

Context: Start the conversation by assessing what the patient understands about her condition. What has she been told? What has she heard? If she doesn't have a grasp of the seriousness of her condition, a code status discussion would be both alarming and confusing. If your patient does seem ready for the conversation, you can proceed to the "Concerns" phase of the conversation

Concerns: Explain why you feel it's necessary to have this conversation now. In non-clinical terms, share your concerns about your her condition. Maybe her condition has worsened. Or you think it may worsen soon. Or, perhaps, you're just asking because of documentation requirements

Counsel: Provide a recommendation based on her care preferences and condition. Use plain language and avoid jargon.

Words to use: *Heart stops, Breathing stops, Intensive care unit, Breathing machine*

Words Not to Use: *Intubation, Resuscitation, Life support, Pressors, "SCU", Cardiac arrest, "code", DNR, Full code, Mechanical ventilation/ventilator*

The 3 C's Code Status Conversation Pocket Guide

Context - Concerns - Counsel

MaineHealth
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(Dr. Nathan A. Gray/inkvessel.com/Accessed 3.22.18)