

Advance Care Planning Order Form

Making Advance Planning a Priority

The MAPP Program

Dear Dr. _____

At _____ (facility name) we are committed to collaborating with our resident's wishes for care. While all _____ (facility name) residents have documentation of their preferences for or against resuscitation, there are many other trajectories of clinical decline that are not generally addressed in the medical record. Our goal is to elicit care preferences beyond DNR or Full Code orders. Thus, as Quality Assurance Initiative, the MAPP Program team screens every resident for annual mortality risk and notifies the attending physician if the resident is identified at high risk for mortality. We then offer several options to assist physicians elicit the care goals of these residents.

_____ (resident name) has been identified at **high risk for mortality** in the next year.

Please consider the following options to assist in clarifying the care preferences for this resident. Check the appropriate box below and leave in the physicians orders section of the chart, **FAX to:** _____ or **CALL:** _____ to give verbal order regarding your wishes for your patient.

- Care preferences for this patient can be found in my progress note dated _____
- I will be discussing care goals with my patient and their family in an upcoming visit.
- Please refer my patient and their family for **Palliative Care Consultation** specifically to address care goals and/or symptom management.
- Please refer my patient for Hospice evaluation/admission.

Physician Signature

Date
