



fraserhealth

ADVANCE CARE PLANNING (ACP) RECORD ACP, SERIOUS ILLNESS & GOALS OF CARE CONVERSATIONS



Form ID: ADD1101231H

Rev: July 11, 2023

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

- Advance Care Planning Record (ADD1101231)
- Advance Care Plan (expressed wishes)
- Advance Directive
- Identification of Substitute Decision Maker (ADD1106819)
- Medical Order for Scope of Treatment (MOST) (ADD1105016)
- Provincial No CPR
- Representation Agreement

Summary of conversation & follow-up: Document client's values, goals & preferences and/or substitute decision maker (SDM) information. Document next step(s) for HCPs and/or client (may include: recommending an Advance Directive or a Representation Agreement, encouraging more conversations, or providing more information and resources).

Discussion of specific interventions: Select which of the following potential clinical treatments have been discussed. Document the client's current thoughts and views. Interventions may or may not be clinically indicated in the event of deterioration.

Intervention	Discussed	Client's current thoughts and views
Blood products	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cardioversion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Noninvasive Ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Enteral or Parenteral Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name(s) of participants and role or relationship to client:

If additional documentation is in another location (paper or EMR): Include location, date, time, and heading.

Date (dd/mm/yyyy)/Time	Site/Location	Name & discipline of recorder	Signature

Non-acute sites must fax to 604-587-3748. For questions, contact FH ACP Team 1-877-825-5034.