ST JOHN OF GOD
Murdoch Hospital

GOALS OF PATIENT CARE

U.R. Number .....

Surname .....

Given Names .....

Date of Birth ...../...../..... Sex .....

Use Label If Available or BLOCK LETTERS

MUH0033

THIS SECTION TO BE COMPLETED BY A CLINICIAN

SECTION 1 BASELINE INFORMATION

Primary illness: _____

Significant co-morbidities: _____

In the event that the patient is unable to speak for themselves, who would they wish to speak for them? This is known as the **'Person responsible'**

Name: _____ Relationship: _____

* Advance Health Directive (AHD) ☐ Yes ☐ No
* Advance Care Plan (ACP) ☐ Yes ☐ No
* Enduring Power of Guardianship (EPG) ☐ Yes ☐ No

EPG contact name: _____ Phone: _____

* Instructions to donate tissues/organs ☐ Not applicable ☐ Yes ☐ No

Clinician's Name
(please print): _____ Designation: _____

Date: _____/_____/_____ Time: _____ Signature: _____

THIS SECTION TO BE COMPLETED BY A REGISTRAR OR CONSULTANT

SECTION 2 GOAL OF CARE

Please tick one only and complete section 3 over the page to be valid. In discussion with the clinician, patient, person responsible and/or family/carer(s), please select the most medically appropriate agreed goal of patient care that will apply in the event of clinical deterioration.

☐ **All life sustaining treatment**

* For Rapid Response (MER/MET Calls)
* For CPR
* For ICU

☐ **Life extending intensive treatment – with treatment ceiling**

* Not for CPR

* For Rapid Response ☐ Yes ☐ No
* For ventilatory support, including intubation ☐ Yes ☐ No
* Specify maximum level of support .....
* For ICU/HDU admission
* *Additional comments (e.g. use of inotropes, NIV, dialysis)* .....
.....

☐ **Active ward based treatment – with symptom and comfort care**

* Not for CPR
* Not for ICU
* Not for intubation

* For Rapid Response ☐ Yes ☐ No
* For ventilatory support (intent is symptom control) ☐ Yes ☐ No
* Specify maximum level of support .....
* *Additional comments (e.g. use of antibiotics, IV fluids)* .....
.....

☐ **Optimal comfort treatment – including care of the dying person**

* Not for Rapid Response
* Not for CPR
* Not for intubation
* Not for ICU

* For ongoing review to identify transition to the terminal phase
* Ensure timely commencement of the *Care Plan for the Dying Person*

All patients can have Rapid Response based on 'Worried Criteria' or to 'Summon Clinical Review'.

NO WRITING IN MARGINS

GOALS OF PATIENT CARE

HR H003

SGHMHFMRH003 04/17

ST JOHN OF GOD
Murdoch Hospital

GOALS OF PATIENT CARE

U.R. Number.....

Surname .....

Given Names.....

Date of Birth...../...../..... Sex.....

Use Label If Available or BLOCK LETTERS

THIS SECTION TO BE COMPLETED BY A REGISTRAR OR CONSULTANT

SECTION 3 SUMMARY OF DISCUSSION(S)

Goals of Patient Care has been discussed with: Date: ____/____/____Time: _____

Patient ☐ Yes ☐ No Person Responsible ☐ Yes ☐ No Family/carer(s) ☐ Yes ☐ No

Name(s) of those present at this discussion: _____

Is the patient able to fully participate in this discussion? ☐ Yes ☐ No

Comments: _____

What is the patient's likely response to CPR and critical intervention? _____

Patient preferences (needs, values and wishes): _____

Decision rationale for agreed **Goals of Patient Care** (please tick one only):

☐ Medically-driven decision ☐ Patient wishes ☐ Shared decision-making

Other information:

Doctor's name (please print): _____Designation: _____

Signature: _____Date: ____/____/____Time: _____

Consultant review completed: Name (please print): _____

Signature: _____Date: ____/____/____Time: _____

ENDORSEMENT BY A CONSULTANT

SECTION 4 EXTENDED USE

Consultant endorsement for extended use beyond this admission for 12 months until

This includes patient transportation to another facility or home following the current admission.

