**Goals of Care Documentation Template (PARIS)**

***CLINICAL CARE PLAN***

**LPNs:**

At bottom of care plan entry, please note who you collaborated with to develop the care plan

**NEED:** Psychosocial

**GOAL:** Goals of Care

**INTERVENTION:** Identify Client’s Wishes

[Copy and paste below into the Clinical Care Plan “intervention” free text box]

**Date: GOALS OF CARE/ SERIOUS ILLNESS CONVERSATION**

**Set-Up:**

**Permission given by client?** Yes / No

**Client’s illnessunderstanding:**

**Amount of information desired:**

**Medical history/prognosis** explained by health care team:

**Key Topics:**

**Goals/priorities** if sicker:

**Fears/worries** about future:

Sources of **strength**:

Critical **abilities** not wanting to lose:

**Trade-offs** willing to go through:

**Family awareness** of above wishes:

**Summary/ Recommendations:**

Key points important to client (list below):

Key recommendations given to client (list below):

**AFTER HOURS PLAN -** insert details here



***CASE NOTE***

[Once Clinical Care Plan is complete, link it to this Case Note. Copy & paste the below into that Case Note]

**INDICATORS FOR A PALLIATIVE APPROACH TO CARE**

Would I be surprised if client died in the next 6-12 months? Yes/No

Clinical Frailty Scale risk level:

SPICT Indicators:

From indicators above, client would benefit from a palliative approach to care? Yes/No

See Clinical Care Plan for details of Serious Illness Conversation/Goals of Care