Supporting Information

Supplementary form

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Spencer E, Waran E. Opening the lines of communication: towards shared decision making and improved end-of-life care in the Top End. *Med J Aust* 2020; doi: 10.5694/mja2.50656.

DEPARTMENT OF **HEALTH**

TOP END HEALTH SERVICE GOALS OF CARE PLAN

Principal name
Other name(s)
D.O.B.
HRN
Sex

Patient Label

Address must be documented if patient details hand written

This is a form to document the best medically indicated care for a patient. It is the treating doctor's responsibility to identify the most appropriate clinical treatments and to discuss, in a way the patient understands, the reasons and the likely outcomes for them. The doctor and the patient may discuss that goals can change over time and that not all medical interventions are useful for all patients.

This should be explained in the patient's preferred language. Print patient's full name: ______________________

"Quality of life, comfort care, symptom relief, dignity and respect will be shown to all patients and are part of all Goals of Care"

Baseline Information

Primary Diagnosis: ______________________

____

Significant Co-morbidities: ______________________

____

____

Resuscitation

Is the patient for:

Rapid Response / Code Blue calls?	Yes ☐	No ☐
Is the patient for CPR?	Yes ☐	No ☐
Has this been discussed with the patient?	Yes ☐	No ☐
Hospice Care or Ward Palliation *(If yes, seek Palliative Care input)*	Yes ☐	No ☐

Treatment Plan and Goals of Care (tick all appropriate boxes)

☐ **Full ICU Care** (Curative / Restorative)

Including:

Intubation

Mechanical ventilation

Renal replacement therapy

Inotropes and / or vasopressors

CPR

☐ **Limited ICU Care** (Curative / Restorative)

ICU care with defined limitations

For: ______________________

____

____

Not for: ______________________

____

____

____

☐ **Ward Care** (Curative and / or symptom control)

For example:
Antibiotics
Blood transfusion
Oxygen
Nasogastric tube
Other (e.g. interventions):

____

____

____

But not for escalation to ICU care or CPR

Endorsement

Doctor completing form:

______________________ ____ / ____ / ____
Print Name Date

Doctor's signature: ______________________

Signature of endorsing Specialist or DMS or RMP:

____

Re-endorsement (signature and date)

______________________ ____ / ____ / ____

______________________ ____ / ____ / ____

______________________ ____ / ____ / ____

______________________ ____ / ____ / ____

______________________ ____ / ____ / ____

Advanced Personal Plan (APP) and Guardianship

Is the patient under Guardianship? Yes ☐ No ☐

Does the patient have an accessible Advanced Personal Plan (APP)? Yes ☐ No ☐ Uncertain ☐

Barriers to Understanding

Does the patient or parent / guardian / NOK understand what is being explained to them? Yes ☐ No ☐ Uncertain ☐

If no, has an interpreter been used? Yes ☐ No ☐ If not, why? ______________________

Which language? ______________________

Have the best efforts been made to communicate with the patient? What are the barriers to this? (e.g. delirium, dementia, mental illness, language? ______________________

Cultural Responsibility / Care

Is the culturally appropriate or substitute decision maker present? Yes ☐ No ☐ NA ☐

If no, what is the plan to contact the decision maker? (e.g. contact ALO, AHP, Social Work) ______________________

____

Patient Wishes

Does the patient (parent / guardian / NOK) wish to die at home or finish up on country? Yes ☐ No ☐ Not discussed ☐

Does the patient wish to remain in their regional Hospital for their care (KDH, GDH, PRH): Yes ☐ No ☐ NA ☐

Other wishes? ______________________

____

HR507 – 05/18

TOP END HEALTH SERVICE GOALS OF CARE PLAN

LG001.06

DEPARTMENT OF **HEALTH**

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Multi-disciplinary Team

Is there a need for:

Contacting community / GP	Family meeting	MDT	Palliative Care Team (Hospital / Community)
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Notes / Comments: ____

____

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____

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Additional Comments:

____

Triggers for leading a Goals of Care discussion include:

- If the treating clinician feels that their patient may be in their last year of life
- A baby born too early, a child with many health problems from birth
- Widespread cancer or extensive cancer surgery
- Heart failure, severe lung disease, kidney failure, liver failure
- Stroke / Parkinson's Disease
- Multiple Sclerosis, Motor Neurone Disease with trouble swallowing
- Dementia, Frailty

Aboriginal Interpreter Service (AIS)

24 hour contact number:

***Refer to maps on the wards for a list of languages**

1800 334 944