

**LIFE CARE DIRECTIVES
DEGREES OF INTERVENTION ORDER SHEET**

Resident: _____ Room: _____ Physician: _____

After discussion, the resident representative has decided that life-threatening illness should be handled in the following manner:

- Degree One **Comfort Measures Only:** Resident would remain at Lincourt Manor. Care would consist of nursing care, relief of pain, and management of any other symptoms. No CPR (cardiopulmonary resuscitation); no antibiotics, no admission to hospital.
- Degree Two **Comfort Measures with Additional Treatment Available at Lincourt:** This consists of the above, plus antibiotics if needed. No cardiopulmonary resuscitation and no admission to hospital.
- Degree Three **Transfer to Acute Care Hospital without Cardiopulmonary Resuscitation:** All of the above plus admission to hospital if needed. No CPR.
- Degree Four **Transfer to Acute Care Hospital with Cardiopulmonary Resuscitation:** All of the above plus CPR.

1. Please refer to the Degree of Intervention Information in the Resident Handbook.
2. **Please note that until this form is returned, FULL Cardiopulmonary Resuscitation (CPR) will be carried out, unless the event is unwitnessed, in which case no CPR will be administered.**

Representative Signature	Date	Relationship
Witness Signature/Status	Date	
Physician Signature	Date	

Date of Review	Degree of Intervention Order	Resident/Representative Signature	Physician's Signature