



fraserhealth

ADVANCE CARE PLANNING (ACP) RECORD

ACP, SERIOUS ILLNESS & GOALS OF CARE CONVERSATIONS

This is a reference and may not reflect most up to date conversations.

Patient Identification (min 3 identifiers required, full legal name, DOB, PHN)



ADDI101231F

Rev: May 2018

Page: 1 of 2

Tools to facilitate ACP conversations:

- FH Core Elements
- Serious Illness Conversation Guide (SICG)
- Goals of Care

Select most appropriate tool based on purpose of conversation, acuity/prognosis of illness, and/or treatment decision making.

See back for further details.

Previous Advance Care Planning documentation: Reviewed and copy in Greensleeve (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Advance Care Planning Record | <input type="checkbox"/> Advance Care Plan |
| <input type="checkbox"/> Representation Agreement | <input type="checkbox"/> Advance Directive |
| <input type="checkbox"/> Provincial No CPR | |
| <input type="checkbox"/> Medical Orders for Scope of Treatment (MOST) | |

Type of conversation and tool utilized. (check one)	Brief summary of key outcomes/decisions of conversation.		Recommendations/Next Steps
<input type="checkbox"/> FH Core Elements <input type="checkbox"/> Serious Illness Conversation Guide (SICG) <input type="checkbox"/> Goals of Care (GoC)	<p>Detailed Notes can be found:</p> <p>Dated:</p>		<p>Next steps <i>patient/client/resident/SDM</i> responsible for (eg. learn about illness, talk to family, legal/financial planning):</p> <p>Next steps <i>recorder/HCP</i> responsible for:</p> <p>1) Recommend review of discussion with:</p> <p>2)</p>
Date (dd/mm/yyyy)	Name & discipline of recorder; participants & relationship:	Site/Location:	Signature

ACP Records completed in non-acute settings please fax to 604-587-3748