



GOALS OF CARE DOCUMENTATION SUMMARY

DATE

AFFIX PATIENT LABEL

Reason for GOC discussion

- Treatment or care decisions to make
- Admission/Transfer to a New Facility
- Code status discussion
- Follow up from previous GOC discussion
- Information sharing
- Other _____

Discussion Participants

- Patient SDM Family /Caregiver(s)
- Oncology Team Allied Health

What Information was Provided?

- Diagnosis _____
- Prognosis
 - Years
 - Many Months to Years
 - Months to a Year
 - Few months
 - Weeks to Months
 - Days to Couple of Weeks
- Treatment Approach
 - Aggressive treatment for possible cure
 - More effective lines of therapy to prolong life or help symptoms
 - Few options that will prolong life or help symptoms
 - Supportive Care only - no drug options to control cancer
 - Radiation for symptoms
- Treatment options (including Drugs/Regimens/Care) (please see dictated note for further details)

- Expected benefits, risks, and side-effects of the treatment options

Important Goals Identified:

- Not discussed
- None identified
- Able to eat and taste food
- Achieve a particular life goal
- Be at home
- Be aware
- Guided by religious/spiritual/cultural beliefs
- Independent
- Improve and maintain function/quality of life
- Prolong life
- Not be a burden
- Physically comfortable
- Provide support for the family
- Other _____

Fears and Worries:

- Not discussed
- None identified
- Ability to care for others
- Burdening others
- Concerns about meaning of life
- Death or dying process
- Emotional/spiritual distress
- Finances
- Getting unwanted treatments
- Loss of control
- Loss of dignity
- Symptoms or side-effects
- Other _____

Function/Abilities Important to Patient:

- Not discussed
- None identified
- ADL (dressing, hygiene, toileting, ambulating, eating)
- Without pain or discomfort
- Interact with others
- Talk
- Being conscious
- Other _____

How much is the person willing to go through to achieve what is important to them? This may include exploring preferences for aggressive treatments and/or resuscitation, if appropriate (e.g., cardiac compressions, intubation, prolonged ventilation, etc.)

What Was the Outcome of the Discussion?

**Disclaimer: This Goals of Care Documentation Summary is only intended to guide discussions on planning care and treatment and is not to be used as patient consent for any course of care or treatment*

Provider Name & Designation
