

## Goals of Care Conversations with High-Risk Patients (or their Surrogates)

Document in CPRS using Life-Sustaining Treatment Progress Notes and Orders

☐ Yes ☐ No *If no, discuss goals of care with the VA-authorized surrogate.*

*Person at the highest level of the VA surrogate hierarchy is authorized by policy to serve as the patient's surrogate.*

*If talking to the patient: Make sure patient knows who would be authorized to serve as their surrogate after loss of capacity.*

Surrogate's relationship to the patient:

- ☐ Health Care Agent *named in an advance directive*
- ☐ Legal/Special Guardian *named by a court of law*
- ☐ Next-of-kin 18+ years of age (circle): Spouse - Adult Child(ren) - Parent(s) - Sibling(s) - Grandparent(s) - Grandchild(ren)
- ☐ Close Friend
- ☐ Patient has no surrogate

Surrogate(s) name(s):

Contact information:

Does the patient want to name a different surrogate? ☐ Yes ☐ No ☐ NA

*If yes, they must complete a Durable Power of Attorney for Health Care in an advance directive. Telling you is not enough!*

*If talking to the surrogate: Review documents **now** to help the surrogate understand the patient's preferences.*

*If talking to the patient: Review documents **at the end** to make sure they are consistent with the patient's preferences.*

- ☐ No such documents were available in the record or presented by the patient (or surrogate).
- ☐ Reviewed all such available/presented documents with patient (or surrogate).
- ☐ Other / Comments:

Tell me what you know about your illness. OR What have other doctors told you about your health?

☐ Yes ☐ Other:

Given this situation, what's most important to you? OR What would your dad tell us was important to him now?

What do you want to accomplish through your health care?

Is there anything you want to avoid?

☐ In the patient's (or surrogate's) own words:

- ☐ To be cured of:
- ☐ To prolong life
- ☐ To improve or maintain function, independence, quality of life
- ☐ To be comfortable
- ☐ To obtain support for family/caregiver
- ☐ To achieve life goals, including:

*Don't ask the patient (or surrogate) to rank goals here. They need to understand the risks, benefits, and trade-offs of specific treatments required to pursue stated goals in order to make informed decisions about their relative importance (next section).*

## 6. What is the **plan for use of life-sustaining treatments**?

It's helpful to know in advance if you would or wouldn't want certain procedures if you got sicker.

*Before making shared decisions, explore knowledge about procedure(s) and provide information that would be helpful to this patient.*

Would you like me to make a recommendation based on what I know about your goals, or would you like to let me know your thoughts?

### 6a. In circumstances other than cardiopulmonary arrest:

- ☐ Full scope of treatment
- ☐ Do not use life-sustaining treatment
- ☐ Limit life-sustaining treatments as specified:
  - You don't need to discuss every life-sustaining treatment, only those relevant to the patient's condition.*
  - If you plan to write an order to limit a life-sustaining treatment, it must be discussed.*
- ☐ Artificial Nutrition:
  - ☐ No artificial nutrition (enteral or parenteral)
  - ☐ Limit artificial nutrition as follows:
- ☐ Artificial Hydration:
  - ☐ No artificial hydration (enteral, IV or subcutaneous) except if needed for comfort
  - ☐ Limit artificial hydration as follows:
- ☐ Mechanical Ventilation:
  - ☐ No invasive mechanical ventilation (e.g., endotracheal or tracheostomy tube)
  - ☐ No non-invasive mechanical ventilation (e.g., CPAP, BiPAP)
  - ☐ Limit mechanical ventilation as follows (e.g., time-limited trial for potentially reversible condition):
- ☐ Transfers Between Levels of Care:
  - ☐ No transfers to the ICU except if needed for comfort
  - ☐ No transfers to the hospital except if needed for comfort
  - ☐ Limit transfers as follows (e.g., patient wishes to remain at home if possible):
- ☐ Limit other life-sustaining treatment as follows (e.g., blood products, dialysis):

### 6b. In the event of cardiopulmonary arrest:

- ☐ Full Code: Attempt CPR.
- ☐ DNR (or DNAR): Do not attempt CPR.
- ☐ DNR (or DNAR) with exception: ONLY attempt CPR during the following procedure:

## 7. Who **participated** in this discussion?

## 8. Who gave oral **informed consent** for the life-sustaining treatment plan noted above?

- ☐ Patient   ☐ Surrogate(s)
- Name(s):

## 9. Additional comments, services, consults, follow-up:

*If available in your state and the patient resides or receives care in the community, offer a state-authorized portable order (SAPO, e.g., POLST, MOST). Revise existing SAPO if needed.*

*If talking with the patient: Review existing advance directive to ensure decisions are accurately reflected, and offer help if a new advance directive is needed.*