Consultant's comments: _____

Consultant's name (please print): _____Signature: _____

Specialty: _____Date: ____/____/____Time: _____

IMPORTANT: Please ensure this form is filed in the alert section of the patient's current medical record.

NO WRITING IN MARGINS

ST JOHN OF GOD

☐ Bunbury ☐ Murdoch
☐ Geraldton ☐ Subiaco

Ward: _____

SURNAME	URN
GIVEN NAMES	
D.O.B.	SEX
DOCTOR'S NAME	

Please use patient ID label when available

REFUSAL OF CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATE

I _____ Date of Birth _____

a patient at _____

OR

I _____ authorised agent (i.e. legal guardian/ representative or next of kin) of patient _____

Date of Birth _____ wish it to be known to both the Medical and Nursing Staff that, should cardiopulmonary resuscitation/"CPR" (a medical intervention designed to restore circulation and respiration in an emergency situation of cardiac or cardiopulmonary arrest) be indicated, I intend to exercise my right to refuse it as an "extraordinary means of treatment." I will continue to receive palliative care to reduce the intensity of any uncomfortable symptoms. The complications which may occur as a result of not accepting CPR have been fully explained to me by my treating medical practitioner _____.

_____
Signature of Patient/Authorised Agent

_____
Signature of Treating Medical Practitioner

_____ _____
Name of Witness * Signature of Witness *

_____
Date

*** Witness should be someone other than patient/authorised agent or treating medical practitioner**

MUST BE IN CLEAR VIEW AT ALL TIMES AT FRONT OF RECORD

REFUSAL OF CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATE

28 June 2006
3963A

ST JOHN OF GOD HOSPITAL

NOT FOR CARDIOPULMONARY RESUSCITATION (CPR) ORDER

☐ Ballarat ☐ Geelong ☐ Nepean Rehabilitation
☐ Bendigo ☐ Geraldton ☐ Pinelodge Clinic
☐ Berwick ☐ Murdoch ☐ Warrnambool
☐ Bunbury ☐ Subiaco ☐ Other _____

SURNAME	URN
GIVEN NAMES	
D.O.B.	SEX
DOCTOR'S NAME	

Please use patient ID label when available

Refusal of CPR Certificate(WA only)/Refusal of Treatment Certificate(VIC only) Completed: ☐ Yes ☐ No

Medical Practitioner Issuing Not for CPR Order: _____

Name _____ Signature _____
Position _____ Date/Time _____

Rationale for Withholding CPR:

_____
_____

Specific Treatment to be continued other than that involved in full resuscitation (eg. blood transfusions, antibiotics, suction, limited resuscitation)

_____
_____

Communication: ☐ Yes ☐ No
Discussed with Patient/Authorised Agent: _____
_____
_____
_____

Summary of Discussion: _____
_____

Discussed with Next of Kin: ☐ Yes ☐ No
Summary of Discussion: _____
_____

Discussed with Caregivers (medical, nursing, allied health…): ☐ Yes ☐ No
Summary of Discussion: _____
_____

Review Dates for Not for CPR Order:
Due ___/___/___ Reviewed by: Dr _____ Signature _____ Date ___/___/____
Due ___/___/___ Reviewed by: Dr _____ Signature _____ Date ___/___/____
Due ___/___/___ Reviewed by: Dr _____ Signature _____ Date ___/___/____

ORDER DISCONTINUED

Name _____ Signature _____
Position _____ Date/Time _____
Rationale _____
_____

NOT FOR CARDIOPULMONARY RESUSCITATION (CPR) ORDER

26 June 2008

39949

ANZSPM

Guidance Document

Palliative Sedation Therapy

A guidance document for Palliative Medicine Specialists in Australia and New Zealand.

