TASMANIAN HEALTH SERVICE

Tasmanian Government

MEDICAL GOALS OF CARE (GOC) PLAN

FACILITY: ____________________

☐ Southern Region ☐ Northern Region ☐ North West Region

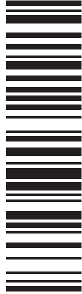
PT ID									

SURNAME .... D.O.B. ....

OTHER NAMES ....

ADDRESS ....

Attach Patient Sticker Label



FT176800

This form is to communicate the medical decision for appropriate treatment goals of care for this patient. Choose A, B, C or D. If changes are made, this form must be crossed through, marked void and a new form completed.

DIAGNOSIS:

NO LIMITATION OF TREATMENT:	**Hospital**	**Community**
A. The goal of care is CURATIVE or RESTORATIVE. Treatment aim is PROLONGING LIFE ☐ For CPR and all appropriate life-sustaining treatments →	CODE BLUE	For full resuscitation

LIMITATION OF MEDICAL TREATMENT:

☐ Patient has an advanced care directive and / or has requested the following treatment limitations:

Please specify:

	Hospital	Community
B. The goal of care is CURATIVE or RESTORATIVE with limitations: ☐ **NOT FOR CPR** but is for all respiratory support measures →	For CODE BLUE and MET calls	For treatment and transfer to hospital
☐ **NOT FOR CPR or INTUBATION** but is for other active management → *Specific notes:*	For MET calls NOT for CODE BLUE	
C. The goal of care is PALLIATIVE. Treatment aim is quality of life ☐ **NOT FOR CPR OR INTUBATION** → *Specific notes:*	MET call ☐ YES	Contact GP for planning
	MET call ☐ NO	
D. The goal of care is COMFORT DURING THE DYING PROCESS ☐ **NOT FOR CPR or INTUBATION** →	For terminal care NOT for CODE BLUE NOT for MET	

Reason for limitation of medical treatment:	☐ medical grounds	☐ patient wishes
Discussed with:	☐ patient	☐ person responsible
PRINT DOCTOR'S NAME:	**DESIGNATION:**	
SIGNATURE:	**DATE:** DD / MM / YYYY	
GP / consultant responsible:: PRINT NAME	GP / consultant informed: ☐ YES ☐ NO	

This form is endorsed for ambulance transfer, and for the home or care facility.

Abbreviation key:	CPR = cardio-pulmonary resuscitation	GP = general practitioner	MET = medical emergency team

THS-TAS-S 97748 7/15 F&P 42202 JULY15 M10

GOALS OF CARE PLAN

PROCEDURE FOR COMPLETING A GOALS OF CARE (GOC) FORM

MEDICAL ASSESSMENT

A clinical evaluation of the patient's situation to one of the three goals of care categories: curative / restorative, palliative or dying (terminal). The following may be helpful to ask, especially if limitations are being considered (after MJA 2005; 183:230-1):

1. Is the diagnosis correct?
2. Does the patient have capacity and not wish to have certain or all treatments, or if lacking capacity, has an advance directive or person responsible stating this?
3. Is medical treatment likely to prolong life or improve quality of life? Does the treatment carry a far greater risk of complications than possible benefits?
4. Has sufficient time elapsed to be reasonably confident that there is no reasonable prospect of substantial improvement or recovery?
5. Should another medical opinion be obtained?
6. Has the patient or the person responsible been advised of the above? Have they had a chance to express their opinions?
7. Has the patient's general practitioner been involved?

IMPLEMENTATION

1. Tick the box on the form that best describes the goals of care for the patient at this time.
   - A. **CURATIVE or RESTORATIVE** – if no treatment limitations are required tick box A. Refusal of a single treatment, such as blood products, in the context of otherwise full active treatment should be documented in the first line under limitations of medical treatment.
   - B. **CURATIVE or RESTORATIVE** with limitations – If in hospital, limitations to code blue or MET calls can be further documented. If in the community, the patient is for active treatment and transfer to a hospital if appropriate.
   - C. **PALLIATIVE** – The treatment aim is quality of life. If in hospital limitations to MET calls can be further documented. If in the community the GP can be contacted for further direction in management.
   - D. **DYING** – The treatment aim is comfort while the patient is dying. The prognosis is hours to days.
2. The details of the GOC discussions should be clearly documented in the patient's current progress notes.
3. The ultimate responsibility for treatment decisions including cessation of life-prolonging medical treatment and deployment of palliative and terminal care is a medical one and not the responsibility of the patient or person responsible.
4. The GOC form should not be completed by an intern.
5. The completed GOC form is filed in the current admission record, in the alerts section.
6. If the GOC change, the old form should be crossed out, marked VOID and a new form signed.
7. On discharge, a copy of the form can be sent with the patient or to the GP with the discharge summary if appropriate.
8. On discharge, the GOC form is scanned into the alerts section of the Digital Medical Record.
9. The Tasmanian Ambulance Service will recognise and act in accordance to the GOC form.
10. General practitioners or specialists may complete a GOC plan for ongoing care in the community and this form can be sent with the patient to the hospital if required.
11. Day patients who are low risk are not required to have a GOC form completed.