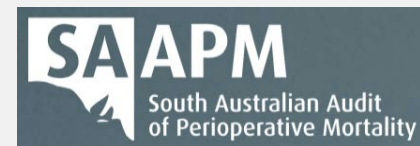




Dr Chris Moy
SA Health
End of Life Working
Group

SAAPM Seminar
25th October 2016




A DOCTOR'S PROFESSIONAL STANDARDS:
AHPRA MEDICAL BOARD OF AUSTRALIA
GOOD MEDICAL PRACTICE:
A CODE OF CONDUCT FOR DOCTORS IN AUSTRALIA
(MARCH 2014)

3.12.3 Understand the limits of medicine in prolonging life and recognise when efforts to prolong life may not benefit the patient

3.12.4 Understand that you do not have a duty to try to prolong life at all cost. However, you do have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that your patients receive appropriate relief from distress.

END OF LIFE CARE TOOLBOX



Government

Advance Care Directive Form



By completing this Advance Care Directive you can choose to:

1. Appoint one or more Substitute Decision-Makers and/or
2. Write down your values and wishes to guide decisions about your

Version: 29.3.2015

South Australia

Consent to Medical Treatment and Palliative Care Act 1995

An Act to deal with consent to medical treatment; to regulate medical practice so far as it affects the care of people who are dying; and for other purposes.

Contents

Part 1—Preliminary

- 1 Short title
- 3 Objects
- 4 Interpretation
- 4A References to provision of medical treatment etc to include withdrawal etc of medical treatment
- 4B Consent not required for withdrawal etc of medical treatment

Part 2—Consent to medical treatment generally

Division 1—Consent generally

- 6 Legal competence to consent to medical treatment

Division 4—Medical treatment of children

- 12 Administration of medical treatment to a child

Division 5—Emergency medical treatment

- 13 Emergency medical treatment

Part 2A—Consent to medical treatment if person has impaired decision-making capacity

- 14 Interpretation
- 14A Application of Part
- 14B Consent of person responsible for patient effective in certain circumstances
- 14C Person responsible for patient to make substituted decision
- 14D Person must not give consent unless authorised to do so

Part 3—Provisions governing medical practice

Division 1—Medical practice generally

- 15 Medical practitioner's duty to explain
- 16 Protection for medical practitioners etc

Version: 29.3.2015

South Australia

Advance Care Directives Act 2013

An Act to enable a person to make decisions and give directions in relation to their future health care, residential and accommodation arrangements and personal affairs; to provide for the appointment of substitute decision-makers to make such decisions on behalf of the person; to ensure that health care is delivered to the person in a manner consistent with their wishes and instructions; to facilitate the resolution of disputes relating to advance care directives; to provide protections for health practitioners and other persons giving effect to an advance care directive; and for other purposes.

Contents

Part 1—Preliminary

- 1 Short title
- 3 Interpretation
- 4 References to provision of health care to include withdrawal etc of health care
- 5 References to particular forms of health care in advance care directives
- 6 Health practitioner cannot be compelled to provide particular health care
- 7 Impaired decision-making capacity
- 8 Application of Act

Part 2—Objects and principles

- 9 Objects
- 10 Principles

Part 3—Advance care directives

Division 1—Advance care directives

- 11 Giving advance care directives
- 12 Provisions that cannot be included in advance care directives
- 13 Advance care directive not to give power of attorney
- 14 Giving advance care directives where English not first language
- 15 Requirements for witnessing advance care directives
- 16 When advance care directives are in force
- 17 Advance care directive revokes previous advance care directives
- 18 No variation of advance care directive
- 19 Binding and non-binding provisions
- 20 Advance care directive has effect subject to its terms

Division 2—Substitute decision-makers

- 21 Requirements in relation to appointment of substitute decision-makers
- 22 Substitute decision-makers jointly and severally empowered

IF A PATIENT HAS LOST DECISION-MAKING CAPACITY:

Decide as if “in their shoes”



