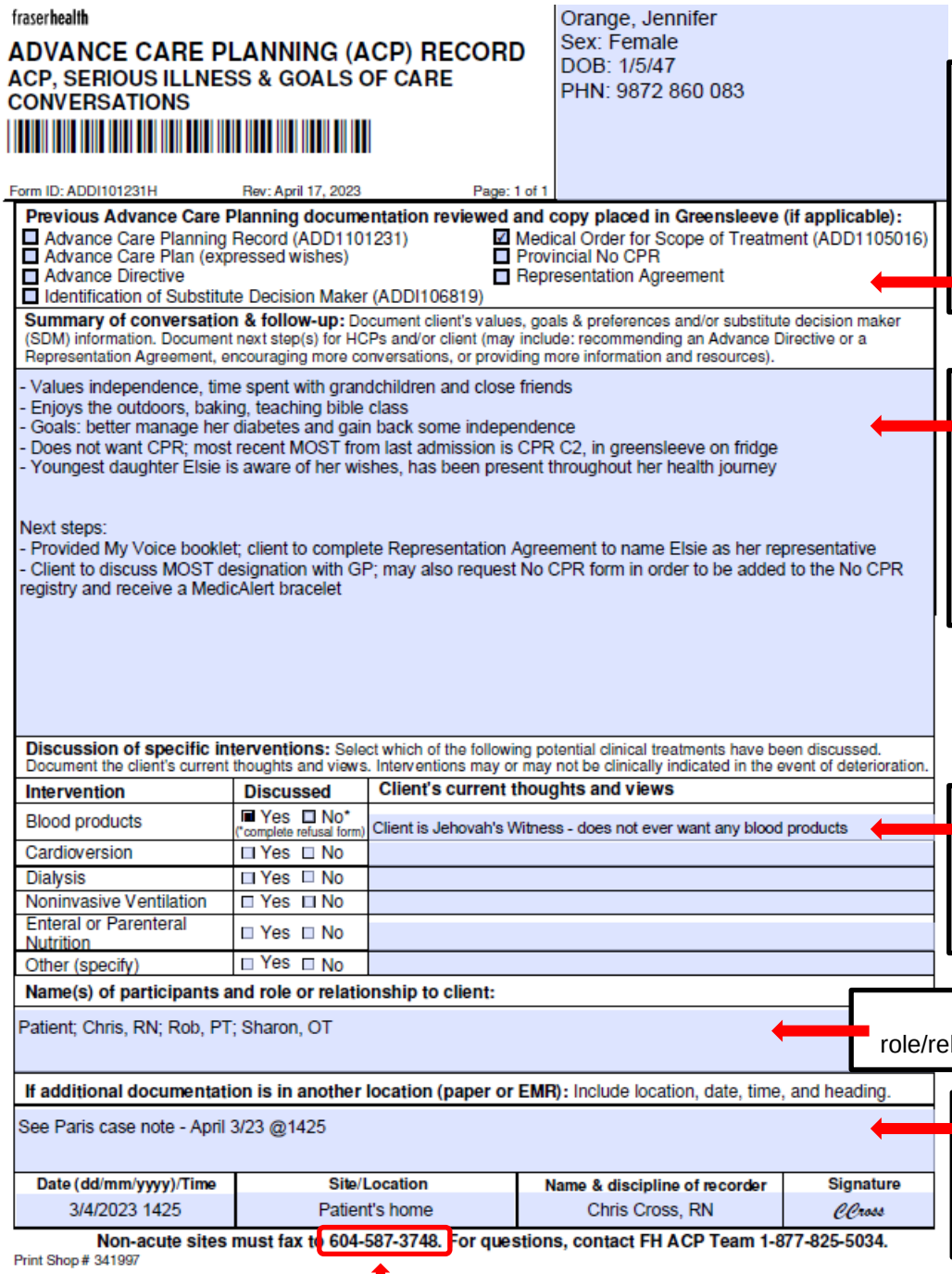
Advance Care Planning Clinician Quick Reference
Documenting on the ACP Record

"How should I (Health Care Professional) document my conversation with the client?"



fraserhealth

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

Orange, Jennifer
Sex: Female
DOB: 1/5/47
PHN: 9872 860 083

Form ID: ADDI101231H Rev: April 17, 2023 Page: 1 of 1

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 (ADDI106819)
- ☑ Medical Order for Scope of Treatment (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).

- Values independence, time spent with grandchildren and close friends
- Enjoys the outdoors, baking, teaching bible class
- Goals: better manage her diabetes and gain back some independence
- Does not want CPR; most recent MOST from last admission is CPR C2, in greensleeve on fridge
- Youngest daughter Elsie is aware of her wishes, has been present throughout her health journey

Next steps:
- Provided My Voice booklet; client to complete Representation Agreement to name Elsie as her representative
- Client to discuss MOST designation with GP; may also request No CPR form in order to be added to the No CPR registry and receive a MedicAlert bracelet

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	■ Yes ☐ No* (*complete refusal form)	Client is Jehovah's Witness - does not ever want any blood products
Cardioversion	☐ Yes ☐ No	
Dialysis	☐ Yes ☐ No	
Noninvasive Ventilation	☐ Yes ☐ No	
Enteral or Parenteral Nutrition	☐ Yes ☐ No	
Other (specify)	☐ Yes ☐ No	

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

Patient; Chris, RN; Rob, PT; Sharon, OT

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

See Paris case note - April 3/23 @1425

Date (dd/mm/yyyy)/Time	Site/Location	Name & discipline of recorder	Signature
3/4/2023 1425	Patient's home	Chris Cross, RN	CCross

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

Print Shop # 341997

Check boxes for all previous ACP documentation you reviewed as part of your conversation. Make sure there is a copy of each in the chart and/or client's Greensleeve.

Document the key aspects of your conversation, including outcomes and next steps.

This can be point form or narrative, however you like to chart.

Document if you have discussed specific interventions, including the client's current perspective on each.

Document name and role/relationship of all participants.

If there is additional related documentation located elsewhere, use this section to identify where it can be found.

Don't forget!
Non-acute sites MUST fax to this number (Health Records). This ensures the ACP Record is attached to the client's health record and is viewable in all settings.