



Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Goals of Care Designation (GCD) Order

Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
---------------------------	---------------------

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 Initials	▶ <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
	_____	_____	_____	_____	_____	_____	_____

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	Discipline
Signature	Date <i>(dd-Mon-yyyy)</i>

Goals of Care Designations – Approach to Care Guide for Clinicians

<p>R1: Medical Care, Including Resuscitative Care, if Required Goals of care are directed at cure or control of the patient's condition. The patient would desire ICU care if it was required and would benefit from ICU if their medical condition warranted it.</p> <p>R2: Goals of care are directed at cure or control of a patient's condition. Treatment of illness may include transfer to an acute or tertiary care facility with admission to the ICU if required. Intubation or chest compressions may be provided.</p> <ul style="list-style-type: none"> • General Guidelines: for patients who would benefit from, and are accepting of, any appropriate investigations and interventions that health systems can offer, including physiological support in an ICU setting if required. All appropriate supportive therapies are offered, including intubation. Chest compressions and intubation are performed during a resuscitative effort when clinically indicated. • Resuscitation: is undertaken for cardio respiratory arrest or acute deterioration. • Life Support Interventions: is undertaken for cardio respiratory arrest or acute deterioration. • Life Sustaining Measures: are used when appropriate within overall goals of care. • Major Surgery: is considered when appropriate. The possibility of intra-operative complications including death and the requirement for physiological support post-operatively should be addressed with the patient in advance of the proposed surgery, and general decision-making guidance agreed upon. • Transfer from current location of care: is considered if an alternative location for is required for diagnosis and treatment. <p>R3: Goals of care are directed at cure or control of a patient's condition. Treatment of illness may include transfer to an acute or tertiary care facility with admission to the ICU if required, but chest compressions or intubation should not be performed.</p> <ul style="list-style-type: none"> • General Guidelines: for patients who would benefit from, and are accepting of, any appropriate investigations and interventions that the health system can offer, including physiological support in an ICU setting if required, but excluding intubation and chest compressions. • Resuscitation: is undertaken for acute deterioration but intubation and chest compression should not be performed • Life Support Interventions: may be offered without intubation or chest compression. • Life Sustaining Measures: are used when appropriate within overall goals of care. • Major Surgery: is considered when appropriate. The possibility of intra-operative complications including death and the requirement for physiological support post-operatively should be addressed with the patient in advance of the proposed surgery, and general decision-making guidance agreed upon. • Transfer from current location of care: is considered for diagnosis and treatment, if required. 	<p>M1: Medical Care and Interventions, Excluding Resuscitation Goals of care are directed at cure or control of a patient's condition. These patients either choose to not receive care in an ICU or would not benefit from ICU care.</p> <p>M2: The goals of care are aimed at cure or control, almost always within the patient's current care environment. Treatment of illness may be undertaken in the current location without transfer to acute or tertiary care should that condition deteriorate.</p> <ul style="list-style-type: none"> • General Guidelines: all interventions that can be offered in the current location of care are considered. If a person deteriorates further and is no longer amenable to cure or control interventions in that location, the goals of care designation should be changed to focus on comfort primarily. • Resuscitation: is not undertaken for cardiorespiratory arrest. • Life Support Interventions: should not be initiated or should be discontinued after discussion with the patient. • Life Sustaining Measures: are used when appropriate. • Major Surgery: is not usually undertaken but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiological and mechanical support in an ICU, in order to return the patient to prior level of function. The possibility of intra-operative death (option: life-threatening intra-operative deterioration) should be discussed with the patient/family in advance of the proposed surgery, and general decision-making guidance agreed upon. • Transfer to another location of care: is not usually undertaken, but can be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can best be undertaken at that other location. 	<p>C1: Medical Care and Interventions, Focused on Comfort Goals of care are directed at symptom control rather than at cure or control of a patient's underlying condition that is expected to result in death. All interventions are for symptom relief.</p> <p>C2: Goals of care are aimed at preparation for imminent death (usually within hours or days) with maximal efforts directed at symptom control.</p> <ul style="list-style-type: none"> • General Guidelines: expert care can be provided in any location. • Resuscitation: is not to be undertaken in the event of cardio respiratory arrest/failure. Chest compressions or intubation should not be performed. • Life Support Interventions: should not be initiated or should be discontinued after discussion. • Life Sustaining Measures: should be discontinued unless required for goal directed symptom management. • Major Surgery: is not appropriate. • Transfer: to another site is usually not undertaken due to risk of death during transport.
<p>Please review the <i>Advance Care Planning and Goals of Care Designation Clinical Knowledge Topic</i> and/or <i>Advance Care Planning/Goals of Care Designation AHS policy</i> for additional guidance.</p>	<p>M3: The goals of care are aimed at cure or control in any location of care, without accessing a tertiary level ICU. Treatment of illness may include transfer to an acute or tertiary care facility without admission to a tertiary level ICU.</p> <ul style="list-style-type: none"> • General Guidelines: all active medical and surgical interventions aimed at cure and control of conditions are considered, within the bounds of what is clinically indicated, and excluding the option of admission to a tertiary level ICU for life-saving interventions. If a person deteriorates further and is no longer amenable to cure or control interventions, the goals of care designation should be changed to focus on comfort primarily. • Resuscitation: is not undertaken for cardio respiratory arrest. • Life Support Interventions: should not be initiated or should be discontinued after discussion with the patient or alternate decision-maker. • Life Sustaining Measures: are used when appropriate within overall goals of care. • Major Surgery: is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiological and mechanical support in an ICU, in order to return the patient to prior level of function. The possibility of intra-operative death (option: life-threatening intra-operative deterioration) should be discussed with patient in advance of the proposed surgery, and general decision-making guidance agreed upon. • Transfer to another location of care: is considered if an alternative location for is required for diagnosis and treatment. 	<p>C3: Goals of care are for maximal symptom control and maintenance of function, without cure or control of the underlying condition. A diagnosis exists which is expected to cause eventual death.</p> <ul style="list-style-type: none"> • General Guidelines: A diagnosis exists which is expected to cause eventual death. New illnesses are not generally treated unless control of symptoms is the goal. • Resuscitation: is not to be undertaken in the event of cardio respiratory arrest/failure. Chest compressions or intubation should not be performed. • Life Support Interventions: should not be initiated or should be discontinued after discussion with the patient. • Life Sustaining Measures: can be used for goal directed symptom management. • Major Surgery: is not usually undertaken but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiological and mechanical support in an ICU, in order to return the patient to prior level of function. The possibility of intra-operative death (option: life-threatening intra-operative deterioration) should be discussed with the patient/family in advance of the proposed surgery, and general decision-making guidance agreed upon. • Transfer: should be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can best be undertaken at another location. Transfer to an ICU is warranted if ICU is deemed to be the best location for palliation, especially in the pediatric environment.