Please insert your facility's name or logo here

Shared goals of care
Aged residential care

Family Name: _____

Given Name: _____ Gender: _____

AFFIX RESIDENT LABEL HERE

Date of Birth: _____ NHI#: _____

Prepare

Consider the resident's capacity, their privacy, support people, cultural and future health care needs.

Is the resident competent to make health-related decisions? ☐ Yes ☐ No

Do they have:

- an Advance Care Plan and/or Advance Health Directive? ☐ Yes ☐ No ☐ Unknown
- a legally appointed guardian? ☐ Yes ☐ No ☐ Unknown
- an enduring Power of Attorney (EPoA)? ☐ Yes ☐ No ☐ Activated

Full name of EPoA or legal guardian:

Seek agreement with the resident to have the discussion, with the people they want present.

Full name(s), relationship(s) and role(s) of those present: _____

If discussion not held with the resident, record reason: _____

Discuss

Ask about their understanding of their current condition and what may lie ahead.

Ask how much information they want to know.

Share your understanding of their current condition and what may lie ahead.

Explore the resident's values and what is important to them — their priorities, hopes, worries, what helps in tough times and what they would be willing to go through for more time:

Summarise and check for shared understanding.

Recommend and close

Explain your recommendation in plain language.

Reach a decision and document the goal of care overleaf.

Additional comments: _____

☐ Further information in clinical record.

Document follow-up plan in the clinical record.

Please insert your facility's name or logo here

Shared goals of care
Aged residential care

Family Name: _____

Given Name: _____ Gender: _____

AFFIX RESIDENT LABEL HERE

Date of Birth: _____ NHI#: _____

Following the discussion, select the agreed goal of care:

Attempt CPR

A The goal of care is **restorative.**

☐ Treatment aims to restore the health status to best possible.

Transfer to acute hospital if treatment cannot be provided on site.

Attempt CPR: it is clinically recommended and in accordance with the resident's known wishes.

Additional comments: _____

Do not attempt CPR

B The goal of care is **restorative.**

☐ Treatment aims to restore the health status to best possible.

Transfer to acute hospital if treatment cannot be provided on site.

Do not attempt CPR: this is likely to cause more harm than benefit or is not desired by the resident.

Additional comments (e.g. specific treatments to do): _____

C The goal of care is **on site active care.**

☐ Treatment aims to slow decline and enhance quality of life.

Do not transfer to acute hospital, unless comfort cannot be maintained or transfer is advised by GP/NP.

Do not attempt CPR: this is likely to cause more harm than benefit.

Additional comments (e.g. antibiotics, subcutaneous fluids): _____

D The goal of care is **comfort.**

☐ Treatment aims to optimise comfort rather than attempt to prolong life. When in the last hours or days of life, consider end-of-life guidelines such as *Te Ara Whakapiri.*

Do not attempt CPR or transfer to acute hospital.

Additional comments (e.g. any treatments to be/not be provided): _____

This plan has been discussed with the person. If not, record reason overleaf.

Name: _____ Date: / /

Designation: _____ Signature: _____

☐ Usual general practice team informed.

This plan is not valid unless signed and dated.

Clinically review the resident if there are concerns or a change in their condition. Any change to the goal of care requires a new plan and the earlier plan crossed out.

Include a copy of this plan with transfer information.

SHARED GOALS OF CARE—ARC FORM