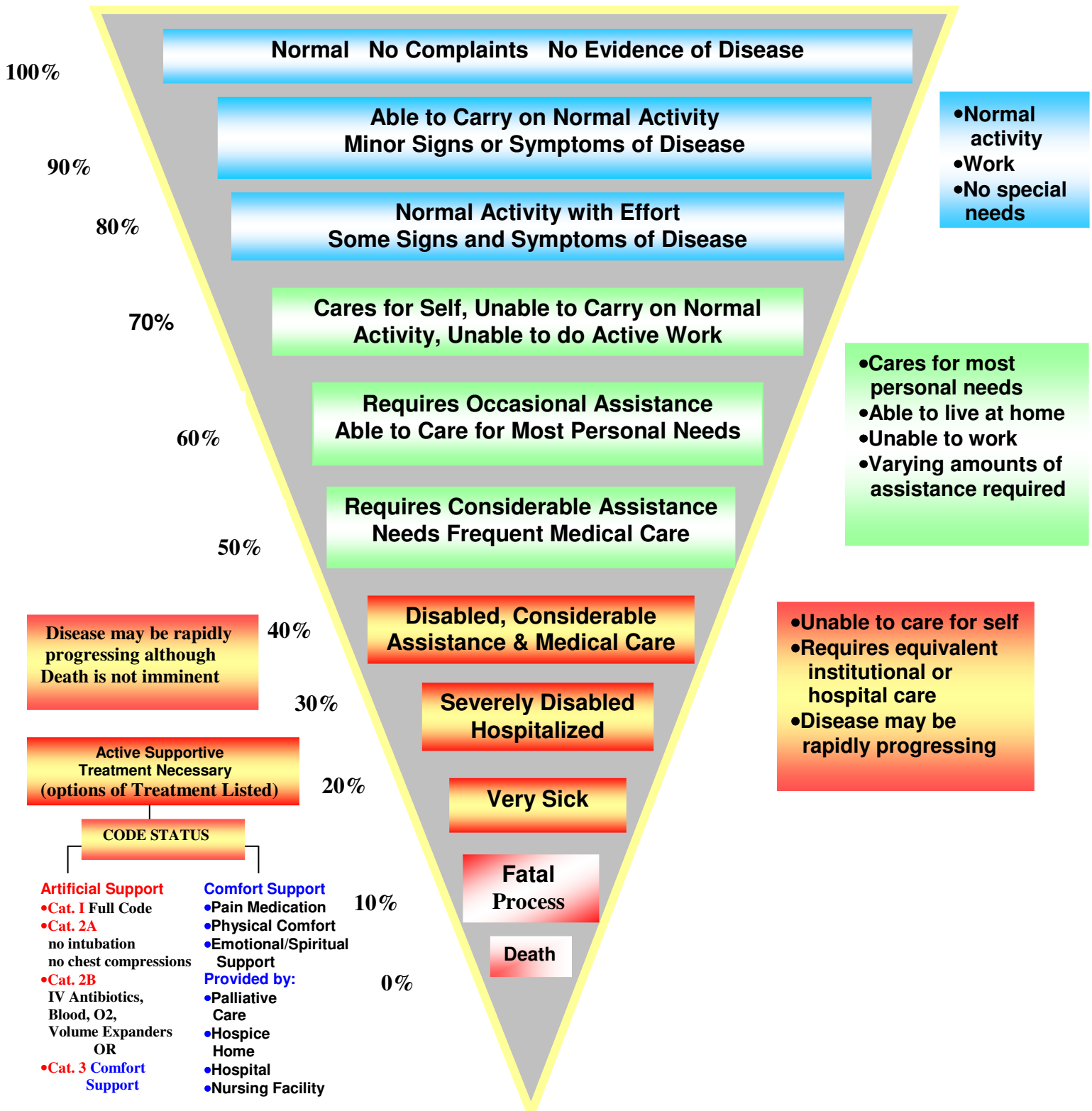


**LIFE JOURNEY ACCORDING TO
LEVEL OF DAILY ACTIVITY AND NEED FOR MEDICAL CARE
Patient and Family Education Service**



The Reverend Barbara Holloway, RN, BCC

©Based on Karnofsky Performance Status Scale

Healthcare Goal and Plan of Care

GOAL OF CARE

1. Locate your **Level of Daily Activity and Need for Medical care on the Colored Chart**
2. What is your Healthcare Goal at this point in your life if you become medically unstable?
 - Try to stabilize you in your current condition using Full Artificial Support in hopes of returning you to your previous condition? Or
 - Use Limited Artificial Support to try to stabilize you in hopes of returning you to your previous condition? Or
 - Use Comfort Support to keep you comfortable in your current condition without using any artificial support even though your condition may continue to deteriorate? Is your Goal realistic? Do you and your physician think your Goal can be reached?
3. What will be the probable or necessary medical interventions needed to try to reach the Goal? See Code Status Categories listed below
4. Approximately how much time will it take to try to reach your Goal?
5. How much effort will be involved physically, emotionally, spiritually in trying to reach your Goal?
6. Do you and your doctor and family agree on the Goal and Plan of Care?
7. Has Code Status been discussed? Code Status clearly guides your Plan of Care in trying to reach your goal.
8. Do you have a Directive to Physician (Living Will) or Medical Power of Attorney? If so, please have the documents placed on your chart and make sure you discuss your Goal with your physician and healthcare team. (You can use this visual aid as a talking point.)
9. You will automatically be a Category I--Full Code **unless** you or your legal representative has a discussion with your physician and an order is written by your physician to change your code status. You will make your own medical care decisions unless you are medically incompetent to do so. If you cannot make your own medical decisions your medical power of attorney or legal next of kin will do so. Make sure that person knows your Goal and Plan of Care (Code Status Choice). Your Goal may need to change if it cannot be met after a reasonable period of trying. Thus your Code Status would need to change.

