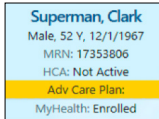


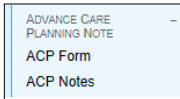
OUTPATIENT

1. Click Adv Care Plan



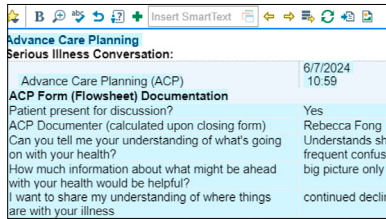
Superman, Clark
 Male, 52 Y, 12/1/1967
 MRN: 17353806
 HCA: Not Active
 Adv Care Plan:
 MyHealth: Enrolled

2. Click ACP Form, document your discussion, then click Close



ADVANCE CARE PLANNING NOTE
 ACP Form
 ACP Notes

3. Type dotphrase "advancereplanningSMTForm" to insert the ACP Form into your note



Advance Care Planning
 Serious Illness Conversation:
 Date of Service: 8/7/2024
 Time: 10:59
 ACP Form (Flowsheet) Documentation
 Patient present for discussion? Yes
 ACP Documenter (calculated upon closing form) Rebecca Fong
 Can you tell me your understanding of what's going on with your health? Understands she frequent confusion big picture only
 How much information about what might be ahead with your health would be helpful? continued decline
 I want to share my understanding of where things are with your illness

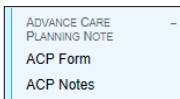
INPATIENT

1. Click Code



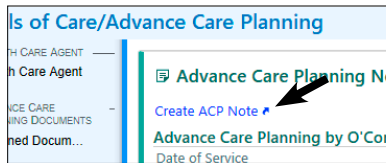
Zrtest, Batman (.
 Male, 43 Y, 5/5/1978
 MRN: 32405987
 Code: Not on file

2. Click ACP Form, document your discussion, then click Next



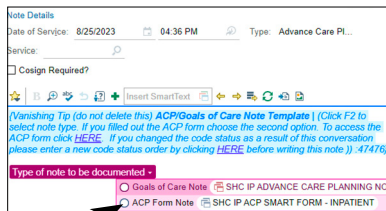
ADVANCE CARE PLANNING NOTE
 ACP Form
 ACP Notes

3. Click Create ACP Note



Is of Care/Advance Care Planning
 H CARE AGENT
 h Care Agent
 Advance Care Planning Note
 Create ACP Note
 Advance Care Planning by O'Con
 Date of Service

4. Press F2 and choose ACP Form Note



Note Details
 Date of Service: 8/25/2023 04:36 PM Type: Advance Care Pl...
 Service:
 CoSIGN Required?
 [Vanishing Tip (do not delete this) ACP/Goals of Care Note Template | (Click F2 to select note type. If you filled out the ACP form choose the second option. To access the ACP form click HERE. If you changed the code status as a result of this conversation please enter a new code status order by clicking HERE before writing this note.)) :47478]
 Type of note to be documented:
 Goals of Care Note SHC IP ADVANCE CARE PLANNING NO
 ACP Form Note SHC IP ACP SMART FORM - INPATIENT

Use NURSE skills to attend to emotion

Name	This can be overwhelming. You seem frustrated.
Understand	This helps me understand what you're thinking. I can't imagine what you're going through.
Respect	I can see you've really been trying to follow our instructions. You're a great advocate for your loved one.
Support	I'll do my best to make sure you have what you need. Let's work together on this.
Explore	Could you say more about what you mean when you say... Tell me more about...

Visit <http://med.stanford.edu/advancecareplanning> for more information on documenting in Epic, patient preparation materials, and translated and discipline-specific versions of the Guide.



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Serious Illness Conversation Guide

Serious Illness Conversation Guide Surrogate Version

SET UP

I'd like to **talk together** about what's happening with your health and **what matters to you. Would this be okay?**

ASSESS

To make sure I share information that's helpful to you, can you tell me **your understanding** of what's going on with your health now?

How much **information about what might be ahead** with your health would be helpful?

SHARE PROGNOSIS

I want to share **my understanding** of where things are with your health:

[Choose one]

Uncertain: It can be difficult to predict what will happen. **I hope you will feel as well as you can** for a long time, and we will work toward that goal. **It's also possible that you could get sick quickly**, and I think it's important that **we prepare** for that.

Time: **I wish** this was not the case. I am **worried** that time may be as short as ____ *[express as a range: days to weeks, weeks to months, months to a year]*.

Function: It can be difficult to predict what will happen. **I hope you will feel as well as you can** for a long time, and we will work toward that goal. **It's also possible that it may get harder to do things** because of your illness, and I think it's important that **we prepare for that.**

[Pause: Allow silence. Validate and explore emotions.]

If your health gets worse, what are your **most important goals?**

What are your biggest **worries?**

What **gives you strength** as you think about the future?

What **activities** bring joy and meaning to your life that you can't imagine living without?

If your health gets worse, **how much would you be willing to go through** for the possibility of more time?

How much do the **people closest to you** know about your priorities and wishes for your care?

Having talked about all of this, **what are your hopes** for your health?

I've heard you say _____. Keeping that in mind, and what we know about your health, I **recommend** that we _____. **This will help us make sure your care plan reflects what's important to you. How does this plan seem to you?**

We will do everything we can to help you through this.

CLOSE

SET UP

I'd like to **talk together** about what's happening with _____'s *[e.g. your wife's, husband's, other relationship description or name]* health and **what matters to them. Would this be okay?**

ASSESS

To make sure I share information that's helpful to you, can you tell me **your understanding** of what's going on with _____'s health now?

How much **information about what might be ahead** with _____'s health would be helpful?

SHARE PROGNOSIS

I want to share **my understanding** of where things are with _____'s health:

[Choose one]

Uncertain: It can be difficult to predict what will happen. **I hope they will feel as well as they can** for a long time, and we will toward that goal. **It's also possible that they could get sick quickly**, and I think it's important that **we prepare** for that.

Time: **I wish** this was not the case. I am **worried** that time may be as short as ____ *[express as a range: days to weeks, weeks to months, months to a year]*.

Function: It can be difficult to predict what will happen. **I hope they will feel as well as they can** for a long time. **It's also possible that it may get harder to do things** because of their illness, and I think it's important that **we prepare** for that.

[Pause: Allow silence. Validate and explore emotions.]

If their health gets worse, what do you think are _____'s **most important goals?**

What do you think are _____'s biggest **worries?**

What **gives** _____ **strength** as they think about the future?

What **activities** bring joy and meaning to their life that you can't imagine them living without?

If _____'s health gets worse, **how much would they be willing to go through** for the possibility of more time?

How much do the people closest to _____ know about _____'s priorities and wishes for their care?

Having talked about all this, what are _____'s **hopes** for their health?

I've heard you say _____. Keeping that in mind, and what we know about _____'s health, I **recommend** that we _____. **This will help us make sure that _____'s care plan reflects what's important to them. How does this plan seem to you?**

We will do everything we can to help you and _____ through this.

CLOSE

Handoff to key clinicians: I talked with _____ about _____. I learned _____. I think they would benefit from talking to you about _____.