NO REQUIREMENT TO PROVIDE TREATMENT WHICH IS OF NO MEDICAL BENEFIT TO A DYING PATIENT

- 1) A change in 2014 to S17(2) of the Consent Act which clarifies that there is:
 - no longer a requirement to provide, and the ability to withdraw, treatment
 - which a doctor does not think is of benefit to a patient
 - in the terminal phase of a terminal illness, persistent vegetative state or minimally responsive state
- Can make decisions based on what is good practice rather than on medico-legally defensive grounds

THE PREVIOUS PROBLEM

s17 (2) of the Consent to Medical Treatment and Palliative Care Act 1995

17(2) A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, is, in the absence of an express direction by the patient or the patient's representative to the contrary, under no duty to use, or to continue to use, life sustaining measures in treating the patient if the effect of doing so would be merely to prolong life in a moribund state without any real prospect of recovery or in a persistent vegetative state.

AMENDMENT OF SECTION 17 (2) THE CARE OF PEOPLE WHO ARE DYING:

- A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision:
 - (a) is under no duty to use, or to continue to use, life sustaining measures in treating the patient if the effect of doing so would be merely to prolong life in a moribund state without any real prospect of recovery or in a persistent vegetative state (whether or not the patient or the patient's representative has requested that such measures be used or continued); and
 - (b) must, if the patient or the patient's representative so directs, withdraw life sustaining measures from the patient.

PROTECTION IN GIVING ADEQUATE TREATMENT TO MAINTAIN THE COMFORT AND DIGNITY OF A DYING PATIENT

The Consent Act:

17—The care of people who are dying

(1) A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, incurs no civil or criminal liability by administering medical treatment with the intention of relieving pain or distress—

- (a) with the consent of the patient or the patient's representative; and
- (b) in good faith and without negligence; and
- (c) in accordance with proper professional standards of palliative care,

even though an incidental effect of the treatment is to hasten the death of the patient.

Equals protection in giving adequate treatment to maintain the comfort and dignity of the patient, even though a secondary effect of treatment might be to hasten the death of the patient ("double effect")

WHAT IS THE DIFFERENCE BETWEEN EUTHANASIA AND PALLIATIVE CARE?.....

- Intention
- The “can you sleep at night?” rule

END OF LIFE CARE TOOLBOX

Consent to Medical Treatment and Healthcare – Adults

From 1 July 2014, in accordance with the *Advance Care Directives Act 2013*
and the *Consent to Medical Treatment and Palliative Care Act 1995*

Version: 29.3.2015

South Australia

Consent to Medical Treatment and Palliative Care Act 1995

An Act to deal with consent to medical treatment; to regulate medical practice so far as it
affects the care of people who are dying; and for other purposes.

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- 14D Person must not give consent unless authorised to do so

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Version: 29.3.2015

South Australia

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An Act to enable a person to make decisions and give directions in relation to their future
health care, residential and accommodation arrangements and personal affairs; to provide
for the appointment of substitute decision-makers to make such decisions on behalf of the
person; to ensure that health care is delivered to the person in a manner consistent with
their wishes and instructions; to facilitate the resolution of disputes relating to advance care
directives; to provide protections for health practitioners and other persons giving effect to
an advance care directive; and for other purposes.

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- 21 Requirements in relation to appointment of substitute decision-makers
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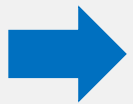
SIMPLIFIED DISPUTE RESOLUTION PROCESS

- If in doubt/dispute:
- Office of the Public Advocate
- Ph: 8342 8200
Country SA Toll Free:
1800 066 969

UNDERSTANDING YOUR OBLIGATIONS AND THE LAW: A SUMMARY

For a dying patient, you now know:

- How to decide - i.e. "as if in the patients shoes"
- Who to ask - i.e. follow the "Consent Hierarchy"
- What to do in a dispute - i.e. call the Public Advocate
- That there is no requirement to provide treatment that is of no medical benefit
- That you are protected in giving enough medication to maintain the comfort and dignity of a dying patient



So you can focus on caring for your patient

END OF LIFE CARE
TOOLBOX

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:

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:

