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)

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

Signature

Date (yyyy-Mon-dd)
AHS policy

Advance Care Planning and Goals of Care Designation Clinical Knowledge Topic

Please review the

is considered for diagnosis and treatment. Operatively should be addressed with the patient in advance of the proposed complications including death and the requirement for physiological support postoperatively. Major Surgery: Life Sustaining Measures: Life Support Interventions: Resuscitation: General Guidelines: Transfer to another location of care: Transfer from current location of care: Transfer between locations of care:

Operative death (option: life-threatening intra-operative deterioration) should be considered, including short term physiological and mechanical compression. Life Support Interventions: Life Sustaining Measures: General Guidelines: Transfer: Treatment: M2: The goals of care are aimed at cure or control, almost always within any location for is required for diagnosis and treatment. M1: The goals of care are aimed at cure or control, regardless of location of care. R2: Goals of care are directed at cure or control of a patient’s condition. Treatment is not to be undertaken in the event of cardio respiratory arrest/failure. Chest compressions or intubation should not be performed. R1: Goals of care are directed at symptom control rather than cure or control of the patient’s condition. These patients either choose to not receive care in an ICU or would not benefit from ICU care. Goals of care are aimed at cure or control of a patient’s condition.

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