Alberta Health Services

Affix patient label within this box

Goals of Care Designation (GCD) Order

Date *(yyyy-Mon-dd)*	Time *(hh:mm)*

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 ▶	☐ R1	☐ R2	☐ R3	☐ M1	☐ M2	☐ C1	☐ C2
Initials ▶							

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 *(yyyy-Mon-dd)*

Goals of Care Designations – Guide for Clinicians

R: 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.

R1: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care.

- **Resuscitation:** is undertaken for acute deterioration, and may include intubation and chest compression
- **Life Support Interventions:** are usually undertaken
- **Life Sustaining Measures:** are used when appropriate
- **Major Surgery:** is considered when appropriate.
- **Transfer:** is considered for diagnosis and treatment, if required

R2: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation, intubation and ICU care, but excluding chest compression

- **Resuscitation:** is undertaken for acute deterioration, but chest compression should not be performed
- **Life Support Interventions:** may be offered **without** chest compression
- **Life Sustaining Measures:** are used when appropriate
- **Major Surgery:** is considered when appropriate
- **Transfer:** is considered for diagnosis and treatment, if required

R3: Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care, but excluding intubation and chest compression

- **Resuscitation:** is undertaken for acute deterioration but intubation and chest compression should not be performed
- **Life Support Interventions:** may be offered **without** intubation and **without** chest compression
- **Life Sustaining Measures:** are used when appropriate
- **Major Surgery:** is considered when appropriate
- **Transfer:** is considered for diagnosis and treatment, if required

M: 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 symptom-directed care.

M1: 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.

- **Resuscitation:** is **not** undertaken for cardio respiratory arrest.
- **Life Support Interventions:** should **not** be initiated, or should be discontinued after discussion with the Patient.
- **Life Sustaining Measures:** are used when appropriate.
- **Transfer:** to another location of care is considered if that location provides more appropriate circumstances for diagnosis and treatment
- **Major Surgery:** is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and documented.

M2: All clinically appropriate interventions that can be offered in the current <u>non-hospital</u> location of care are considered.
If a patient does not respond to available treatments in this location of care, discussion should ensue to change the focus to comfort care. Life-saving resuscitation is not undertaken except in unusual circumstances (see below in Major Surgery).
See above, regarding Pediatrics and ICU.

- **Resuscitation:** is **not** undertaken for cardio respiratory arrest.
- **Life Support Interventions:** should **not** be initiated, or should be discontinued after discussion with the Patient.
- **Life Sustaining Measures: are** used when appropriate.
- **Transfer:** is not usually undertaken, but can be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can be best undertaken at that other location.
- **Major Surgery:** can be considered, in order to prevent suffering from an unexpected trauma or illness. Resuscitation during surgery or in the recovery room can be considered, including short term physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and noted as special circumstances on the GCD Order Form and Tracking Record.

C: 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.

C1: 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.

- **Resuscitation:** is not undertaken.
- **Life Support Interventions:** should **not** be initiated, or should be discontinued after discussion with the Patient.
- **Life Sustaining Measures: are** used only 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 physiologic and mechanical support in an ICU, in order to return the Patient to prior level of function, but this would be a rare circumstance. The possibility of intra-operative death or life-threatening deterioration should be discussed with the Patient in advance of the proposed surgery and general decision-making guidance agreed upon and documented.
- **Transfer:** to any appropriate location of care can be considered at any time, to better understand or control symptoms.

C2: All care is directed at preparation for imminent death [usually within hours or days] with maximal efforts directed at symptom control.

- **Resuscitation:** is not undertaken.
- **Life Support Interventions:** should not be initiated, or should be discontinued after discussion with the Patient.
- **Life Sustaining Measures:** should be discontinued unless required for symptom management.
- **Major Surgery:** is not appropriate.
- **Transfer:** is usually not undertaken but may be considered if required.

Note that specific interventions can be acceptable acts within multiple Goals of Care Designations. It is the goal or intention of the intervention that determines consistency with a Designation.

Life Support Interventions mean interventions typically undertaken in the Intensive Care Unit but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest compressions, mechanical ventilation, defibrillation, other resuscitative measures, and physiological support.

Life Sustaining Measures mean therapies that sustain life without supporting unstable physiology. Such therapies can be used in multiple clinical circumstances. When viewed as life sustaining measures, they are offered in either a) the late stages of an illness in order to provide comfort or prolong life, or b) to maintain certain bodily functions during the treatment of intercurrent illnesses. Examples include enteral tube feeding and parenteral hydration.

Resuscitation means the initial effort undertaken to reverse and stabilize an acute deterioration in a Patient's vital signs. This may include chest compressions for pulselessness, mechanical ventilation, defibrillation, cardioversion, pacing, and intensive medications. Patients who have opted to not have chest compressions and/or mechanical ventilation may still be considered for other resuscitative measures (see Designation R3).

In the above descriptions, when indicating "discussions with the Patient", it is to be assumed that this means a capable Patient, a Mature Minor, or a designated Alternate Decision Maker (ADM). If a patient is incapable and there is no designated ADM, appropriate people within the patient's close circle can be consulted.