

Current Understanding of Illness, Frailty, Decline and Prognosis

Resident Values, Beliefs

What is important for maintaining the resident's quality of life and personal identity?

Goal(s) of Care

- Focus on comfort/symptom management, quality of life (comfort)
- Focus on managing illness while maintaining current function/independence (less invasive tests and interventions)
- Focus on treatment of illness (more invasive tests and interventions, hospitalization)
- Focus on extending life (resuscitative)

Comments:

End of Life Wishes - *What is important to the resident when they are at end-of-life?*

Future health and personal care preferences

Transfer to ED for urgent diagnostics and treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CPR <i>(WITNESSED cardiac events only - if resident is found without a pulse following an unwitnessed event, CPR will not be initiated)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stay at Perley Health for diagnostics and treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stay at Perley Health for palliative/comfort care	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Advanced Interventions not available at Perley Health

(only discussed if resident wants to be admitted to hospital for treatment)

Chemotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> N/A
Surgery (e.g. cardiac, hip)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> N/A
Dialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> N/A
Tube Feeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> N/A
Ventilator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> N/A

Comments:

Resident Name:

Substitute Decision Maker Name:

Information and preferences recorded above reflect discussion held with:

The Resident Substitute Decision Maker

Date:

Physician:

DISCLAIMER: Information and preferences recorded on this form reflect the discussion held on this day and are NOT legally binding. These can be changed at any time. Preferences are based on the resident's current health condition and prognosis. Following all future health events, the resident/SDM(s) will be contacted to discuss the proposed plan of care and obtain informed consent.

If staff are unable to obtain informed consent from the resident/reach any of the resident's SDM(s) following an ACUTE health event, these preferences will be used to help guide care.