

* Unless comfort measures cannot be met in current location

M1	NO	NO	NO	NO*	NO	Y
M2	NO	NO	NO	NO*	Y	Y
M3	NO	NO	NO	Y	Y	Y
C0	NO	NO	Y	Y	Y	Y
C1	NO	Y	Y	Y	Y	Y
C2	Y	Y	Y	Y	Y	Y

Code Status and MOS	Designations
CPR	
Intubation	
Interventions	
Critical Care	
Transfer	
Condition	



REFLECT

Advance Care Planning: making the **MOST** of CONVERSATIONS

- Prognosis:** Did I talk about his/her prognosis?
- Preferences:** Did I ask about preferences for future health care?

Goals: Did I ask the about their goals and/or values? What does he/she want to do with the time that is left?

Substitute Decision Maker (SDM): Do I know whom to contact if the adult cannot communicate their wishes? Or did I include the SDM if the adult cannot speak for themselves?

Documentation: Did I document all of the above?