



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

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 <input type="checkbox"/>	Not for airway adjuncts <input type="checkbox"/>
BREATHING:	Not for invasive ventilation <input type="checkbox"/>	Not for NIV <input type="checkbox"/> Not for HFNP <input type="checkbox"/>
	Not for increase in FiO ₂ <input type="checkbox"/>	Not for BMV <input type="checkbox"/>
CIRCULATION:	Not for central vasoactives <input type="checkbox"/>	Vasoactives capped <input type="checkbox"/>
	Not for peripheral vasoactives <input type="checkbox"/>	Specifics: _____
OTHER:	Not for renal replacement <input type="checkbox"/>	Not for anti-infectives <input type="checkbox"/>
	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 SMO:

Signature:

Date: / /
Time: :