Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke
Québec

Preliminary version drafted by the Institut national d'excellence en santé et en services sociaux

GOALS OF CARE AND CARDIOPULMONARY RESUSCITATION

⚠ **This form is not a substitute for consent to treatment.**
For further information, consult the *Guide de discussion et d'utilisation du formulaire normalisé*.

A discussion regarding goals of care is part of good clinical practice and should, according to clinical judgment, be initiated and continued throughout each person's care trajectory. A discussion must also take place with any person who requests it or has mentioned having documented advance medical directives (AMD).

DOCUMENTATION: Decisions are based on the discussion, the main elements of which are recorded on the back of the form, prior to assessment of the user's aptitude for this purpose.

1. GOAL OF CARE

For the chosen goal of care, provide details of the interventions mentioned during the discussion, e.g., *dialysis, forced or artificial hydration and/or feeding, blood transfusion, etc.* **Proposed care must be both clinically indicated and in line with the person's life plans.**

☐ Goal **P – PROLONGATION** of life through all care necessary
The care offered is clinically indicated.

☐ Goal **E – EQUILIBRIUM** of care between prolonging life and comfort
The care offered is clinically indicated. Interventions are mainly aimed at correcting or limiting deterioration in the person's health and ensuring their physical, psychological and spiritual comfort. The interventions may involve some discomfort that the user or their representative, as the case may be, considers acceptable.

Emergency intubation: ☐ Yes ☐ No Record whether other care is considered unacceptable because of low recovery potential and/or adverse effects.

☐ Goal **C – COMFORT** of the person without the aim of prolonging life
This goal is primarily aimed at providing comfort through all care necessary, rather than prolonging life. The care offered is aimed exclusively at managing symptoms with a view to maintaining physical, psychological and spiritual comfort. A treatment usually given for curative purposes can be offered, but only because it represents the best option for relieving discomfort.

2. DECISION REGARDING CPR

☐ Attempt CPR ☐ DO NOT attempt CPR (Do-not-resuscitate order)

Record if CPR is not clinically indicated or if the user refuses a CPR attempt or certain maneuvers (e.g., chest compressions):

3. TRANSFER TO HOSPITAL

The aim of transferring the user to a hospital is to provide them with clinically indicated care in line with their goal of care but which cannot be provided in their current living or care environment. At the end of the discussion, the user or their representative agrees to or refuses a possible transfer.

☐ Agrees ☐ Refuses Provide details:

4. SIGNATURE

Resident doctor	Name	License/orderer no.	Signature	Date (yyyy/mm/dd)
Authorized professional * (provide details) :	Name	License/orderer no.	Signature	Date (yyyy/mm/dd)
Contact information				

* Doctor, specialized nurse practitioners (SNP) and SNP Candidate.

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Overleaf ➔

5. COMPETENCY AND CAPACITY TO EXPRESS GOALS OF CARE

Adult : ☐ competent ☐ incompetent

Minor : ☐ < 14 years ☐ ≥ 14 years ☐ ≥ 14 years and incompetent

☐ Legal representative* (last name, first name, relationship to user and type of representative, contact information):

Record the reason(s) for the incompetency:

The discussion took place with (tick all that apply): ☐ User ☐ Representative** ☐ Assistant to the person of full age

Representative (last name, first name, relationship to user and type of representative, contact information):

6. PREVIOUS OR CONCURRENT WISHES

(Tick and request a copy of the document)

☐ Advance medical directives (AMD) ☐ Levels of care ☐ Other :

☐ Protection mandate ☐ Advance request for medical aid in dying ☐ None

7. DISCUSSION

A. Record, where applicable:

- The user's state of health, values, preferences and concerns as well as the clinical context
- Relevant information shared by the care team
- Information concerning previous or concurrent wishes, organ donation and palliative and end-of-life care
- If the discussion was difficult or conflictual

B. Record any pertinent information provided by relevant family members and friends that could help clarify the user's wishes.

Last name, first name and relationship to user	Information

Give a copy to the user or their representative.

8. REVIEW

The discussion must be repeated on a regular basis and be revisited in the following situations:

- at the time of a new admission or, if relevant, at discharge
- when there is a significant change in the user's health
- upon a change of the living or care environment
- at the request of the user or the user's representative
- if the care team indicates a need for a review
- at least once a year for a person living in a CHSLD or seniors' home

⚠ If there is a change regarding the goal of care, CPR or transfer to hospital, fill out a new form.
Otherwise, provide the following information:

Date (yyyy/mm/dd)	Name / Professional status	License/orderer no.	Signature	Information
	Resident doctor			
	Authorized professional			
	Resident doctor			
	Authorized professional			

* Mandatary or tutor. If the individual is a minor: the person with parental authority (father, mother, tutor).

** Legal representative, or if no such representation: spouse (married, civil union or *de facto* union), close relative or person who shows special interest.

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Québec

Version provisoire élaborée par l'Institut national d'excellence en santé et en services sociaux

Date de naissance (aaaa/mm/jj)	Nº de chambre	Nº de dossier
Nom et prénom à la naissance		
Nom usuel ou nom du conjoint		
Adresse		
Code postal	Nº de téléphone	Sexe ☐ F ☐ M
Nº d'assurance maladie	Nom du médecin traitant	

ANNEXE AU FORMULAIRE *OBJECTIF DE SOINS ET RÉANIMATION CARDIORESPIRATOIRE –* CONTRIBUTION INTERPROFESSIONNELLE (À JOINDRE AU FORMULAIRE DE L'USAGER)

L'ensemble des membres de l'équipe soignante peut documenter sur l'annexe des informations soutenant le processus de discussion et de formulation d'un objectif de soins.

Le médecin ou l'infirmière praticienne spécialisée qui entreprend ou poursuit la discussion sur les objectifs de soins avec l'usager et/ou son représentant devrait prendre connaissance des informations inscrites à l'annexe et en témoigner en la paraphant.

Date	Signature	Éléments discutés	Paraphes

Verso ➔

Date	Signature	Éléments discutés	Paraphes

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