



Goals of Care-Plan for Life Sustaining Treatment (GOC/PLST)

Full Name of Baycrest Client		Phone # of Client	
Address			
City/Province	Postal Code	Gender	
Date of Birth: (DD/MM/YYYY)		Medical Record #	
Name of Substitute Decision Maker if Applicable:			
Relationship		Address and Phone #	
Goals of Care Plan and Plan for Life Sustaining Treatment completed with Client or Substitute Decision maker:			
<input type="checkbox"/> On Admission	<input type="checkbox"/> Routine Update	<input type="checkbox"/> Change in Condition	<input type="checkbox"/> Other: (please specify)

The Plan for Life-Sustaining Treatment (PLST) is a plan of treatment under the *Health Care Consent Act*. A plan of treatment is defined as a plan that:

- (a) is developed by one or more health practitioners,
- (b) deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person’s current health condition, and
- (c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person’s current health condition.

The PLST will be entered into the electronic health record by a physician only when a capable client [or if incapable, the client’s substitute decision-maker (SDM), the highest-ranked person under section 20 of the *Health Care Consent Act*] consents to a plan of treatment under the *Health Care Consent Act* regarding proposed life-sustaining treatment. Once the PLST is entered into the client’s electronic health record as a physician order, all health care professionals should follow this medical order as the client moves from one location to another, unless the client withdraws consent to the plan of treatment as documented in the clinical record. The PLST is generally used for clients with serious, specific health conditions. The physician will work with the mentally capable client and/or the SDM of the mentally incapable client to document the consent to the plan of treatment in the client’s medical record. Some treatment options included in this document may be inconsistent with your interpretation of the teachings of your particular faith/religious traditions (e.g. Jewish law or Halakhah). If this is a concern, please feel free to contact your religious authority or spiritual advisor for guidance or speak to one of our chaplains.

For all Baycrest Clients : The client or SDM understands that the client will not be refused admission nor will the client be discharged from Baycrest because consent with respect to the PLST has not been given or if this consent form is withdrawn or revoked in the future.

Section A

Documentation

Does the Client have an Advance Directive? e.g. Power of Attorney for Personal Care – Living Will—this guides the decision making in cases where the Client is incapable and the Substitute Decision Maker (SDM) must make a decision about the proposed plan of treatment based on the Client’s prior capable wishes:

YES NO If YES, has the Directive been placed on the Client’s chart? YES NO
Has the Directive been reviewed? YES NO

Notes:

Goals of Care

Section B

Client or SDM’s Understanding of Current Health Condition

Has the Client or SDM had a discussion with the Doctor about the Client’s diagnosis and prognosis? (*Prognosis is a personalized discussion and broadly encompasses not only estimated survival, but describes the illness course and the possible impact of both illness and the treatments being considered for the Client*).

YES NO If NO, arrange follow-up discussion if needed

Does the Client/SDM have an understanding and appreciation of the diagnosis and prognosis?

YES NO If NO, arrange follow-up discussion if needed

Notes:

Section C

Goals of Care Discussion and Documentation - MUST BE COMPLETED TO PROCEED TO PLST

The information gathered through a Goals of Care (GOC) discussion with the Client or the SDM helps the Doctor and Health Care Team understand what is most important to the Client at this time. Understanding if the Client has any wishes now or had any prior capable wishes as described by the SDM, helps the doctor to fit the Client’s goals with available treatment options. GOC may change over the natural course of one’s illness and should be documented and revisited with any change in the Client’s status. The Clients GOC may include and are not limited to those listed, **please choose all that apply**.

Cure underlying disease Improve/maintain function and quality of life
 Prolongation of life Achieve life goals (e.g. attend granddaughter’s wedding)
 Comfort Care

Notes:

Plan for Life-Sustaining Treatment

Section D Resuscitation: In the event that the Client's heart stops or Client stops breathing

G Attempt Cardiopulmonary Resuscitation - CPR involves forceful pressure on the chest to try and restart the heart. It usually involves electric shock (defibrillation) and artificial breathing achieved by placing a plastic tube down the throat or windpipe (intubation) to assist breathing (ventilation). The Client will be transferred to an acute care hospital and may be placed on a breathing machine (ventilator). If it is deemed that there has been an unwitnessed death and CPR would be futile, death will be pronounced.

G Do Not Attempt Resuscitation—Allow Natural Death – this means do not begin CPR, as defined above, to try and make the heart or breathing start again if either stops. A decision to **Not Attempt Resuscitation** does not mean that other medical care, treatments or interventions will be withheld or withdrawn. You will always receive good medical care that is consistent with your goals of care, including care to keep you comfortable.

