

Supplemental Materials

Table S1. Plan for crisis and emergency management—Palliative Treatment Plan (to be completed by family doctor and attachment nurse).

Name:	Date of birth:
Medical Background	
Chief diagnosis and relevant secondary findings	
Medical improvement is not to be anticipated. The current situation demands predominant palliative treatment	
Cardiopulmonary resuscitation is not advised	<input type="checkbox"/> Appropriate <input type="checkbox"/> Not appropriate
Hospitalization is to be avoided if possible	<input type="checkbox"/> Appropriate <input type="checkbox"/> Not appropriate
Background of Decision	
Ability to decide and to judge is present	<input type="checkbox"/> Yes <input type="checkbox"/> Impaired <input type="checkbox"/> Diminished <input type="checkbox"/> No
Patient will is on hand	<input type="checkbox"/> Yes <input type="checkbox"/> no
Authority to proxy is given	<input type="checkbox"/> Yes <input type="checkbox"/> no
Solicitor is announced	<input type="checkbox"/> Yes <input type="checkbox"/> no
Refused medical treatment by patient (presumed patient will)	<input type="checkbox"/> Yes <input type="checkbox"/> no
Comments:	
Relatives are informed about the current situation	<input type="checkbox"/> Yes <input type="checkbox"/> no
Comments:	

Table S2. Symptomatic Treatment Plan (*Adapted to the individual patient*).

Indication	Medication/Treatment	Dose Mode of Application	Max. Dose/Day Dose Intervals
Pain			
Dyspnea			
Anxiety/Agitation			
Nausea/Vomiting			
Rales			
Others: (fever, confusion, seizures, ...)			
Main attachment person (name/s, phone number, function)			
Family doctor (name/s, phone number)			
Delegate physician (name/s, phone number)			

Physician's signature:

Date:

Hospice-Hotline: 0810 969 878

This document was developed in cooperation with representatives of the following institutions: palliative unit of the regional medical association; Tyrol Hospice Community; Social center for competence Rum; Emergency Medical Services, Department of anesthesiology and critical care, Innsbruck medical university, Palliative Medicine and Hospice Provision Tyrol, Health Fond Tyrol.

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Table S3. Questionnaire on user satisfaction with the palliative treatment plan.

Nursing personnel/emergency physician/family doctor					
Nursing home					
Your feed-back is important and will be considered in an improved version of the palliative treatment plan					
Demographic Data:					
Gender:	<input type="checkbox"/> female		<input type="checkbox"/> male		
Age:	<30 years <input type="checkbox"/>	30–50 years <input type="checkbox"/>	>50 years <input type="checkbox"/>		
Does the palliative treatment plan contribute to patient's benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> no				
Is there rapid accessibility to the palliative treatment plan as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> no				
Where do you retain the palliative treatment plan?					
Does the plan contribute to security in your treatment of patients?	<input type="checkbox"/> Yes <input type="checkbox"/> no				
Does the plan influence your communication with patient and relatives?	<input type="checkbox"/> Yes <input type="checkbox"/> no				
Do you feel secure in the care of patients since implementation of the plan?	very secure <input type="checkbox"/> 1	secure <input type="checkbox"/> 2	similar <input type="checkbox"/> 3	insecure <input type="checkbox"/> 4	very insecure <input type="checkbox"/> 5
Does the palliative treatment plan facilitate your work?	facilitate <input type="checkbox"/> 1	lighten <input type="checkbox"/> 2	similar <input type="checkbox"/> 3	hinder <input type="checkbox"/> 4	complicate <input type="checkbox"/> 5
Are you content with the handling of the palliative treatment plan?	very content <input type="checkbox"/> 1	content <input type="checkbox"/> 2	similar <input type="checkbox"/> 3	discontent <input type="checkbox"/> 4	very discontent <input type="checkbox"/> 5
How do you judge the efficiency of the palliative treatment plan?	Very efficient <input type="checkbox"/> 1	efficient <input type="checkbox"/> 2	similar <input type="checkbox"/> 3	inefficient <input type="checkbox"/> 4	very inefficient <input type="checkbox"/> 5

Table S3. Cont.

Questions regarding application of the PTP						
Which depository for the plan is most suitable?	<input type="checkbox"/>	in the health records				
	<input type="checkbox"/>	at bedside				
	<input type="checkbox"/>	in the nurses quarter				
	<input type="checkbox"/>	others:				
How many patients with completed palliative treatment plan did you treat?	0	1–2	3–4	5–6	>6	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How secure do you feel in a conversation dealing with advance care planning?	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How secure do you feel in the implementation of the palliative treatment plan?	very secure	secure	similar	insecure	very insecure	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you require more information for working with the palliative treatment plan?	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If needed, what do you request?	<input type="checkbox"/>	Yes				
	<input type="checkbox"/>	no				
Questions regarding application of the PTP						
Is there need of improvement?						
➤ Medical background						
➤ Background of decisions						
➤ Symptomatic treatment						
Which section of the palliative treatment plan is all right?						
Questions regarding application of the PTP						
Is the phrasing clear?	very good	good	satisfying	bad	very bad	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suggested improvement	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate information content of the palliative treatment plan?	very good	good	satisfying	bad	very bad	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suggested improvement	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate the arrangement of the palliative treatment plan?	very good	good	satisfying	bad	very bad	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suggested improvement	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate the clarity of the palliative treatment plan?	very good	good	satisfying	bad	very bad	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suggested improvement	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Which intervals between up-dates do you recommend?	weekly	monthly	Half a year	yearly	3-year interval	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	3	4	5	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Table S3. Cont.

Questions regarding application of the PTP	
Who is participating in advance care planning in your nursing home?	<input type="checkbox"/> Patient/Resident
	<input type="checkbox"/> Physician
	<input type="checkbox"/> Nurse
	<input type="checkbox"/> Attachment nurse
	<input type="checkbox"/> Charge nurse
	<input type="checkbox"/> Head of nursing
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Other: ...
Who should participate in advance care planning to your opinion?	
Thank you very much for your specifications!	