

Family Meeting Summary

Patient Name: SHARED MEDICAL MASTER

This Family Summary form is to help you understand what care is being recommended for your loved one. Please share it with family members who were unable to attend the meeting. You will receive a summary form after each family meeting. We are here to support you in making the best medical decisions for your loved one in line with what the patient desired/wanted.

Reason for Family Meeting

- Medical Status update
- Change in status
- Goals of Care: Talk about values, wishes, decision making
- End of Life
- Critical Status
- Enhance Communication
- Care Planning
- Grief/Loss

Meeting Time

Date of Family Meeting: 11/21/16

Time of Meeting: 15:39

Staff Participants: Al Malki, MHD Monzr, M.D.

Social Worker: Banuelos Calhoun, Ruby, MSW

Bedside RN: Jane

ICU MD Name: Horak, David, M.D.

Supportive Care MDs: Buga, Sorin, M.D.
Freeman, Bonnie, N.P.

Family Meeting Coordinator Name: Sidhu, Rupinder, LCSW

Supportive Care Medicine

Patient Values Regarding Health Care Choices

The most important value(s) when thinking about what makes my life worth living:

- I am physically comfortable.
- I can talk to my family and friends.
- I keep my dignity and integrity.
- I am relieved from pain and suffering.

In terms of living through this serious illness, I define quality of life as:

- Knowing my family and friends are here for me.
- Having a say about the care I get.
- Being able to do things I enjoy doing.
- Directing my life decisions.

Other important considerations

- I always want my life to reflect my values and beliefs.
- Having realistic expectations about prognosis.
- Understanding all my choices for my medical care.
- Patient wishes to be allowed to die naturally without life support.
- I need my whole family to accept these are my preferences.
- Medical Decision Maker (a person who can share your wishes and make health care decisions for you if you are unable to make them yourself.): Danielle Stone

Medical Facts and Recommendations

The current medical opinion regarding your loved one's condition is that he/she is:

- Improving
- Worsening (not responding to treatment)
- Unchanged
- Critical
- Actively dying
- Nearing end of life
- Showing indication of organ failure
- Showing signs that the disease is coming back

Medical Facts and Recommendations (cont.)

Full Care, Supportive Care, Comfort Care/Hospice and Transfer Out of ICU are the recommendations for your loved one at this time.

Full Care

1. Continue with current treatment plan without restriction on appropriate intervention(s) and ongoing re-assessment
 - i. pressing hard on your chest to keep your blood pumping
 - ii. electrical shocks to jump start your heart
 - iii. medicines in your veins to support blood pressure and circulation
 - iv. breathing tube and mechanical ventilation for the lungs
2. Feeding Tube - A tube used to feed you if you cannot swallow, the tube is placed down your throat into your stomach or directly into your stomach by surgery.
3. Blood Transfusions - To put blood in your veins
4. Medicines (i.e. antibiotics/antifungals, etc.)
5. Additional Specialty Consultations
 - Child life
6. Continue current care and await further results or signs of improvement
7. Meet again in the coming week to address how patient has responded

Supportive Care

1. Stay with the current level of care but do not carry out further invasive procedures
2. Focus on supportive care measures to make sure the patient is comfortable
3. Continue current care, however in the event the patient's heart becomes unstable (or his breathing stops) not to attempt resuscitation and instead make sure s/he is as comfortable as possible

Comfort Care/Hospice

1. Last rights be administered

Transfer Out of ICU

Transfer Out of ICU (cont.)

1. Non ICU floor

This form is accompanied with the following:

Comfort Measures Only

Allow Natural Death (AND)

We will continue to do our very best to communicate to you in a timely manner and support you to make decisions that are based on your loved one's values.

City of Hope National Medical Center

1500 East Duarte Road, Duarte, CA 91010

PATIENT AND FAMILY MEETING SUMMARY

Patient Identification

MRN: 111111

Total Pages: 4