Section E Transfer to Acute Care Hospital in the event that the Client's condition warrants transfer

There are times when a Client may develop an illness where the required treatment and/or tests cannot be carried out at Baycrest. It is important when making this decision to consider the Client's Goals of Care, and the benefits and burdens the Client may experience as a result of transferring to an acute care hospital versus staying at Baycrest. You will be informed when the Client's condition warrants transfer to acute care.

G Accepting of a transfer to hospital - Client will be transferred to an acute care hospital in the event that the medical intervention requires treatment beyond that which can be provided at Baycrest. If life-sustaining treatment is started, but it turns out not to be helpful, consent to the treatment can be withdrawn and treatment stopped, consistent with the consent of the Client or the SDM, if Client incapable.

G Provide Care at Baycrest with NO transfer to acute care hospital unless required for comfort
Medical interventions offered by Baycrest include administration of some medication by mouth, by subcutaneous infusion, or by intravenous, if available; vital signs and other monitoring including blood tests. (see next section for the life-sustaining treatments offered at Baycrest) Treatment offered will be based on consent provided for the plan of treatment and as documented in the PLST. If life-sustaining treatment is started, but it turns out not to be helpful, consent to the treatment can be withdrawn and treatment stopped, consistent with the consent of the client (or the SDM, if Client incapable). The Client will always be kept comfortable.

Section F Life-Sustaining Interventions Offered at Baycrest

The Client's condition and GOC guide options for Life-Sustaining Interventions. Options for Life-Sustaining Interventions may change over the course of the Client's illness. The following represent options (not medical orders) the Client/SDM **would accept** to support their GOC if the intervention is considered to be beneficial **at the time** to the Client, as discussed with the Most Responsible Physician (MRP). A discussion with the Client/SDM should address each of the following interventions, and the risks and benefits of each intervention to the Client.

Nutrition – When a Client can no longer eat or drink enough to maintain their weight, and the condition is not expected to improve, liquid food and fluids can be given by a tube inserted into the stomach. Baycrest may administer liquid food and fluids by tube; however the Client will need to be transferred to an acute care hospital to have the tube inserted. If the Client/SDM decides not to have a feeding tube inserted, the Client may continue careful eating and drinking by mouth as able. This is often referred to as "Feeding for Quality of Life, Comfort Feeding or Risk Feeding."

Check one

G Accepting of Feeding by G- Tube (transfer to hospital for insertion of G-Tube)

G Not Accepting of Feeding Tube (continue careful feeding by mouth)

Artificial Hydration – When a Client can no longer drink fluids by mouth, an intravenous (IV) or subcutaneous fluid (fluid delivered through a small needle placed under the skin in the tissue) may be given depending on the location of care within Baycrest.

Check one

G Accepting of artificial hydration

G Not accepting of artificial hydration

Antibiotics - Check one

G Accepting of trial of antibiotic when infection occurs

G Not Accepting of antibiotic use. (Provide comfort measures to relieve symptoms)

Blood Transfusions - Check one

G Accepting of blood transfusion

G Not accepting of blood transfusion (provide comfort measures to relieve symptoms)

Section G Life-Sustaining Interventions not offered at Baycrest

Although not offered at Baycrest, in the event that the Client's medical condition warrants such interventions, the following Life-Sustaining Interventions may be offered upon transfer to an acute care hospital. Assisting the Client and SDM to think about these interventions and to understand and appreciate the potential benefits and risk in light of their prognosis and Goals of Care in a non-emergent setting may be helpful. The following interventions require a transfer to an Acute Care Hospital.

Mechanical Ventilation- Check one

G Accepting of intubation and invasive mechanical ventilation

A tube will be placed down the Client's throat into the breathing passage and the tube will be connected to a breathing machine: Requires an Intensive Care admission

G Not accepting of intubation and invasive mechanical ventilation (provide comfort measures to relieve symptoms)

Non-invasive Ventilation

Non-invasive ventilation (e.g. BiPAP) provides breathing support to a Client through the upper airways (nose and mouth) without intubation (a tube down the Client's throat). It helps the breathing process by giving the Client a mixture of air and oxygen from a machine (flow generator) through a tightly fitted mask that covers the nose and mouth or just the nose.

Check one

G Accepting of non-invasive ventilation

G Not accepting of non-invasive ventilation (provide comfort measures to relieve symptoms)