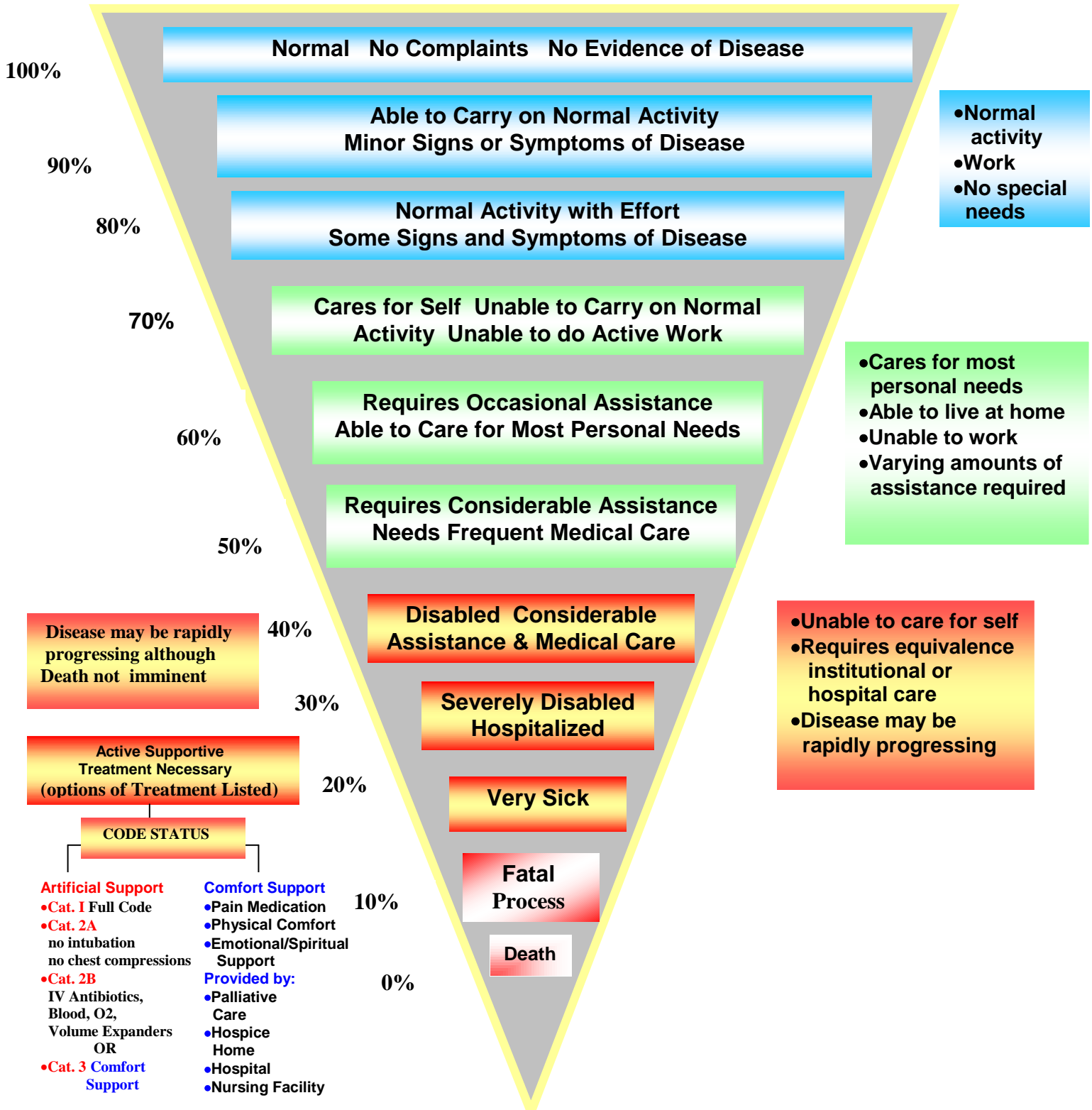


**LIFE JOURNEY ACCORDING TO
LEVEL OF DAILY ACTIVITY AND NEED FOR MEDICAL CARE
Patient and Family Education Service**



The Reverend Barbara Holloway, RN, BCC

Based on Karnofsky Performance Status Scale

© Pending

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 Fail |
| •Electrocardioversion (Heart Shock) | •Artificial Nutrition/Hydration through nasogastric tube | |
| •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

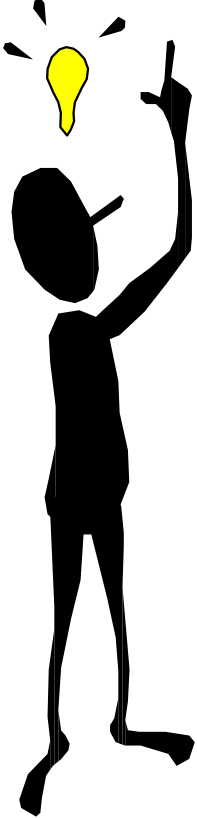
Plan of Care: Category III—Comfort Support

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
- Co-sign with your physician and 2 witnesses a legal **Out Of Hospital-Do Not Resuscitate Order**

OUT OF HOSPITAL-DO NOT RESUSCITATE ORDER



If a person desires **Comfort Care Only** medical treatment outside of the **hospital setting**, it is important to talk with the patient's physician and get a legal Do Not Resuscitate Order. The legal document requires the physician's and patient's (or Medical Power of Attorney or Legal Guardian) signatures as well as 2 witnesses' signatures. The OOH-DNR order form must be carefully filled out or it is not legal. The forms are available in hospitals, physicians offices and on-line. Each state has its own form.

Why is this OOH-DNR order important?

It instructs emergency medical personnel (EMS) and other health care professionals to forgo resuscitation attempts and allow the patient to have a natural death with peace and dignity while being kept as comfortable as possible. The Out Of Hospital-Do Not Resuscitate order applies to all out-of-hospital settings including but not limited to:

- Home
- Assisted-living, Nursing Home, Rehab Centers
- Hospice setting
- Out-patient clinics or out-patient hospital settings
- Hospital Emergency Room
- Physician's office
- Shopping Malls
- Eating places

The OOH-DNR order is not to be confused with a Directive to Physician(s) (Living Will) or a Medical Power of Attorney. All of these documents are important to have. The Directive to Physician(s) helps to guide physicians within the hospital setting. However, the physician still must address Code Status and write Code Status orders in the patient's medical record. If this is not done, the patient will automatically be a FULL CODE inside the hospital.

The Out Of Hospital-Do Not Resuscitate Order addressed CODE Status outside the hospital stating that the patient does not want any heroic measures (Resuscitation) and wants Comfort Care Only.