

<p style="text-align: center;">Residential Aged Care document</p> <p>GOALS OF PATIENT CARE (MEDICAL)</p> <p style="text-align: center;">For completion by Resident's doctor</p> <p>Facility.....</p> <p>Address.....</p>	<p style="text-align: center;">AFFIX PATIENT IDENTIFICATION LABEL HERE</p> <p>U.R. NUMBER: _____</p> <p>SURNAME: _____</p> <p>GIVEN NAME: _____</p> <p>DATE OF BIRTH: ____/____/____ SEX: _____</p>
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Main health problems: _____

Advance Care Directive/Plan available for this resident / patient → Yes No ACP information provided

Name of Medical Enduring Power of Attorney (if appointed) _____

OR

Name of 'Person Responsible' (Legal Substitute decision-maker) _____

◆ Personal & Legal relationship to resident / patient _____

Contact phone numbers Home _____ Mobile _____

Choose ONE option from A, B, C or D --- Add further comments where required

GOAL A: FOR TREATMENT OF ALL REVERSIBLE ILLNESSES

FOR CPR and appropriate life-sustaining treatments → **FOR TRANSFER TO HOSPITAL**
(if required treatment cannot be provided in the facility)

GOAL B: FOR TREATMENT OF REVERSIBLE ILLNESS WITH FOLLOWING LIMITATIONS

NOT FOR CPR or INTUBATION → **FOR TRANSFER TO HOSPITAL**
- but is for other appropriate life-sustaining treatments (if required treatment cannot be provided in the facility)

GOAL C: FOR TREATMENT OF REVERSIBLE ILLNESS ABLE TO BE MANAGED WITH SIMPLE, NON-BURDENSOME TREATMENT. GOOD SYMPTOM MANAGEMENT

NOT FOR CPR or INTUBATION

- is for treatment of illness if this can be done without causing excessive distress. For hospital treatment if required. → Aim to provide care in the facility but **TRANSFER TO HOSPITAL** if necessary

OR

- is for trial of treatment at the facility, if this can be done without causing excessive distress. If deteriorates, is for comfort measures only. → **NOT FOR TRANSFER TO HOSPITAL** if condition deteriorates - unless symptoms cannot be managed in facility eg fracture

OR

- **NOT** for life-prolonging treatment of new illness / deterioration. All treatment is aimed at comfort and relieving symptoms. → **NOT FOR TRANSFER TO HOSPITAL** unless symptoms cannot be managed in the facility eg fracture

GOAL D: COMFORT DURING DYING – TERMINAL CARE (prognosis is assessed to be hours or days)

All treatment is aimed at relieving symptoms and supporting the resident / patient and their family / important others → **Commence End-of-life Plan**
→ **NOT FOR TRANSFER TO HOSPITAL** unless symptoms cannot be managed in the facility eg fracture pain

I have discussed above Goals of Care with → Resident / Patient Medical EPOA or 'Person Responsible' (named above)

Others involved in discussion _____

Doctor's name (print): _____ Doctor's Designation: _____

Date: _____ Doctor's Signature: _____

CPR = Cardiopulmonary Resuscitation ACP = Advance Care Plan / Directive



COMPLETING AND IMPLEMENTING THE GOALS OF PATIENT CARE SUMMARY

The Goals of Patient Care Summary should be completed by the General Practitioner.

It is important that any Advance Care Planning is translated into Medical Orders using this Goals of Patient Care form, so they can be followed by other clinical staff.

PHYSICIANS TO UPDATE FORM WHEN REVIEWING RESIDENT AT TIMES OF CLINICAL CHANGE

FOR ALL RESIDENTS / PATIENTS: identify and document:

- Appointment of a **Medical Enduring Power of Attorney** and/or other **Advance Care Planning** documents or requests.
- If no **Medical Enduring Power of Attorney** appointed, and the resident / patient has capacity, identify who they would wish to speak on their behalf if they became incapable of participating in medical decisions. The Resident needs to complete a **Medical Enduring Power of Attorney** if that person is not their **'Person Responsible'**.
- If the Resident is unable to nominate a substitute decision-maker, then identify the **'Person Responsible'** (see list below).

GOALS OF CARE ASSESSMENT: Clinical evaluation to determine 'Goals of Care' for this resident / patient:

▪ **Management of potentially reversible illness (Goal A, B or C)**

A Treat with no treatment limitation

B Treat with some treatment limitation including not for CPR and not for intubation and ventilation

▪ Limitations of medical treatment should be considered:

- if the treatment provides no potential benefit to resident / patient
- if treatment burdens far outweigh potential benefits
- if resident / patient has refused the treatment; their Medical EPOA has refused the treatment on their behalf; or if their Person Responsible states that the resident / patient would not have wanted that treatment.

C Treat with simple, non-burdensome treatment. Remember, that what is burdensome for one person may not be burdensome for another person.

- Some residents and their families will accept / request transfer to hospital if necessary for treatment
- Some residents and their families will accept treatment at the facility but decline transfer to hospital if the resident is not responding to this.
- Some residents and their families will choose comfort measures only.
- Consider if medications need to be prescribed and made available in case of potential symptoms

▪ **Goal D requires diagnosis and management of dying. All treatment should be aimed at comfort and supportive measures only.** When the resident / patient is clearly dying it is important that the substitute decision-maker / family are aware of this.

- Prescribe medications that may be needed for symptoms – subcutaneous analgesic, anti-emetic, sedative and others as indicated clinically. Are regular medications required as well as PRN?

ENSURE COPIES OF THE GOALS OF PATIENT CARE SUMMARY AND THE ADVANCE CARE PLAN ACCOMPANY THE RESIDENT IF THEY ARE TRANSFERRED TO HOSPITAL OR ARE ATTENDING A DOCTOR'S APPOINTMENT

PERSON RESPONSIBLE

Reference: [http://www.publicadvocate.vic.gov.au/file/Consent_flowchart2011\[1\].pdf](http://www.publicadvocate.vic.gov.au/file/Consent_flowchart2011[1].pdf)

When a patient is unable to consent to treatment, the practitioner can obtain consent from the Person Responsible in following order:

1. An agent - appointed with enduring power of attorney (medical treatment)
2. A person appointed by VCAT to make decisions about proposed treatment
3. A guardian - appointed by VCAT with health care powers
4. An enduring guardian - appointed with health care powers
5. A person appointed by the patient in writing to make medical & dental treatment decisions including proposed treatment
6. The spouse or domestic partner
7. The primary carer, including Centrelink paid carers but excluding all other paid carers
8. The patient's nearest relative over the age of 18: a. son or daughter, b. father or mother, c. brother or sister, d. grandfather or grandmother, e. grandson or granddaughter, f. uncle or aunt, g. nephew or niece.

(Where two relatives are in the same position, the elder will be the Person Responsible.)