

**Pediatric Goals of Care Designation Order\***

Physician to initial the box beside the chosen designation		↓	
<b>R</b>  Medical Care and Interventions, Including <u>R</u> esuscitation		<b>RI</b>	Interventions aimed at cure or control of the condition(s), including intubation, chest compressions and ICU care, when clinically relevant.
		<b>R2</b>	Interventions aimed at cure or control of the condition(s), including intubation and ICU care, when clinically relevant, but excluding chest compressions.
		<b>R3</b>	Interventions aimed at cure or control of the condition(s), including ICU care, when clinically relevant, but excluding intubation and chest compressions.
<b>M</b>  Medical Care and Interventions, <u>E</u> xcluding Resuscitation		<b>M1</b>	Interventions aimed at cure or control of the condition(s), when clinically relevant, but excluding ICU care (unless determined to be the best location for delivery of symptom based care). Major surgery or transfer to another location of care considered when appropriate.
		<b>M2</b>	Interventions aimed at cure or control of the condition(s), when clinically relevant, but excluding ICU care (unless determined to be the best location for delivery of symptom based care). Major surgery or transfer to another location of care not usually undertaken, but may be considered when appropriate.
<b>C</b>  Medical Care and Interventions, <u>F</u> ocused on <u>C</u> omfort		<b>C1</b>	Interventions aimed at maximal symptom control and maintenance of function without cure or control of underlying condition(s). Major surgery or transfer to another location of care not usually undertaken, but may be considered when appropriate.
		<b>C2</b>	Care focused on physical, psychological and spiritual preparation for imminent death (usually within hours or days). Maximal efforts directed at symptom control. Major surgery not undertaken. Transfer not usually undertaken, but may be considered when appropriate.
* See Regional Policy: Advance Care Planning: Goals of Care Designation (Pediatric) – Interim (#1636)			
Signature / Designation		Date  yyyy/mon/dd	
Print Name / Discipline			

