

Serious Illness Conversation Program

Serious Illness Conversation Program

This bedside checklist mirrors the SICP form in the chart, available via the Advance Directives link in the patient banner. It can help you document your discussion, after which you can enter answers in the EMR.

| | |
|--|---|
| Understanding | <input type="checkbox"/> No understanding of illness <input type="checkbox"/> Underestimates severity of illness <input type="checkbox"/> Overestimates severity of illness <input type="checkbox"/> Appropriate understanding of illness <input type="checkbox"/> Other _____ |
| Information preferences | <input type="checkbox"/> Patient wants full information <input type="checkbox"/> Big picture, not too detailed <input type="checkbox"/> Some information but no bad news <input type="checkbox"/> Patient prefers information to be shared with someone else _____ |
| What you communicated | Disease state: <input type="checkbox"/> Burdens, benefits, and risks <input type="checkbox"/> Curable <input type="checkbox"/> Incurable Prognosis: <input type="checkbox"/> Not shared <input type="checkbox"/> Uncertain <input type="checkbox"/> Functional <input type="checkbox"/> Time __days-weeks __weeks-months __ months-years |
| Emotions | <input type="checkbox"/> denial <input type="checkbox"/> anger <input type="checkbox"/> bargaining <input type="checkbox"/> sadness/depression <input type="checkbox"/> anxiety <input type="checkbox"/> tearfulness <input type="checkbox"/> acceptance |
| Goals | <input type="checkbox"/> achieve a particular life goal _____ <input type="checkbox"/> be at home <input type="checkbox"/> be emotionally at peace <input type="checkbox"/> be independent <input type="checkbox"/> be mentally aware <input type="checkbox"/> be physically comfortable <input type="checkbox"/> be spiritually at peace <input type="checkbox"/> have my medical decisions respected <input type="checkbox"/> live as long as possible, no matter what <input type="checkbox"/> not be a burden <input type="checkbox"/> provide support for family <input type="checkbox"/> Other _____ |
| Fears/Worries | <input type="checkbox"/> inability to care for others <input type="checkbox"/> being alone <input type="checkbox"/> being dependent <input type="checkbox"/> choking or suffocating <input type="checkbox"/> emotional concerns <input type="checkbox"/> finances <input type="checkbox"/> getting treatments I don't want <input type="checkbox"/> loss of control <input type="checkbox"/> loss of dignity <input type="checkbox"/> other family concerns <input type="checkbox"/> pain <input type="checkbox"/> preparing for death <input type="checkbox"/> rejection <input type="checkbox"/> spiritual distress |
| Strengths | <input type="checkbox"/> family <input type="checkbox"/> friends/community <input type="checkbox"/> religious faith |
| Situations - OR- Abilities | |
| Abilities bring joy and meaning to life | <input type="checkbox"/> being conscious of surroundings <input type="checkbox"/> communicating with others <input type="checkbox"/> being able to care for oneself <input type="checkbox"/> living independently <input type="checkbox"/> feeding myself <input type="checkbox"/> moving around in residence <input type="checkbox"/> moving around outside of residence <input type="checkbox"/> handling personal hygiene activities <input type="checkbox"/> other _____ |
| Willing to gain more time | <input type="checkbox"/> be on a ventilator, unable to speak <input type="checkbox"/> be uncomfortable <input type="checkbox"/> be in the ICU <input type="checkbox"/> have a tube through my nose or surgically placed in my stomach for assisted nutrition <input type="checkbox"/> live in a nursing home <input type="checkbox"/> be in the hospital <input type="checkbox"/> undergo aggressive tests and/or procedures <input type="checkbox"/> Would your answer change if the conditions were permanent and could not or did not get better? _____ <input type="checkbox"/> other _____ |
| Family involvement | <input type="checkbox"/> does not want family involved <input type="checkbox"/> has had extensive discussion with family already <input type="checkbox"/> no discussion, but plans to do so <input type="checkbox"/> wants clinician to talk with family |
| Hopes | <input type="checkbox"/> what are your hopes for your health? _____ |
| Recommendations | <input type="checkbox"/> additional conversation with physician <input type="checkbox"/> conversation with family <input type="checkbox"/> advance directive <input type="checkbox"/> MOST <input type="checkbox"/> second opinion <input type="checkbox"/> referral to pastoral care <input type="checkbox"/> referral to social work <input type="checkbox"/> referral to child life <input type="checkbox"/> referral to supportive palliative Care <input type="checkbox"/> referral to hospice <input type="checkbox"/> code status change <input type="checkbox"/> other _____ |