



**ADVANCE CARE PLANNING TRACKING RECORD
GOALS OF CARE DISCUSSIONS**

- The purpose of the Tracking Record is to document the decisions/next steps/outcomes of discussions related to ACP and Goals of Care Designations.
- Goals of Care discussions are ongoing and may include any combination of the Six [6] Core Elements.
- Any member of the interdisciplinary team may initiate or participate in discussions related to advance care planning and/or goals of care

Copy of Advance Directive Added to Health Record		Date <i>(yyyy/mm/dd)</i>
Patient/Resident's Representative/Agent		Relationship
Home Phone	Work Phone	Cell Phone

Record of Goals of Care Discussions/Decisions/Next Steps/Outcomes

Core Element	<ol style="list-style-type: none"> 1. Prognosis and Anticipated Outcomes of current treatment 2. Patient's values and their understanding/expectation of treatment options 3. Life Sustaining Measures/Degree of Benefit (e.g. enteral tube feeding, intravenous hydration, dialysis) 4. Comfort Measures 5. Resources available (e.g. palliative care, spiritual care, social work) 6. Goals of Care Designations
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Date of Discussion <i>(yyyy/mm/dd)</i>	Core Element(s) Discussed <i>(indicate #'s)</i>	Key decisions/next steps/outcomes of today's discussions are documented below <i>(if applicable, document details of the discussion in the patient's health record)</i>	Who was involved in today's discussions? <i>(ie. Patient, family, healthcare provider. Include Name and relationship/discipline)</i>

Healthcare Provider Recording Discussion	Signature	Site
<i>(Printed Name)</i> _____ <i>(Discipline)</i> _____		

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Healthcare Provider Recording Discussion	Signature	Site
<i>(Printed Name)</i> _____ <i>(Discipline)</i> _____		

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Healthcare Provider Recording Discussion	Signature	Site
<i>(Printed Name)</i> _____ <i>(Discipline)</i> _____		

Original Located in Health Record and Accompanies Patient/Resident, Retain a Chart Copy When Patient is Transferred/Discharged