

**Goals of Care Conversations for Life-Sustaining Treatments (LSTs) “CAPTURES” (page 1/2)**

<b>Step</b>	<b>Tips and Words that Work</b>
<b>C</b> apacity to make decisions about life-sustaining treatments [LSTs].	<p><b>TIP: Decision-making capacity is presumed, if in question, determine whether the patient can do all of the following:</b></p> <ol style="list-style-type: none"> <li>1. <b>Understand</b> the relevant information</li> <li>2. <b>Appreciate</b> the situation and its consequences</li> <li>3. <b>Reason</b> about treatment options</li> <li>4. <b>Communicate</b> a choice</li> </ol>
<b>A</b> uthorized Surrogate and <b>A</b> dvance Directives	<p><b>TIP: Verify who the patient has authorized to make decisions on their behalf if they loose decision-making capacity and that Advance Directive documents are up to date.</b></p> <ul style="list-style-type: none"> <li>• Who would you like to make decisions for you if you were unable to make decisions?</li> </ul> <p><b>The VA Surrogate Hierarchy:</b></p> <ol style="list-style-type: none"> <li>1. <b>Health Care Agent</b> named in an advance directive (look in Postings on CPRS Cover Sheet)</li> <li>2. Legal or Special <b>Guardian</b> appointed by a court of law</li> <li>3. <b>Next of Kin</b>, 18+ years of age, in the following order of priority: spouse, child(ren), parent(s), sibling(s), grandchild(ren), grandparent(s)</li> <li>4. <b>Close friend</b></li> </ol> <p><b>TIP: Ask the patient to complete a Durable Power of Attorney for Health Care to name a Health Care Agent (if not done previously or patient wishes to change surrogate). Consult Social Work if needed.</b></p>
<b>P</b> rognosis	<p><b>TIP: We can’t map out the future if the patient/surrogate do not know what to expect.</b></p> <ul style="list-style-type: none"> <li>• What have other doctors told you about what to expect with your (name medical condition)?</li> </ul>
<b>P</b> atient’s values and goals of care	<ul style="list-style-type: none"> <li>• What matters most to you as you think about your health and the future?</li> <li>• Tell me about your loved one, what things do they enjoy, what is important to them?</li> </ul>
<b>T</b> ime-Out (if needed)	<p><b>TIP: Stop here if you cannot explain LSTs and their risks and benefits for this patient, or obtain consent for LST plans.</b></p> <ul style="list-style-type: none"> <li>• This is very helpful information. I’ll share this with (X) and (I/we) will meet with you to talk about a plan. Here is some information about life-sustaining treatments that may be helpful to review in the meantime.</li> </ul>
<b>U</b> nite goals with treatment plan	<p><b>TIP: If the patient’s goals point to a potentially effective plan where benefits clearly outweigh risks, you can propose the plan and see if the patient agrees.</b></p> <ul style="list-style-type: none"> <li>• Based on your goals of (XYZ), It seems like you would/would not want (ICU care/feeding tubes/mechanical ventilation/dialysis/etc.). Does that sound right?</li> </ul> <p><b>TIP: When goals do not point to an effective plan explore the patient’s preferences.</b></p> <ul style="list-style-type: none"> <li>• I want to be sure you get the care that helps achieve your goals. It’s helpful to know in advance whether you would or wouldn’t want certain treatments. For example, some people wouldn’t want a feeding tube or a machine that breathes for them, even if it might be temporary; other people would want those treatments. Sometimes those treatments have a good chance of working to keep a person alive, and sometimes they don’t. Have you thought about these kinds of medical treatments and your goals?</li> </ul>
<b>TIP: Go to Page 2 When Discussing Code Status (CPR)</b>	
<b>R</b> eview plan	<ul style="list-style-type: none"> <li>• You said you would/would not want (ICU care/feeding tubes/mechanical ventilation/dialysis//etc.), based on your goals of (XYZ). Is that correct?</li> </ul>
<b>E</b> xplore choices that conflict with goals and hesitations to make decisions (if needed)	<ul style="list-style-type: none"> <li>• Tell me more about what you are hoping for with (mechanical ventilation, etc.)</li> <li>• Is there a situation you could imagine when you (would /would not) want (mechanical ventilation, etc.)</li> </ul> <p><b>TIP: This discussion can be a process not a one-time event. If the patient/surrogate is not ready to discuss life-sustaining treatments, set up a time to address this later.</b></p> <ul style="list-style-type: none"> <li>• This topic deserves time and attention. Let’s set up a time to talk again soon.</li> </ul> <p><b>TIP: If the discussion is URGENT, explore hesitations and if needed ask for permission to have the discussion with a surrogate.</b></p> <ul style="list-style-type: none"> <li>• Can you tell me what worries you about talking about (mechanical ventilation, etc.)</li> <li>• Can I speak with (name of authorized surrogate) to help make decisions for you now since we need to make decisions right away?</li> </ul>
<b>S</b> ummarize the plan	<p><b>TIP: Asking the patient/surrogate to summarize the discussion can assess their understanding and ensure there is consensus with the plan.</b></p> <ul style="list-style-type: none"> <li>• Can you tell me what we talked about so that I can make sure I explained everything well?</li> <li>• Thank you for taking the time to have this important conversation with me.</li> </ul>

