



Limitations can only be set when medically indicated **and** after discussion with an ICU Specialist. The patient, family, whānau or advocate should be informed of any limitation(s) as soon as practically possible and, unless urgent, only implemented after discussion with them.

The goal of care is **curative** or **restorative**. This is the default. Treatment is aimed at prolongation of life. Full resuscitation and all ICU-level supports are medically indicated and in accordance with the patient's known wishes.

or

The goal of care is **curative** or **restorative** with treatment limitation(s). Continued progress will be supported but certain treatment modalities are likely to be of little or no benefit and should not be commenced. Specific limitations are:

NOT FOR CPR or For shocks only

AIRWAY: Not for intubation Not for reintubation Not for airway adjuncts

BREATHING: Not for invasive ventilation Not for NIV Not for HFNP
Not for increase in FiO₂ Not for BMV

CIRCULATION: Not for central vasoactives Vasoactives capped
Not for peripheral vasoactives Specifics: _____

OTHER: Not for renal replacement Not for anti-infectives
Other specific limitation(s): _____

or

The goal of care is **comfort during the dying process**. Please complete the **Allow a Natural Death in ICU (AND-ICU)** form.

Name:
Name of ICU Specialist:

Signature:

Date: / /
Time: :