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.

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

<table>
<thead>
<tr>
<th>Primary Diagnosis:</th>
<th>Resuscitation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is the patient for:</td>
</tr>
<tr>
<td></td>
<td>Rapid Response / Code Blue calls?</td>
</tr>
<tr>
<td></td>
<td>Is the patient for CPR?</td>
</tr>
<tr>
<td></td>
<td>Has this been discussed with the patient?</td>
</tr>
<tr>
<td></td>
<td>Hospice Care or Ward Palliation</td>
</tr>
<tr>
<td></td>
<td><em>(If yes, seek Palliative Care input)</em></td>
</tr>
</tbody>
</table>

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

- ☐ Full ICU Care (Curative / Restorative)
- ☐ Limited ICU Care (Curative / Restorative)
- ☐ Ward Care (Curative and / or symptom control)
- ☐ Endorsement
  - Doctor completing form: / /
  - 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? ________________
## Multi-disciplinary Team

<table>
<thead>
<tr>
<th>Is there a need for:</th>
<th>Contacting community / GP</th>
<th>Family meeting</th>
<th>MDT</th>
<th>Palliative Care Team (Hospital / Community)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Notes / Comments:  

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Additional Comments:  

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### 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

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### Aboriginal Interpreter Service (AIS)  
24 hour contact number: 
*Refer to maps on the wards for a list of languages*

1800 334 944