The 4Step iCare Plan is an individualized, simple, 4-step approach to help you make difficult medical decisions.

In Step 1 you will discuss your diagnosis with your doctor or other healthcare provider to gain a better understanding of your medical problems. In Step 2 you will discuss your prognosis to learn more about how it is likely to affect your future. In Step 3 you will think carefully about your personal goals and wishes. In Step 4 you and your healthcare provider will use this information to make the medical and personal choices that are best for you.

The goal is to make sure that you receive the care you need and no less, and the care you want and no more.

Step 1: Understand Diagnosis

Ask your healthcare provider:

› What is my diagnosis? (What is my illness or condition?)
› Are there other medical problems I need to consider?
› Do you have additional information on my condition?

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WHEN TO HAVE THIS DISCUSSION

Conversations about advance care planning can be challenging, and the timing may never seem right. If you’ve been admitted to the hospital, received a diagnosis of a serious illness, or experienced a troubling change in your quality of life, it’s a good time to have this conversation with your healthcare providers and your family caregivers. There is seldom a good reason to delay this discussion.
Step 2: **Discuss the Prognosis**

Ask your healthcare provider:

- What is my prognosis, how will my condition affect my future?
- How much time will I have?
- Will I be able to do my favorite activities and live independently?
- Will I have pain or trouble sleeping?
- How will the time I have or the quality of that time change with or without aggressive medical treatment?

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Communicating about prognosis and end-of-life issues can be challenging for doctors and patients. Doctors may speak quickly and use medical jargon or terminology that is unfamiliar to you. If the conversation is moving too fast or you don’t understand some of the lingo, it’s OK to ask your doctor to slow down and explain things using more understandable language.

**THINGS TO CONSIDER**

You will need a clear understanding of how your medical condition will affect the things you need to do and the things you like to do. You will also want to be sure you understand how much assistance you will need from your family or other caregivers.
Step 3: Identify Goals of Care

Tell your healthcare provider:

› What matters most to you at this time?
› How important is it for you to remain at home?
› How much quality of life are you willing to sacrifice to live longer?
› How important is it for you to remain comfortable and avoid unpleasant treatments?
› At what point would you want to avoid aggressive treatment and focus on the best quality of life?

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Palliative care focuses on getting people feeling better in the setting of a serious medical condition by treating symptoms such as pain and anxiety, while simultaneously working with the medical team to help coordinate curative care.

Hospice care is offered to those people entering into the final months of life who have elected to only focus on comfort and no longer seek life-prolonging treatments.
Step 4: **Align Treatment**

Ask your healthcare provider:

- What are the treatment options given my prognosis and goals of care?
- What are the benefits and risks of these options?
- What other treatments are there or which doctors I should consult?
- What treatments or medications are no longer necessary?
- Under what circumstances would returning to the hospital be necessary?
- To what extent would beginning or continuing artificial nutrition (feeding tube) and hydration (IV fluids) align with my goals?
- What are my chances of surviving cardiopulmonary resuscitation (CPR) and how would emergency procedures like that help me achieve my goals of care?
- Is a NJ POLST* form appropriate for me at this time?

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* POLST stands for Practitioner Orders for Life-Sustaining Treatments. These are medical orders from a physician or advance practice nurse that address patient goals, scope of therapies, returning to the hospital, artificial nutrition, and resuscitation status.

The form is portable across all health care settings in New Jersey. These orders are actionable and, by law, must be followed by the medical teams caring for the patient.

Learn more and download a NJ POLST form at goalsofcare.org.