

End of Life Worksheet**Schulich School of Medicine & Dentistry****Diagnoses** | Record the conditions from which the patient is dying or suffering

Reversible Conditions	Treatable but not curable Conditions	Irreversible Conditions

Communication | What is the Patient/Family's understanding of the current situation?**Preferences** | What are the Patient/Family's Preferences for:

1. Goals of Care	2. Code Status	3. Treatment & Comfort Measures

Possibilities | Based on the **Diagnoses & Preferences sections**, what are care options for each of condition?

Reversible Conditions		Treatable but not curable		Irreversible	
Condition	Possible Actions	Condition	Possible Actions	Condition	Possible Actions

Condition | Record signs and symptoms that the patient is experiencing. (e.g. pain, dyspnea, constipation)**Prognosis** | Do you think this patient is at risk of dying in 6 months or less? Is the patient in the Preactive or Active Dying phase? Please describe your impression.**Plan of Care** | What options of care have been discussed? What are their preferences?
e.g. If appropriate, have issues such as desired location of Death been discussed?

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Plans in Motion | Below lists some considerations when putting your patient's plan of care into action.

What other allied health, care-team members have been enlisted to help achieve the shared goals of care?

What information has been communicated? Also describe the method. (e.g. Family Meeting, Referral forms)

Roles of the Team | What team-members are working on your Patient's Care Needs? What do they do?
e.g. MD, Pharmacy, Nurses, OT, PT, Palliative Care, Spiritual Care... List all involved parties.

Your Role | How were you involved in the care of this patient?

Specifically, did you partake/attend a discussion (or revision discussion) regarding Patient Code Status?

Below (or on another page, if you need more room), please reflect briefly on one of the following:

- 1) How did you feel when you were with a dying patient?
- 2) What part of the patient's care was most moving for you?
- 3) Elaborate on a part of this experience you would like to discuss with the reviewer (Senior Resident/Consultant) of this worksheet.

Name of Student (Please Print)

Signature of Sr. Resident or Attending Physician