

Resident/Tenant Name: _____

This documentation reflects a discussion of goals of care in the context of the current outbreak of COVID-19. This document serves to supplement IPOST or DNR orders already in place.

We discussed the hypothetical situation where the resident/tenant has or is presumed to have COVID-19. We discussed that all available means would be used to treat the resident/tenant conservatively for the infection.

However, there is a potential for severe disease progression and progressive respiratory failure. In the event of respiratory failure, the resident/tenant's prognosis would be poor even with prolonged hospitalization and ventilator support. Alternatives to hospitalization were discussed that included comfort medications and compassionate treatment at the end of life while remaining at the current level of care within the facility.

After a discussion of risks and benefits aligning with resident/tenant and family goals, resident/tenant and/or POA has elected to **NOT HOSPITALIZE** for known or suspected COVID-19 infection.

The following persons participated in this discussion:

Tenant/Resident/POA/Responsible Party

Date

Facility Representative Signature

Date

Physician/ARNP/PA Signature

Date