# Pediatric Goals of Care Designations Explained

<p><b>R – Medical Care and Interventions, Including Resuscitation</b></p> <p><b>Goals of Care:</b> Cure or control of Child's condition(s). Child is expected to benefit from ICU care if required.</p> <p><b>R1:</b> All appropriate interventions including intubation and chest compressions, when clinically relevant.</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Undertaken for cardio-respiratory arrest or acute deterioration</li> <li><b>Life Support Interventions:</b> Usually undertaken</li> <li><b>Life Sustaining Measures:</b> When clinically appropriate</li> <li><b>Major Surgery:</b> Considered when clinically appropriate</li> <li><b>Transfer:</b> Considered for diagnosis and treatment if required</li> </ul> <p><b>R2:</b> All appropriate interventions including intubation, but excluding chest compressions</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Undertaken for cardio-respiratory arrest or acute deterioration, but chest compressions should not be performed</li> <li><b>Life Support Interventions:</b> May be offered, without chest compressions</li> <li><b>Life Sustaining Measures:</b> When clinically appropriate</li> <li><b>Major Surgery:</b> Considered when clinically appropriate</li> <li><b>Transfer:</b> Considered for diagnosis and treatment if required</li> </ul> <p><b>R3:</b> Any appropriate interventions excluding intubation and chest compressions</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Undertaken for cardio-respiratory arrest or acute deterioration, but intubation and chest compressions should not be performed</li> <li><b>Life Support Interventions:</b> May be offered, without intubation and chest compressions</li> <li><b>Life Sustaining Measures:</b> When clinically appropriate</li> <li><b>Major Surgery:</b> Considered when clinically appropriate</li> <li><b>Transfer:</b> Considered for diagnosis and treatment if required</li> </ul>	<p><b>M – Medical Care and Interventions, Excluding Resuscitation</b></p> <p><b>Goals of Care:</b> Cure or control of Child's condition(s). Child would not be expected to benefit from ICU (except in cases where ICU is determined to be the best location for delivery of symptom based care).</p> <p><b>M1:</b> All interventions aimed at cure and control of condition(s), when clinically relevant. Excludes the option of ICU care, except where ICU is determined to be the best location for delivery of symptom based care.</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Not undertaken for cardio-respiratory arrest or acute deterioration</li> <li><b>Life Support Interventions:</b> Should not be initiated or should be discontinued after discussion with the Child / Family</li> <li><b>Life Sustaining Measures:</b> When clinically appropriate</li> <li><b>Major Surgery:</b> Considered when clinically appropriate</li> <li><b>Transfer:</b> Considered for diagnosis and treatment if required</li> </ul> <p><b>M2:</b> All interventions aimed at cure or control of condition(s) when clinically relevant. Excludes the option of ICU care, except where ICU is determined to be the best location for delivery of symptom based care. If Child's condition deteriorates further and is no longer amenable to cure or control, Goals of Care should be changed to focus on comfort</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Not undertaken for cardio-respiratory arrest or acute deterioration</li> <li><b>Life Support Interventions:</b> Should not be initiated or should be discontinued after discussion with the Child / Family</li> <li><b>Life Sustaining Measures:</b> When clinically appropriate</li> <li><b>Major Surgery:</b> Not usually undertaken, but can be considered for symptom relief</li> <li><b>Transfer:</b> Not usually undertaken, but may be considered if required</li> </ul>	<p><b>C – Medical Care and Interventions, Focused on Comfort</b></p> <p><b>Goals of Care:</b> Comfort and symptom control of Child's underlying condition(s) expected to result in death. Child would not benefit from ICU care (except in cases where ICU is determined to be the best location for delivery of symptom based care).</p> <p><b>C1:</b> A diagnosis exists that is expected to cause eventual death. New illnesses are not generally treated unless control of symptoms is the goal.</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Not undertaken for cardio-respiratory arrest or acute deterioration</li> <li><b>Life Support Interventions:</b> Should not be initiated or should be discontinued after discussion with the Child / Family</li> <li><b>Life Sustaining Measures:</b> Used only for goal directed symptom management</li> <li><b>Major Surgery:</b> Not usually undertaken, but can be considered for symptom relief</li> <li><b>Transfer:</b> Not usually undertaken, but may be considered if required</li> </ul> <p><b>C2:</b> Expert terminal care is aimed at preparation for imminent death (usually within hours or days) with maximal efforts directed at symptom control</p> <ul style="list-style-type: none"> <li><b>Resuscitation:</b> Not undertaken for cardio-respiratory arrest or acute deterioration</li> <li><b>Life Support Interventions:</b> Should not be initiated or should be discontinued after discussion with the Child / Family</li> <li><b>Life Sustaining Measures:</b> Should be discontinued unless required for symptom management</li> <li><b>Major Surgery:</b> Not appropriate</li> <li><b>Transfer:</b> Not usually undertaken, but may be considered if required</li> </ul>
<p><b>Definitions:</b></p> <p><b>Resuscitation:</b> Initial efforts undertaken to reverse and stabilize an acute deterioration in a Child's vital signs. This may include chest compressions, mechanical ventilation, defibrillation, cardioversion, pacing, and intensive medications. Patients who have refused to have chest compressions and/or mechanical ventilation may still be considered for other resuscitative measures (see R3).</p> <p><b>Life Support Interventions:</b> Interventions typically undertaken in the Intensive Care Unit (ICU), but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest compressions, mechanical ventilation, Resuscitation, defibrillation, and physiological support.</p> <p><b>Life Sustaining Measures:</b> Therapies that sustain life without supporting unstable physiology. Such therapies can be used in many other clinical circumstances. When viewed as life sustaining measures, they are offered in either: a) the terminal stages of an illness in order to provide comfort or prolong life; or b) to maintain certain bodily functions during the treatment of inter-current illnesses. Examples include enteral tube feeding and intravenous hydration.</p> <p><b>Major Surgery:</b> Resuscitation during surgery or in the recovery room can be considered, including short-term physiologic and mechanical support in an ICU, in order to return child to prior level of function. The possibility of intra-operative death or life-threatening deterioration should be discussed with Child/Family in advance of the proposed surgery and general decision-making guidance agreed upon.</p> <p><b>Transfer:</b> Transport of a child to another location of care (e.g. hospital, hospice, or home) to best achieve the stated Goals of Care may always be considered, but transfer to a location of higher acuity is not usually undertaken for children with a Designation M2, C1 or C2 except for symptom control not available in current location of care.</p>		