



ADVANCE CARE PLANNING TRACKING FORM

RESIDENT NAME: _____

Residents and/or their responsible health care decision makers should be provided the opportunity to discuss advance care planning with appropriate staff members and medical providers within the first few days of admission to the facility, at times of change in condition, and periodically for routine updating of care plans.

The purpose of this form is to provide a tool to document that these discussions are taking place. Improving advance care planning is now a goal of the **Advancing Excellence in America's Nursing Homes Campaign**. This form has been adapted from the campaign's website: http://www.nhqualitycampaign.org/files/impguides/6_AdvanceCarePlanning_TAW_Guide.pdf

AT ADMISSION (within about a week of admission or readmission)

Check one of the following:

- Resident and/or responsible party do NOT want to have this discussion
- Discussion about advance care planning held with (check one or both of the following):

____ Resident

____ Resident's surrogate; name: _____

Staff or healthcare provider completing this form:

Name

Title

Signature: _____

Date of Discussion: ____/____/____

Location of Advance Care Plan documentation (i.e., medical record, plan of care, progress notes):

Use Continuation Pages to document additional Advance Care Planning Reviews and Discussions



ADVANCE CARE PLANNING TRACKING FORM

Continuation Page (copy as needed)

ADVANCE CARE PLAN REVIEW AND/OR DISCUSSION

Purpose of review: Care Planning (routine update) Change in Condition Other (specify):

If **Discussion** was held, with whom (check those that apply):

_____ Resident

_____ Resident's surrogate; name: _____

_____ No discussion held

Staff or Health Care Provider Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Location of Advance Care Plan documentation (plan of care, progress notes, other): _____

ADVANCE CARE PLAN REVIEW AND/OR DISCUSSION

Purpose of review: Care Planning (routine update) Change in Condition Other (specify):

If **Discussion** was held, with whom (check those that apply):

_____ Resident

_____ Resident's surrogate; name: _____

_____ No discussion held

Staff or Health Care Provider Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Location of Advance Care Plan documentation (plan of care, progress notes, other): _____

ADVANCE CARE PLAN REVIEW AND/OR DISCUSSION

Purpose of review: Care Planning (routine update) Change in Condition Other (specify):

If **Discussion** was held, with whom (check those that apply):

_____ Resident

_____ Resident's surrogate; name: _____

_____ No discussion held

Staff or Health Care Provider Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Location of Advance Care Plan documentation (plan of care, progress notes, other): _____