



INSTRUCTION SHEET

Authorised Adult Palliative Care Plan

NSW Ambulance Authorised Care Plans encompass Adult Palliative Care Plans, Paediatric Palliative Care Plans and Authorised Care Plans. It is the responsibility of the treating clinician to ensure all fields are completed prior to submission

SUBMISSION OF AN AUTHORISED CARE PLAN

- The document may be completed electronically and saved utilising a PDF viewer e.g. ADOBE reader.
- Completed forms may be submitted electronically via email: protocolp1@ambulance.nsw.gov.au or fax: (02) 9320 7380
- All fields are to be completed. If handwritten, all fields must be clear and legible.
- Address fields must be complete including post codes.
- Patients with an existing NSW Authorised Care Plan must have 'Existing Patient' checked in the patient details section of the plan.

ENDORSEMENT OF AUTHORISED CARE PLANS

- The treating clinician must approve all authorised care plans by signing the 'Clinician Details' section on page one.
- Adult Palliative Care Plans require authorisation from the patient, where appropriate, in the relevant section on page two
- Adult Palliative Care Plans require endorsement from the patient's family and/or enduring guardian.

ENDORSEMENT BY NSW AMBULANCE

- NSW Ambulance will review and endorse each completed application upon receipt.
- Patients will receive via post a copy of the completed endorsed plan and a covering letter. Please allow up to five business days for receipt. Adult Palliative Care Plans may be sent to either the patient or the family/enduring guardian as nominated in the relevant section of page two. Where no selection is made, the plan will be sent directly to the patient.
- A copy of the completed endorsed plan will be forwarded to the treating clinician via fax or emailed in PDF format where a valid email address has been supplied.
- Incomplete forms may result in processing delays.

MEDICATION ADMINISTRATION

- NSW Ambulance paramedics may administer medications within their specific clinical scope of practice without additional authorisation. Note: not all clinical levels can administer the entire suite of pharmacology.
- Medications outside of the NSW Ambulance clinical pharmacological scope of practice must be available with the patient at all times to enable administration by NSW Ambulance paramedics in accordance with the instructions detailed on the patient's plan.
- The current list of medications available under the NSW Ambulance Clinical Pharmacology (as of July 2015) include: Adrenaline, Amiodarone*, Aspirin, Atropine*, Benzyl Penicillin, Calcium Gluconate*, Clopidogrel, Compound Sodium Lactate, Droperidol, Enoxaparin Sodium, Fentanyl, Fexofenadine, Frusemide, Glucagon, Glucose 10%, Glucose Gel, Glyceryl Trinitrate, Ibuprofen, Ipratropium Bromide, Ketamine*, Lignocaine*, Methoxyflurane, Metoclopramide, Midazolam, Morphine, Naloxone, Ondansetron, Oxygen, Paracetamol, Salbutamol, Sodium Bicarbonate*, Tenecteplase (*intensive care paramedics only).
- Unless specified otherwise, paramedics will administer medications in accordance with NSW Ambulance pharmacology.

ENDORSED CARE PLAN EXPIRATION

- All endorsed Authorised Care Plans will remain in effect for a period of 12 months from the date of endorsement unless a reduced review date is requested by the treating clinician.
- It is the responsibility of the treating clinician to review the plan and submit a new plan prior to the 12 month review date.
- In the event the endorsed plan is no longer required, a cancellation notification including the reason for the cancellation should be forwarded to NSW Ambulance via email: protocolp1@ambulance.nsw.gov.au.

Date of Application:

Review Date:

Trim number:

Document number:

Patient Name:	New patient	Existing patient
Surname:	Date of Birth:	
Given Names:	Male	Female
Address:		
Interpreter Required: No Yes	Contact Number	
Language		

CARDIAC ARREST TREATMENT DECISION

If the patient is in cardiac arrest (select one)

PERFORM CPR

WITHHOLD CPR

Please check the statements which are applicable (may be more than one):

If withholding CPR, the patient, family and/or enduring guardian and I, as treating clinician, have considered the care options and a decision to withhold resuscitation has been made based on the discussion between the patient, family and/or enduring guardian.

The patient's current medical diagnosis and prognosis is such that if CPR is successful it is likely to be followed by a length and quality of life which is not in the wishes of the patient.

Initiation of CPR is not in accordance with the orally expressed and/or documented wishes of the patient who is/was mentally competent at the time of making the decision.

If initiation of CPR is not in conjunction with an Authorised Care Directive (ACD).

Note: If concerns arise about the validity of the documents or the safety of the environment, NSW Ambulance protocol will be followed.

TREATMENT AND MEDICATION OPTIONS

In cases where the patient is not in cardiac arrest, the following treatment and medication options have been considered appropriate through consultation with the patient and/or family and/or enduring guardian:

Airway Management	Administer	Withhold
Oxygen	Administer	Withhold
Nasopharyngeal suctioning	Administer	Withhold
IV access	Administer	Withhold

The following medications are to be administered by NSW Ambulance paramedics as directed. Please note: medications outside of the NSW Ambulance clinical scope of practice are required to be with the patient at all times.

Medication	Dose/Route	Repeat times and intervals

CLINICIAN DETAILS (PLEASE PRINT CLEARLY)

Name:	Contact number:
Provider number:	Fax:
Organisation/Practice Name and Address:	
Email:	
As the treating clinician, I authorise this Care Plan and by signing this form I authorise NSW Ambulance paramedics to implement the treatment options specified which have been discussed with the patient and consistent with their treatment requirements.	
Signature:	Date:

Trim number:

Document number:

Patient Name:	Date of Birth:
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PATIENT CLINICAL HISTORY (PLEASE PRINT CLEARLY)	
Diagnosis:	
History:	
Co-morbidities:	
Current Medications:	
Allergies:	

FAMILY/ENDURING GUARDIAN (PLEASE PRINT CLEARLY)			
Surname:			
Given Names:			
Relationship	Family Member	Enduring Guardian	Other:
Address:			
Contact Number:	Interpreter Required:		Yes No
	(If yes, language):		
All correspondence will be sent to the person identified in this section			

PATIENT/FAMILY/ENDURING GUARDIAN AUTHORISATION	
Patient's Signature:	Date:
Family/Enduring Guardian Signature:	Date:

Trim number:

Document number:

Patient Name:	Date of Birth:
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LOCATION OF CARE

While every effort will be made to accommodate the patient's wishes, NSW Ambulance will review the location of care at the time of attending the patient, distances and travelling times will be factored into the destination decision.

In the event that care at home becomes too difficult, the choice for end of life care is at:

Should death occur during transport, treatment will be in accordance with the patient's wishes detailed on page 2 of this plan.

In the event of death during transport the patient should be transported to:

POST DEATH MANAGEMENT PLAN:

If the patient dies, the management of the patient is the responsibility of the clinician/palliative care team. Paramedics should contact the patient's:

General Practitioner (GP): Name: Phone:

or Palliative Care Team: Name:

Phone (BH): (AH):

CONTACT LISTS

Team	Name	Contact Number (BH)	Contact Number (BH)
General Practitioner			
Palliative Care Team			
Primary Care Team			
Community Nurse			
Other Health Services			
Spiritual/Religious Supports			

NSW AMBULANCE USE ONLY

Endorsed by:	:
Signature	Date