

Our Direction of Care





Support and Information

Dear Patient / Family Member:

We realize that this is a very difficult time for you, as you are in the process of making important decisions regarding your health, or the health of your loved one. At this point it is very important for our healthcare team to discuss your wishes related to our direction of care. We are providing you with this guide to assist you during this important process. This guide can be very helpful when you talk with your healthcare team as it will allow you to better understand clinical information and options that best meet your values and goals.

Here are some ideas that might help you in the decision-making process:

1. Minimal Acceptable Outcome:

- The minimum quality of life that would be acceptable for you or your loved one.

2. Maximum Acceptable Burden:

- How much burden, and for how long, might you or your loved one be willing to endure?
- Will you or your loved one accept that he/she is likely to suffer discomfort?
- Can you or your loved one accept having to depend on others?

3. Degree of Certainty: There is never 100 percent certainty in medicine.

- How certain would you want the medical team to be in order for #1 and #2 to be achieved?

If we have a patient family conference, please be ready to discuss the following questions. It would be very important that your loved one's decision makers attend the conference.

QUESTIONS TO ASK THE PHYSICIANS

1. Current Medical Condition:
☐ Stable ☐ Improving ☐ Same ☐ Worsening ☐ Critical
2. Overall Prognosis (outlook):
☐ Excellent ☐ Good ☐ Guarded ☐ Poor
3. Treatments received: _____
4. Number of ER/hospital admissions for the same condition in the last year: _____
5. How long the patient is expected to live (based on the physician's clinical experience or on evidence-based research. There is never 100 percent certainty):

| <i>With Treatment</i> | <i>Without Treatment</i> |
|--|--|
| <input type="checkbox"/> Hours to Days | <input type="checkbox"/> Hours to Days |
| <input type="checkbox"/> Days to Weeks | <input type="checkbox"/> Days to Weeks |
| <input type="checkbox"/> Weeks to Months | <input type="checkbox"/> Weeks to Months |
| <input type="checkbox"/> Months to Years | <input type="checkbox"/> Months to Years |
6. Expected quality of life based on the physicians' experience or evidence-based research:

| <i>With Treatment</i> | <i>Without Treatment</i> |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Good. Able to perform and enjoy meaningful activities. |
| <input type="checkbox"/> | <input type="checkbox"/> Limited by serious medical problems. Still able to perform and enjoy meaningful activities. |
| <input type="checkbox"/> | <input type="checkbox"/> Poor. Severe medical problems are likely to cause pain and suffering. It is unlikely that the patient will be able to perform and enjoy meaningful activities. |
7. Current Code Status: ☐ Full Code ☐ Do Not Attempt Resuscitation (DNAR)
8. Recommended Code Status: ☐ Full Code ☐ Do Not Attempt Resuscitation (DNAR)
9. Treatment recommended:
 - ☐ To continue/start with full aggressive measures.
 - ☐ Time Limited Trial for the following length of time _____
 - ☐ To treat only these symptoms _____
 - ☐ Palliative Care (To provide advanced symptom management while continuing to treat the main condition.)
 - ☐ Hospice Care (Focus on comfort care only.)
10. If starting or continuing with full aggressive measures:
Benefits: _____
Risks: _____

QUESTIONS THE PATIENT/ FAMILY SHOULD BE READY TO TALK ABOUT

1. What is your relationship with the patient: _____
2. To the best of your knowledge, do you know what the patient would want in this situation?
 - ☐ He/she would want to fight the disease/condition until the last possible moment.
 - ☐ He/she would like to remain on life support, even though a physician has said that his/her condition cannot be changed or is terminal.
 - ☐ He/she “would want a life with quality more than a long life.”
 - ☐ He/she has asked not to be placed on life support, or receive aggressive medical care if his/her condition cannot be changed or is terminal.
3. When creating a care plan with the health care team, and with the patient’s cultural or religious beliefs in mind, do you feel that you are acting:
 - ☐ In the patient’s best interest and following his/her already expressed wishes. (This knowledge is based on verbal or written POLST or a Durable Power of Attorney.)
 - ☐ Based on what I consider to be in the patient’s best interest.
4. In the process of making decisions for the patient you:
 - ☐ Have included the most significant people in the patient’s life, such as family and friends, and have come to an agreement.
 - ☐ Have asked for advice from a healthcare professional such as a doctor, nurse, or social worker.
 - ☐ Have asked for advice from a spiritual or faith-based advisor, such as a priest or pastor.

Any member of your healthcare team can assist you with the above.

NOTES FROM PATIENT/FAMILY CONFERENCE

Date: _____

Physician Name: _____ Specialty _____

Physician Name: _____ Specialty _____

Physician Name: _____ Specialty _____

Other questions / concerns:

[illegible]



NOTES

[illegible]