

Name: _____ Attachments: Advance Directive
 DNR Order (If applicable*)

Palliative Care Planning

When a person approaches a life threatening illness, they may go through three stages. This form helps communicate what kind of care you (or the person assigned to make decisions for you) may want in each stage of a serious illness. This is a discussion guideline for you, your care provider, and your family. It is not a legal document. Your wishes may change over time.

Current Code Status: Full Code Do Not Resuscitate*

Interventions

Check which measures you want taken in each stage:

Check the **conditions** that currently apply:

1. Chronic illness, potential for health decline, or early mild decline

Conditions which may eventually lead to terminal health decline:

- congestive heart failure (CHF)
- emphysema (COPD)
- end stage renal disease (ESRD)
- dementia
- active cancer (not cured or in remission)
- neurodegenerative disease (Parkinson's, MS, ALS etc.)
- adult failure to thrive
- frailty (three or more of the following)
- unintended weight loss (10 lbs/year)
- self-reported exhaustion or severe depression
- weakness (grip strength)
- slow walking speed
- low physical activity
- very advanced age
- impending major surgery w/ potential complications
- other: _____

- Treat as needed whether in clinic, ER or hospital
- Minimize ER or hospital care as much as possible (Treat in place)
- Short (72 hour) hospital stay to stabilize / establish comfort care ok
- If hospitalized, consult palliative care team to help with decision making
- No hospitalization or ER care (Consider home hospice or hospice center)
- YES (If appropriate for condition) NO**
- Use of common oral medications / noninvasive treatment _____
- Use of iv medications (such as diuretics, antibiotics, steroids) _____
- Use of specialized treatments that may have serious side effects (ex.chemotherapy, immune suppressants) _____
- Use of minor invasive procedures (ex. foley catheter) _____
- Surgical repair of fractures for comfort & mobility _____
- Major invasive procedures (brain, heart or gut surgery,dialysis) _____
- Use of a feeding tube in the event that I cannot eat adequately _____
- In the event of respiratory or cardiac arrest, use CPR _____*
- If I become nonverbal & dependent on life support.with no recovery, continue life support indefinitely (persistent vegetative state). _____
- If I were on life support with permanent inability to speak for myself or breathe on my own, I would want ventilator support discontinued. _____

2. Unstable illness, serious decline

(three or more of the following)

- unstable angina/uncontrolled chest pain
- shortness of breath severe / worsening
- abnormal vital signs
- serious lab abnormalities
- infections (respiratory, urinary, skin)
- inability to eat, unsafe swallowing or food refusal
- delirium of uncertain cause (waxing and waning mental status)
- withdrawal from usual activities, apathy or lethargy
- onset of skin wounds or inability to heal wounds
- onset of muscle tightening (contractures)
- new onset or worsening swelling, edema
- restlessness or agitation
- inability to speak or interact
- other: _____

- Treat as needed whether in clinic, ER or hospital
- Minimize ER or hospital care as much as possible (Treat in place)
- Short (72 hour) hospital stay to stabilize / establish comfort care ok
- If hospitalized, consult palliative care team to help with decision making
- No hospitalization or ER care (Consider home hospice or hospice center)
- YES (If appropriate for condition) NO**
- Use of common oral medications / noninvasive treatment _____
- Use of iv medications (such as diuretics, antibiotics, steroids) _____
- Use of specialized treatments that may have serious side effects (ex.Chemotherapy, immunosuppressants) _____
- Use of minor invasive procedures (ex. foley catheter) _____
- Surgical repair of fractures for comfort & mobility _____
- Major invasive procedures (brain, heart or gut surgery,dialysis) _____
- Use of a feeding tube in the event that I cannot eat adequately _____
- In the event of respiratory or cardiac arrest, use CPR _____*
- If I become nonverbal & dependent on life support.with no recovery, continue life support indefinitely (persistent vegetative state). _____
- If I were on life support with permanent inability to speak for myself or breathe on my own, I would want ventilator support discontinued. _____

3. Actively dying

- decrease in usual level of alertness
- very rapid or very slow respirations
- fluid in lungs, gurgling respirations
- change in usual pattern of bowel/bladder control
- cooling of the core body temperature
- very rapid or very slow heart rate
- blood pressure below 70 /50
- body held in rigid position
- jaw drops open

- Treat as needed whether in clinic, ER or hospital
- Minimize ER or hospital care as much as possible (Treat in place)
- Short (72 hour) hospital stay to stabilize / establish comfort care ok
- If hospitalized, consult palliative care team to help with decision making
- No hospitalization or ER care (Consider home hospice or hospice center)
- YES (If appropriate for condition) NO**
- Use of common oral medications / noninvasive treatment _____
- Use of iv medications (such as diuretics, antibiotics, steroids) _____
- Use of specialized treatments that may have serious side effects (ex.Chemotherapy, immunosuppressants) n/a n/a
- Use of minor invasive procedures (ex. foley catheter) _____
- Surgical repair of fractures for comfort & mobility n/a n/a
- Major invasive procedures (brain, heart or gut surgery,dialysis) n/a n/a
- Use of a feeding tube in the event that I cannot eat adequately _____
- In the event of respiratory or cardiac arrest, use CPR _____*
- If I become nonverbal & dependent on life support.with no recovery, continue life support indefinitely (persistent vegetative state). _____
- If I were on life support with permanent inability to speak for myself or breathe on my own, I would want ventilator support discontinued. _____

Discussed with:
 Patient
 Healthcare Power of Attorney
 Care Provider

Date: _____