1. 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

2. 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

3. 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*

SA Health

Created January 2016

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		[] Indefinitely or until revoked	Designation:
Signature			Signature:

SA Health

Created January 2016

RESUSCITATION ALERT

COMMUNITY VERSION

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)

THE 2010 END OF LIFE WORKING GROUP

ACD (or ACP)
To tell us the
patient's wishes



**Resuscitation Plan –
7 Step Pathway**
For the responsible
clinician to convert
these wishes into
usable clinical
instructions about
resuscitation and
end of life care

COMMUNITY VERSION: RESUSCITATION PLAN-7 STEP PATHWAY

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: _____

Read accompanying instructions before completing.

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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.

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: / /
or		[] Indefinitely or until revoked	Name of Doctor revoking the plan:
Name of Doctor			Designation:
Designation			Signature:
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)

RESUSCITATION ALERT
COMMUNITY VERSION

THE RESUSCITATION PLAN-7 STEP PATHWAY

- Will replace the practice of writing informal “NFR”, “Not for CPR” or “Not for Cardiopulmonary Resuscitation” orders in notes
- Supports a clinician in working through the correct:
 - clinical
 - legal
 - ethical steps in the correct order
- **And, if the patient is not for resuscitation, MUST ask:**
 - **“What are you going to do to maintain the patient’s comfort and dignity?”**

WHY DO WE NEED ANOTHER FORM? ACTUALLY, WE DON'T. THE HEART OF THIS IS A PROCESS, NOT A FORM

- NFR order with process around it
- Helps doctors make the right decision
- Protects both the patient and the doctor
- **Standardised document** that everyone recognises and respects- doctors, nurses, ambulance officers, aged care staff
- Can be **used- and is transferable across- all hospital, aged care and community sectors**
- Includes **"Not for Transfer to Hospital" order** for patients who do not wish to be transferred to hospital

END OF LIFE CARE
TOOLBOX

Table 2

Clonazepam

Morphine

Haloperidol

Metoclopramide

Hyoscine

Palliative care referral form



An assessment by the palliative care team will aim to develop a management plan involving services that are appropriate to the patient's circumstance. Incomplete forms or absence of additional documentation will delay the process.

If the matter is URGENT, please telephone your local palliative care service.

Criteria for eligibility and a guide for referral to a palliative care service

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:

Read accompanying instructions before completing.

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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.

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		[] Indefinitely or until revoked	Designation:
Signature			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)

RESUSCITATION ALERT

COMMUNITY VERSION



END OF LIFE CARE TOOLKIT

Know Your Tools



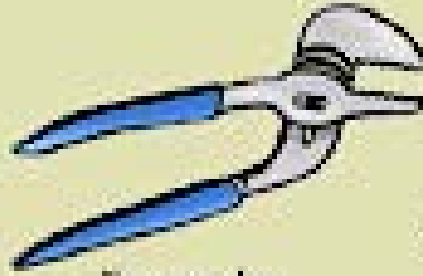
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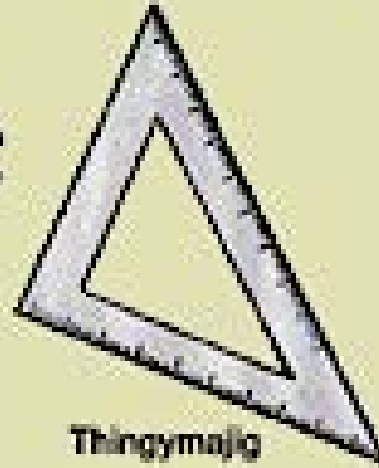
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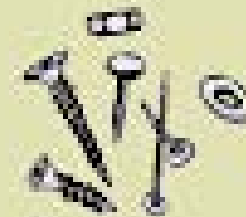
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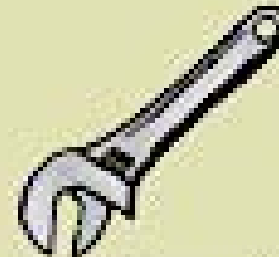
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Whatchamacallit