## Goals of Care Conversations for Code Status (CPR): “ABCDE” (page 2/2)

Step	Tips and Words that Work																														
<b>Assess</b> understanding of CPR	<p><b>TIP: Ask an open-ended question about CPR to give the patient a chance to consider it before asking them specifically whether or not they would want it. Many patients have an understanding of CPR. Asking what they know can ensure an efficient and effective discussion instead of a monologue.</b></p> <ul style="list-style-type: none"> <li>Has anyone talked to you about CPR or have you seen it on TV?</li> </ul>																														
<b>Basic</b> description of CPR (if needed)	<p><b>TIP: If the patient does not have a basic understanding of CPR then provide information, avoiding medical jargon. If they have a partial understanding fill in the gaps.</b></p> <ul style="list-style-type: none"> <li>CPR is used only when someone’s heart and breathing have stopped. Sometimes the heart and breathing stop as a natural part of the dying process. Other times it happens unexpectedly.</li> <li>Basic CPR involves forcefully pushing on the chest, and blowing air into the lungs to try to restart the heart and breathing. Advanced life support can include shocking the heart and putting a tube down the throat.</li> </ul>																														
<b>Consider</b> Goals	<b>TIP: See page one – Obtain patient’s values and goals of care.</b>																														
<b>Discuss</b> CPR outcomes	<p><b>TIP: Many older adults do not want CPR once the probability of survival after the procedure is explained.<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>Factors associated with failure to survive CPR to hospital discharge: Serum Creatinine &gt;1.5 mg/dl, Metastatic Cancer, Dementia, Dependent Status, Sepsis the day prior to the CPR event.<sup>2</sup> Also see <a href="http://www.gofarcalc.com">http://www.gofarcalc.com</a><sup>3</sup></li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th colspan="3" style="text-align: center;">Data on CPR survival and neurological outcomes for inpatients age &gt;65 years<sup>4</sup></th> </tr> <tr> <th style="text-align: left;">Discharge Location</th> <th style="text-align: center;">All who underwent CPR (n=42,566)</th> <th style="text-align: center;">All who survived CPR (n=6972)</th> </tr> </thead> <tbody> <tr> <td>Died</td> <td style="text-align: center;">84%</td> <td style="text-align: center;">Not applicable</td> </tr> <tr> <td>Discharged Home</td> <td style="text-align: center;">6.2%</td> <td style="text-align: center;">40%</td> </tr> <tr> <td>Discharged Inpatient Facility</td> <td style="text-align: center;">9%</td> <td style="text-align: center;">55.2%</td> </tr> <tr> <td>Discharged Hospice</td> <td style="text-align: center;">0.8%</td> <td style="text-align: center;">4.8%</td> </tr> <tr> <th style="text-align: left;">Cognitive Status after CPR*</th> <th style="text-align: center;">All who underwent CPR (n=42,566)</th> <th style="text-align: center;">All who survived CPR (n=6972)</th> </tr> <tr> <td>Died</td> <td style="text-align: center;">84%</td> <td style="text-align: center;">Not applicable</td> </tr> <tr> <td>Mild or No Neuro Disability</td> <td style="text-align: center;">7.9%</td> <td style="text-align: center;">48%</td> </tr> <tr> <td>Moderate or Severe Neuro Disability</td> <td style="text-align: center;">8.1%</td> <td style="text-align: center;">52%</td> </tr> </tbody> </table> <p><small>*Patients with good cognitive functioning prior to arrest had a lower risk of post-CPR cognitive disability (86% with good cognitive functioning on admission who survived CPR had good cognitive functioning upon discharge).<sup>5</sup></small></p> <p><b>TIP: Ask what the patient/surrogate would like to know before telling data.</b></p> <ul style="list-style-type: none"> <li><b>Would you like to know how many people survive CPR and leave the hospital?</b></li> <li>“About 17 out of 100 people survive CPR. That means that 83 out of 100 die, even if they receive CPR.<sup>5,6</sup> These are averages, including people who are more healthy and less healthy than you are. For people with health problems like yours, the chances of surviving CPR and leaving the hospital is (better/worse).</li> <li><b>Do you know what problems can occur after CPR?</b></li> <li>There are risks of permanent brain damage and disability. That means that although your heart might restart, you may not be as healthy as you are now and may not be able to make decisions for yourself, recognize family, or return home. Based on your health, this risk for you is (low/high).</li> </ul>	Data on CPR survival and neurological outcomes for inpatients age >65 years <sup>4</sup>			Discharge Location	All who underwent CPR (n=42,566)	All who survived CPR (n=6972)	Died	84%	Not applicable	Discharged Home	6.2%	40%	Discharged Inpatient Facility	9%	55.2%	Discharged Hospice	0.8%	4.8%	Cognitive Status after CPR*	All who underwent CPR (n=42,566)	All who survived CPR (n=6972)	Died	84%	Not applicable	Mild or No Neuro Disability	7.9%	48%	Moderate or Severe Neuro Disability	8.1%	52%
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<b>Explore</b> preferences and explain recommendation	<p><b>TIP: Ask permission to make a recommendation, align recommendations with the patient’s goals.</b></p> <ul style="list-style-type: none"> <li>Would you like me to make a recommendation about CPR, based on your goals and what I know about your health, or would you prefer to let me know your thoughts?</li> <li><b>Based on your goals</b> (e.g., to live independently at home), and what I know about your health, it sounds to me like you (would/would not) want CPR, is that correct?</li> </ul>																														

National Center for Ethics in Health Care, 2/24/16. Acknowledgements: Shaيدا Talebreza, MD, and Jill Lowery, PsyD,

**Sources:** EPERC Fast Facts, VITALTalk, VA Goals of Care Conversations Training

**References**

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