

Care preferences and medical decisions

Name / initials:

1 / 4 What matters to the patient?

This worksheet records a conversation. It is not a DNAR order, an advance medical directive, a consent form, or permission to limit treatment. The treating team must assess and document the clinical plan and follow the applicable legal process.

Type in a form-capable PDF reader, save a copy, then close and reopen it to check. Completed files are not encrypted; keep them securely. Text boxes can scroll: for long answers, keep the full text in your own document labelled with this worksheet and question, and enter "See attached notes" here. Print your completed copy from the reader and check print preview. If your language does not display correctly, use a document that supports it, or print and write by hand.

Date / who is recording this / who the patient wants present

What gives life meaning; priorities, comfort, independence and personal concerns

How much information the patient wants, in what language and with what communication support

Who the patient wants information shared with; any limits they want discussed

Questions about the illness, uncertainty and what might happen next

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

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2 / 4 Supporters, next of kin and existing documents

A next of kin or emergency contact is not automatically a person with blanket authority to consent. A patient who has decision-making capacity makes their own decisions. Ask the team to verify any representative's authority and the applicable process.

Chosen contact or next of kin / relationship / contact; patient's permission to involve them

Chosen supporter for discussions / contact / practical role; not an authority appointment

Any documented representative: name/contact, authority and document scope/location; team to verify

Existing advance medical directive: present / none / unsure; latest copy/date/location, whom it names, updates or revocation

Questions for the hospital or legal adviser; who will verify current legal requirements

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

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3 / 4 CPR and a formal DNAR plan are a separate discussion

CPR is attempted when the heart or breathing stops. DNAR means not attempting CPR; it does not mean no treatment, no comfort care or automatic refusal of ICU, antibiotics, oxygen or other care. The clinician must discuss what is appropriate for the individual.

CPR conversation status

- ☐ Would like to discuss CPR
- ☐ Discussed with the treating team
- ☐ Still unsure or want more information
- ☐ Prefer not to record here

Questions about what CPR could realistically achieve and its burdens for this patient

Patient's wishes to discuss with the treating team; not an instruction to stop treatment

If a separate clinician-documented DNAR plan exists: location, date, responsible clinician

Who will verify and explain that plan; when it should be reviewed

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.

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4 / 4 Discuss escalation, review and where care may be provided

Discuss each treatment on its own merits, including potentially reversible problems. Formal withholding or withdrawal of life-sustaining treatment has separate Indian safeguards; a tick or signature on this sheet cannot authorise it. If someone is acutely unwell, seek assessment rather than relying on an unverified worksheet.

Questions or wishes to discuss: hospital transfer, ICU, ventilation, dialysis or other escalation

Would a time-limited treatment trial be appropriate? Ask about goal, review and next steps

Preferred place of care and backup if needs cannot safely be met there

Verified clinical-plan location, responsible clinician and contact; copies held where

Review triggers: patient changes their mind, illness changes, transfer or document concerns

For long answers, enter "See attached notes" and print the full response separately. Check that all intended text is visible in print preview.