

Discussion Pathway

Study Number _____
(Research staff)

UR No.	
Surname	
Given Name	
DOB	Sex

Discussion Pathway – Consider the need to complete Not For CPR Order

PATIENTS FOR WHOM THIS FORM SHOULD BE CONSIDERED

- Patients with care directives (for example: Advanced Care Plans; Refusal of Treatment Certificates; statement of wishes)
- Patients at increased risk of deterioration or cardiac or respiratory arrest
- Patients for whom advanced life-support therapies will neither significantly prolong life expectancy nor improve quality of life
- Patients for whom poor prognosis or quality of life means that the distress likely to result from treatment would be disproportionate to the benefit.
- Patients whose condition or treatment plans have changed significantly since completion of an earlier Discussion Pathway.

THIS SECTION TO BE COMPLETED IN CONSULTATION WITH THE PATIENT OR THEIR REPRESENTATIVE

**This section must be reviewed each time Not For CPR order is reviewed*

Aims of Care

- Curative therapy _____
- Life prolongation in setting of incurable chronic disease (+/- interventions designed to improve symptoms) _____
- Palliation of symptoms without interventions designed to prolong life _____
- Care of the dying patient _____

Current quality of life (QOL)

- Acceptable
- Minimally acceptable level but a permanent decrease below current QOL would not be acceptable
- Not acceptable to patient and unable to be meaningfully improved

Functional impairments that would not be acceptable to patient

Outcomes of particular value to Patient

Where the aim of care is other than curative therapy OR current quality of life is anything other than acceptable:

Consider the suitability of CPR, escalation of care and active treatment

AND

Consider the need to complete a Not For CPR order

MEDICAL OFFICER COMPLETING

Print Name: _____ Contact No. _____

Signature: _____ Date: ____ / ____ / ____

Time: _____

Consultant: _____ Date: ____ / ____ / ____

ALL PATIENTS WITH DISCUSSION PATHWAY COMPLETED SHOULD BE ENCOURAGED TO CONSIDER AN ADVANCE CARE PLAN PRIOR TO DISCHARGE INCLUDING DOCUMENTATION OF WISHES REGARDING HOSPITAL READMISSION.

Discussion Pathway

Not For CPR Order Study Number _____	UR No.	
	Surname	
	Given Name	
	DOB	Sex

Not For CPR Order – Discussion Pathway must also be completed

In the event of cardiac or respiratory arrest this patient is

NOT For CPR (Cardio Pulmonary Resuscitation)

In the event of deterioration this patient is for:

MET calls Yes No Modified MET Criteria _____

Referral to ICU Yes No

Palliative Care Referral Yes No

Information about this decision and specific therapies can be found in the patient history on the following dates: _____

PALLIATIVE THERAPIES MUST NOT BE WITHHELD

The Medical Treatment Act 1988 states that the following must not be withheld:

- Relief of pain suffering and discomfort

Reasonable provision of food and water (palliative care does not mandate the provision of artificial nutrition or parenteral hydration)

AUTHORISATION OF MEDICAL OFFICER

Print Name: _____ Contact No. _____

Signature: _____ Date: ____ / ____ / ____

Time: _____

- Consultant: _____ Date: ____ / ____ / ____

ALL PATIENTS WITH A NOT FOR CPR ORDER SHOULD BE ENCOURAGED TO COMPLETE AN ADVANCE CARE PLAN PRIOR TO DISCHARGE INCLUDING DOCUMENTATION OF WISHES REGARDING HOSPITAL READMISSION.

Please provide feedback regarding this trial documentation to deptmed@cabrini.com.au

How long did it take to complete this discussion & documentation? ____mins

Not For CPR Order