

# *Ethics Consult Record*

## **REQUESTER DATA**

**Requester's Name:**

**Relation to Resident:**

**Phone:**

**Fax:**

**E-mail:**

**Date of Request:**

**Requester's description of the case and ethical concern, including steps taken to resolve the concern:**

**Type of assistance requested (check all that apply):**

**Forum for discussion**

**Conflict resolution**

**Explanation of options**

**Values clarification**

**Policy interpretation**

**Recommendation for care**

**Moral support**

**Has the resident's physician been notified of the request for an ethics consult?**

**Yes**       **No** **If "no," explain.**

**RESIDENT DATA**

**Resident's Name:**

**Age:**            **Medical Record No:**

**Gender:** \_\_\_\_ **Male** \_\_\_\_ **Female**

**Level of Care:**

\_\_\_\_\_ **Independent Living**

\_\_\_\_\_ **Assisted Living**

\_\_\_\_\_ **Skilled/short term rehab**

\_\_\_\_\_ **ICF/long term care**

\_\_\_\_\_ **Outpatient/short term**

**THE ETHICS QUESTION IN THIS CASE IS:**

**BACKGROUND INFORMATION**

**Medical Information:**

**Review of health record of resident. (If not done, explain why).**

**Is the resident on Hospice care?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**Is the resident on palliative care  
(Journey Care)?**                            \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**Face-to-face visit with resident?**    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**    \_\_\_\_\_ **Not applicable**

**Comments:**

**Resident's Goals for Care:**

**Does the resident have decision making capacity?**

Clearly yes     Clearly No     Partial/fluctuating/unclear

**Comments:**

**Does the resident have documents giving directions about his/her health care?  
(check type)**

DNR

Living Will

Durable Power of Attorney for Health Care

IPOST

**Have these documents been reviewed by the ethics consultants?**  Yes     No

**Comments:**

**Surrogate Decision Maker Information**

**Has a surrogate decision maker been identified?**  Yes     No

**Name:**

**Address:**

**Phone:**

**Fax:**

**E-mail:**

**Relation to resident (according to priority established in Iowa law):**

\_\_\_\_\_ **Attorney in fact (Durable Attorney for Health Care)**

\_\_\_\_\_ **Guardian**

\_\_\_\_\_ **Spouse**

\_\_\_\_\_ **Adult child (or, if the resident has more than one adult child, a majority of the adult children who are reasonably available for consultation)**

\_\_\_\_\_ **Parent(s)**

\_\_\_\_\_ **Adult sibling**

**Has the surrogate been interviewed?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Comments:**

**Are there any relevant financial considerations?**

**Resident's Preferences and Interests:**

**Other parties' preferences and interests (e.g., family members, significant others, caregivers)**

**Sources of Ethics Knowledge Reviewed or Consulted:**

- Policies of facility
- Ethical and Religious Directives for Catholic Health Care Services
- Professional codes and guidelines
- Published literature
- Precedent cases
- Outside ethics expert
- Other (specify)

**ETHICS CONSULT MEETING**

**Date of Ethics Consult:**

**Time of Ethics consult (starting time and ending time):**

**Consultants:**

**Model for this consultation:**

- Subcommittee of Ethics Committee
- Ethics Committee as a whole

**Names of consultants:**

**Others in attendance at the ethics consult, and relation to the resident (e.g, caregiving staff, family/friend, other):**

**Ethically/legally appropriate decision maker**

**Name:**

**Explain why s/he is the appropriate decision maker:**

## **Ethical Analysis**

**How does the assembled ethics knowledge apply to the case at hand?**

## **Ethical Deliberation**

**Describe the options considered, and why they were or were not ethically justifiable**

## **Recommendations/Plans**

**Did the relevant parties reach agreement in this case? \_\_\_\_\_Yes \_\_\_\_\_No**

**If No, what is the next step (e.g., contact state ombudsman, take the case to the whole Ethics Committee, schedule another meeting)?**

**Describe recommendations/plans**

## **COMMUNICATION OF OUTCOME OF ETHICS CONSULT**

**Has the outcome of the consult been communicated to key participants in the case?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**Comments:**

**The following directive(s) for resident care have been entered into the resident's medical record (if applicable):**

## **FOLLOW-UP**

**What in fact was the final outcome in the case?**

## **EVALUATION OF ETHICS CONSULT**

**Summary of Ethics Consultation Satisfaction Survey completed by requester and/or other key participants (if applicable).**

**Review of the ethics consult process and outcome by the Ethics Committee.**

**Recommendations for the conduct of future consults (if any).**

**Identification of underlying systems issues, if any, and subsequent action steps.**

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*This form has been adapted from the Veteran's Administration's Integrated Ethics program.*

**June 2015**