ACP CONVERSATION DOCUMENTATION TEMPLATE

*For First Steps, Next Steps, and Advanced Steps ACP Conversations*

*This template is NOT prescriptive, but it provides ideas for creating an organization-specific, documentation standard. Not all information will be discussed with each individual. If applicable, review approved POLST form to ensure terminology used in template matches verbiage in POLST form.*

*This note documents an advance care planning (ACP) conversation regarding:*

Individual name: Date of birth:

Date of conversation: Length of conversation: minutes

Location of conversation:

Decisional capacity/Participants in the ACP conversation:

* Individual has decisional capacity: □ Yes □ No
* Healthcare agent’s (agent) name is:
* If no healthcare agent, designated decision maker’s (DDM) name is:

Relationship to individual:

* Contact information for agent/DDM:
	+ Mobile phone: Office phone: Home phone:
* Others in attendance, and relationship to individual:
	+ Name: Relationship:
	+ Name: Relationship:

Exploration of ACP and Advance Directives (AD)/POLST Program

Conversation explored the following topics:

* Motivation, knowledge, fears, or concerns about ACP:
* Information on ACP and/or AD/POLST provided:
* Agent/DDM understands role: □ Yes □ No
	+ If no, information provided:
	+ Agent/DDM states they are able to honor individual’s decisions: □ Yes □ No
* Individual’s understanding of their medical condition(s) explored (as appropriate):
	+ Hopes for current plan of care:
* Lessons learned from experiences:
* What is most important to live well:
	+ Fears or worries:
* Important cultural and/or spiritual beliefs described as:

Goals of Care and Specific Treatment Decisions (as appropriate)

*Narrative should include key elements of conversation, including rationale for individual’s decisions, clarification of what outcomes would be unacceptable and, if discussed, timeframe for revisiting the plan.*

The individual, or agent/DDM, expressed the following goals of care preferences and decisions:

* Severe permanent brain injury (if discussed):

Decision made:

* Statement of Treatment Preferences (SoTP) (if discussed):
	+ SoTP form completed: □ Yes □ No □ N/A
	+ Refer to SoTP form for goals of care preferences:
* Priority for Medical Care (if discussed):

□ Living Longer □ Maintaining Current Health □ Comfort

* Decision Regarding Serious Illness Treatment Option (if discussed):

□ Full Treatment □ Selective Treatment □ Comfort-Focused Treatment

* Other treatment decisions (if discussed):
	+ Help with breathing, if decided: □ Yes □ No

Decision made:

* + CPR, if decided: □ Yes □ No

Decision made:

* + Returning to the hospital, if decided: □ Yes □ No

Decision made:

* Additional instructions to describe acceptable and/or unacceptable outcomes:

* Specific goals:
* Other:

Summary of Needs and Follow-up Actions (as appropriate)

* Wants more information about medical condition and/or potential complications: □ Yes No □
* Questions for physician/advanced practitioner/care team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Other needs:
* Identified referral(s) for additional services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Wants to discuss further with others (e.g., agent, family, spiritual care provider):

* ACP documents created or updated (check all that apply):

□ Advance Directive Date:

□ Statement of Treatment Preferences Date:

□ POLST Date:

If applicable, sent POLST form for review and signature to:

* Provided copies of ACP documents (e.g., AD, POLST) to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provided written information:
* Scheduled follow-up ACP conversation:

|  |  |
| --- | --- |
| Name of ACP Facilitator(with credentials): |  |