

Current understanding of illness, decline and prognosis

Resident values, beliefs

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

Future health and personal care preferences

CPR, Defibrillator	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Transfer to ED for advanced/urgent diagnostics and treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	
Stay at Perley Rideau for diagnostics and treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	
Stay at Perley Rideau for palliative/comfort care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	
Chemotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> N/A
Surgery (e.g. cardiac, hip)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> N/A
Medications (e.g. for infections)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> N/A
Dialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> N/A
Tube Feeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> N/A
Ventilator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<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.



Perley Rideau

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