

RESUSCITATION ALERT

RESUSCITATION PLAN – 7 STEP PATHWAY

(COMMUNITY VERSION)

Home / Facility

Affix patient/resident identification label in this box

Surname:

Given name:

Second given name:

D.O.B.: ___/___/_____ Sex:

Home / Facility address:

4. RESUSCITATION PLAN

Note: A treatment option or procedure (e.g. ICU, surgical procedure, dialysis) must not be offered, recommended, or inferred to be available, without prior discussion with, and the agreement of, the relevant clinical team which provides this treatment or procedure.

Indicate if the following decisions about resuscitation apply:

Tick here if this single option applies:

Patient/resident is Not for any Treatment Aimed at Prolonging Life (including CPR)

Or you may specify individually each or all of the following that apply:

Patient/resident is Not for CPR

Patient/resident is Not for invasive ventilation (i.e. intubation)

Patient/resident is Not for intensive care treatment or admission

Patient/resident is Not for the following procedures or treatment (specify):

Medical Emergency Response (MER)

FOR HOSPITAL USE ONLY

To be completed by the admitting doctor upon admission if patient/resident is hospitalised.

Please circle which applies: **MER Call Yes** **MER Call No**

Hospital: Name of doctor:

Date: Designation: Signature:

Indicate treatment that will be provided:

Note:

- A decision not to provide CPR does not rule out other treatment or medical care (e.g. IV fluids, antibiotics) being provided.
- Treatment **must** include a plan (or a contingency plan) to maintain patient/resident comfort and dignity. This could include the prescription of medications to control symptoms such as pain and dyspnoea, or referral to Palliative Care.

NOT FOR TRANSFER TO HOSPITAL unless palliative care measures fail to maintain the comfort and dignity of the patient/resident in their place of residence.

5. TRANSPARENCY

Resuscitation plan explained to: Patient/resident (mandatory if he/she has capacity) **or**

Substitute Decision-Makers/Person Responsible Name:

Tick if an interpreter is used: Interpreter's Name:

Take practical steps to 6. IMPLEMENT the plan and to 7. SUPPORT the patient/resident and family through the process

Resuscitation Plan Date	/ /	This Resuscitation Plan is valid until:	To revoke this Resuscitation Plan (strike through and write VOID):
Practice/mobile number		Date:	Date revoked: / /
Name of Doctor		or	Name of Doctor revoking the plan:
Designation		<input type="checkbox"/> Indefinitely or until revoked
Signature			Designation:
			Signature:

SA Health

Created January 2016

Original copy – file in the patient's/resident's medical record

Duplicate copies – provide to the patient/resident and the patients/resident's facility/carer (if applicable)

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Read accompanying instructions before completing.

This form is intended to be used by registered medical practitioners responsible for coordinating the medical care of a patient in South Australia. The medical practitioner should be competent in using the Resuscitation Planning - 7 Step Pathway process in accordance with SA Health Resuscitation Planning - 7 Step Pathway Policy, the *South Australian Advance Care Directive Act 2013* and the *Consent to Medical Treatment and Palliative Care Act 1995*, and relevant professional practice standards. The SA Health version of this form should be used in SA Health services.

Interns are not permitted to complete this form.

1. TRIGGER

Complete this form early if the clinical situation requires decisions about resuscitation or end of life care. However, the urgency to complete this form needs to be balanced with sensitivity to the readiness of the patient/resident and family to discuss these issues. Refer to Resuscitation Plan - 7 Step Pathway instructions for the 5 trigger criteria.

2. ASSESSMENT

Is there adequate clinical information to allow decisions to be made about resuscitation and/or end of life care? If YES [] > Continue with the plan.

3. CONSULTATION

If possible, discuss the clinical situation (e.g. diagnoses, prognosis, treatment options and recommendations) with the patient/resident, Substitute Decision-Makers, and/or Person/s Responsible (and where possible, individuals that the patient/resident wishes to be involved in this planning).

IMPORTANT: Interpreter use is recommended for non or limited English speakers.

Does the patient/resident have decision-making capacity?

Yes **The clinical situation must be discussed with the patient/resident**

No **This must be documented in the case notes and a reasonable attempt should be made to consult at least one of the following documents (if the patient/resident has one) or individuals - in order of priority below:**

- Person with an Advance Care Directive under the Advance Care Directives Act 2013*
 - Substitute Decision-Maker appointed for health care decisions under an Advance Care Directive
Name/s:
 - Advance Care Directive with relevant instructions and NO Substitute Decision-Maker
 - If they do not have a new Advance Care Directive (Advance Care Directives Act 2013)*
 - A Medical Agent or an Enduring Guardian
Name/s:
 - Anticipatory Direction
 - If none of the above, a Person Responsible in the following legal order:*
 - Guardian appointed by the SA Civil and Administrative Tribunal (formerly Guardianship Board)
Name/s:
 - Prescribed relative (adult with a close and continuing relationship, available and willing, and who is related to the person by blood, marriage, domestic partner, adoption or Aboriginal kinship rules/marriage)
Name/s:
 - Close adult friend who is available and willing to make a decision
Name/s:
- If there is no one in the above categories then:*
- Someone charged with the day-to-day care and well-being of the patient/resident (the person must be willing to provide consent and follow applicable employer policy)
Name/s:
 - SA Civil and Administrative Tribunal (SACAT), upon application

OR **If the patient/resident does not have capacity, and it has not been possible to find one of the above documents or individuals in time, complete the Resuscitation Plan in line with Good Medical Practice***

Note: If there is an Advance Care Plan (e.g. Statement of Choices, Palliative Care Plan), it must be referred to by those making decisions above.