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	Residential Aged Care Facility		AFFIX IDENTIFICATION LABEL HERE			
	GOALS OF CARE		MBER:			
	Medical Treatment Orders		E:			
,			AME:			
Address	S	DATEOF	BIRTH:/SEX:			
	TO BE COM	IPLETED	BY DOCTORS ONLY			
	Main health problems: Advance Care Directive / Advance Care Planning document for this Resident? No Yes (ensure copy in Resident's file)					
Medical	Treatment Decision Maker (MTDM) if patient la	cks capacit	ty to make medical decisions			
Name _	Relationship t	to Resident	Phone No:			
			☐ Yes (ensure copy of document in Resident's file) ring Guardian ☐ EPOA Personal ☐ VCAT Guardian			
If UN			 Add further comments when required. ontact the GP or Residential In-Reach for advice. 	٠.		
GOAL	A: FOR TREATMENT OF ALL R	EVERSI	BLE ILLNESS			
	FOR CPR and appropriate life-sustaining treatments		→ FOR TRANSFER TO HOSPITAL IF required treatment cannot be provided in the facility			
GOAI	B: FOR TREATMENT OF REVEI	RSIBLE	ILLNESS WITH FOLLOWING LIMITATIONS			
	NOT FOR CPR or INTURATION - but is for other	er	→ FOR TRANSFER TO HOSPITAL IF required treatment			
	NOT FOR CPR or INTUBATION - but is for othe appropriate life-sustaining treatments		→ FOR TRANSFER TO HOSPITAL IF required treatment cannot be provided in the facility			
GOAL	appropriate life-sustaining treatments C: FOR TREATMENT OF REVEI	RSIBLE				
GOAL	appropriate life-sustaining treatments C: FOR TREATMENT OF REVEIT TREATMENT. FOR GOOD SYMP FOR TRIAL OF TREATMENT AT THE FACIL	RSIBLE TOM MA	ILLNESS WITH SIMPLE, NON-BURDENSOMI	N		
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Residential Aged Care Facility GOALS OF CARE Medical Treatment Orders (For completion by Doctors only)

	AFFIX IDENTIFICATION LABEL HERE	
U.R. NUMBER:		
SURNAME:		
GIVEN NAME:		
DATE OF BIRTH:	/SEX:	

RACF GOALS OF CARE is a medical treatment order. It describes a medical treatment plan that takes account of:
(i) the Resident's medical illness, illness trajectory and the limits to what is medically feasible; and
(ii) the Resident's preferences and values related to medical treatment, within the limits of what is medically feasible.

Date / time	Include details of content of discussion and who was involved		
	(date & sign entries; update as needed)		

WRITE COMMENTS ON GOAL CATEGORY, IF NEEDED FOR CLARIFICATION OR TO RECORD VARIATIONS eg. Goal of care is non-burdensome treatment but to receive CPR – tick Box C and write clearly 'FOR CPR'

Ensure a copy of Goals of Care and copies of any Advance Care Planning documents are sent with the Resident if transferring to hospital.