Treatment of Intercurrent Illnesses can be contemplated only after careful discussion with the Patient about specific short-term goals.</p> <ul style="list-style-type: none"> <li>• Resuscitation: is not undertaken.</li> <li>• Life Support Interventions: should not be initiated, or should be discontinued after discussion with the Patient.</li> <li>• Life Sustaining Measures: are used only for goal directed</li> </ul>