Definition

Palliative Sedation Therapy (PST) is the monitored use of medications to lower a patient's awareness in order to provide relief of symptoms that are refractory to usual measures, are distressing and result in considerable suffering if unrelieved (Cherny et al 2009, Morita et al 2005).

Key guidance

1. ANZSPM considers PST to be an important and necessary approach in selected patients with life limiting illness with refractory symptoms, and this is aligned with the European Association for Palliative Care (EAPC) framework and recommendations (Cherny et al 2009).

2. ANZSPM considers PST to be an essential high level skill, which is ethically acceptable when used for selected patients with refractory symptoms in accordance with international guidelines (Cherny et al 2009).

   PST should be considered to be an extra-ordinary measure, utilised by skilled and experienced Palliative Care Clinicians in a Multi-Disciplinary setting. PST should only be utilised after a comprehensive assessment of the patient's symptoms, psychosocial needs, and spiritual needs (Braun et al 2003). Symptoms should not be deemed refractory if the cause of unrelieved symptoms is inadequate access to and provision of palliative care or failure to provide best practice therapies (Radruch et al 2013).

3. PST needs to be distinguished from other types of sedation used in palliative care.

   Ordinary sedation is defined as sedation used to relieve anxiety, restlessness and insomnia (Quill 2009)

   Proportionate palliative sedation is defined as the use of medication actively titrated to relieve symptoms but not produce unconsciousness (Quill 2009)

4. PST is distinct from euthanasia by virtue of the intent and the action. Refer the published ANZSPM Position Statement on The Practice of Euthanasia & Physician Assisted Suicide (ANZSPM 2017).

5. ANZSPM supports the use of the EAPC recommended framework for use of sedation in palliative care (Cherny et al 2009).

   The EAPC framework intends to ensure clinicians assess patients with refractory symptoms and apply PST in the multi-disciplinary palliative care setting within good clinical and ethical practice. The EAPC framework focuses on key areas of assessment, documentation, consent and communication. The framework provides more detailed recommendations in the following areas (Cherny et al 2009):

   i. Approach to pre-emptive discussion of the potential role of sedation in end-of-life care and contingency planning
   ii. Indications in which sedation may or should be considered
   iii. The necessary evaluation and consultation procedures
   iv. Specify consent requirements
   v. Approach to discuss the decision-making process with the patient's family
   vi. Sedation method, dose titration, patient monitoring and care
   vii. Guidance for decisions regarding hydration and nutrition and concomitant medications
   viii. Information needs and care for patient's family
   ix. Multidisciplinary discussion and decision-making around PST and approach to disagreement.

References

Australian and New Zealand Society of Palliative Medicine (2017). Position Statement: The Practice of Euthanasia and Physician Assisted Suicide. Available publicly at: http://www.anzspm.org.au/c/anzspm?a=sendfile&ft=p&fid=1491523669&sid=

Braun TC, Hagen NA, Clark T (2003). Development of a Clinical Practice Guideline for Palliative Sedation. *Journal of Palliative Medicine* Vol 6 Number 3, 345-350.

Cherny N, Radbruch L. (2009). European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care. *Palliative Medicine.* 23 (7) 581-593. Available freely at: http://www.eapcnet.eu/LinkClick.aspx?fileticket=RKDokneiDJc%3D&tabid=38

Radbruch L, de Lima L, Lohmann D, et al (2013) The Prague Charter: urging governments to relieve suffering and ensure the right to palliative care. *Palliative Medicine* 27: 101-102.

Morita T, Bito S, Kurihara Y, et al (2005). Development of a clinical guideline for palliative sedation therapy using the Delphi method. *Journal of Palliative Medicine* 8: 716-729.

Southern Adelaide Palliative Services Daw Park RGH Clinical Guideline for Palliative Sedation 2014 (Southern Adelaide Local Health Network).

Quill T, Lo B, Brock D, Meisel A. (2009) Last resort options for palliative sedation. *Annals of Internal Medicine* 151: 421-424.