CODE STATUS: ARTIFICIAL SUPPORT—CATEGORY I-- FULL CODE (CODE BLUE)

Plan of Care: Category 1--FULL CODE (CODE BLUE)

If your disease is rapidly progressing AND your condition is unstable AND **YOUR GOAL** is to use **full artificial support** to try to stabilize you in hopes of maintaining your current daily level of activity, you may need some or all of the following medical interventions: **IS YOUR GOAL REALISTIC?**

YOU WILL REQUIRE ADMISSION TO THE CRITICAL CARE UNIT

- CPR (Chest Compressions)
- Medications for Blood Pressure and Heart
- Dialysis if Kidneys
- Electrocardioversion (Heart Shock)
- Artificial Nutrition/Hydration through nasogastric tube Fail
- Artificial breathing machine
- Medications for Blood Pressure and Heart
- Sedation
- Tracheotomy (within 10-14 days on breathing machine)
- PEG (surgical insertion of stomach tube for Artificial Nutrition/Hydration)
- Antibiotics
- Emergency Surgery if need
- Central line
- Potential Placement in Long Term Care Facility
- Blood Products

CODE STATUS: ARTIFICIAL SUPPORT—CATEGORY IIA—LIMITED SUPPORT “CHEMICAL CODE”

Plan of Care: Category IIA—Limited Support “Chemical Code” (CODE BLUE MUST BE CALLED)

If your disease is rapidly progressing AND your condition is unstable AND

Your Goal is to use **Limited Support “Chemical Code”** to try and stabilize you in hopes of maintaining your Current Daily Level of Activity, you may need some or all of the following medical interventions. **IS YOUR GOAL REALISTIC?**

- NO INTUBATION (NO BREATHING TUBE/BREATHING MACHINE)
 - NO CPR (CHEST COMPRESSIONS)
- BUT CODE BLUE MUST BE CALLED FOR TELEMETRY SUPPORT (ACLS/PALS) AND CRITICAL CARE ADMISSION MAY BE REQUIRED.**

- Vasopressors (for cardiac output and blood pressure improvement)
- Antiarrhythmics (to stop irregular heart rhythms)
- Electrical Cardioversion (Heart Shock, if heart stops)
- Airway Management Without Intubation (protect airway without inserting breathing tube)
- Category IIA **does not exclude** supportive care measures such as: IV Antibiotics, Oxygen, Blood Products, Volume Expanders, etc.

You may need placement in Long Term Care Facility at some point if you are not strong enough to go home.

CODE STATUS: ARTIFICIAL SUPPORT--CATEGORY IIB—LIMITED SUPPORT

Plan of Care: Category IIB—Limited Support (CODE BLUE WILL NOT BE CALLED)

If your disease is rapidly progressing AND your condition is unstable AND

Your Goal is to use **Very Limited Support** to try to stabilize you in hopes of maintaining your Current Level of Daily Activity, you may need some or all of the following medical interventions. **IS YOUR GOAL REALISTIC?**

- NO Intubation (breathing tube)
- NO CPR (No Chest Compressions)
- Code Blue will not be called** (if Vasopressors, Antiarrhythmics, Electrical Cardioversion or other ACLS/PALS therapies are desired, you must be a Category IIA)

Some or all of the following may be necessary:

- IV Antibiotics
- Blood Products
- Volume Expanders
- Oxygen
- Other

You may need placement in a Long Term Care Facility at some point, if you are not strong enough to go home.

CODE STATUS: CATEGORY III--COMFORT SUPPORT

Plan of Care: Category III—Comfort Support

If your disease is rapidly progressing AND your condition is unstable AND

Your Goal is to receive **Comfort Support Only** in hopes that you might stabilize and maintain your Current Level of Daily Activity. It is possible that your disease may continue to rapidly progress, but you will be kept as comfortable as possible using Palliative Measures (comfort measures) to increase your comfort and dignity. Some or all of the following medical interventions may be used:

- Pain Control (On pain scale of 0 to10, the desired level is below 3 for comfort)
- Pain Medication as needed to control different types of pain
- Medication for decreasing dyspnea (shortness of breath), Morphine if necessary to keep you from feeling breathless
- Medication to lower anxiety as needed
- Medication for depression as needed
- Medication to manage secretions
- Medication to manage bowels
- Nutrition/Hydration as desired for comfort, You tell us your desires, no forced artificial feedings that your stomach cannot tolerate
- Other Medications as needed for your comfort
- Support and encouragement for your level of daily activity that is comfortable for you
- Palliative Care team of Nurses, Chaplains, Case Managers, Social Workers who will share your thoughts, wishes, hopes, dreams, fears and concerns with you as you continue to prepare for declining health
- Spiritual Support as you search for meaning in the midst of health decline, provision of prayer, sacred scripture, sacred rituals, music, visits from your Spiritual Community of Faith
- Counseling for you and your family regarding what to expect as your disease continues to progress and as you near death
- End of Life Grief Support
- Counseling regarding your choice of placement to receive medical, emotional, and spiritual comfort: Home, Hospital with Palliative Care, Home with Home Healthcare or Hospice, Christopher House (In House Hospice Program with Hospice Austin)
- You Pet to pay a hospital visit to you
- Other comforts