



**Ambulance Service
of New South Wales**

excellence in care

Authorised Palliative Care Plans
Respecting patient wishes

General Practitioner Information Kit



Authorised Palliative Care

General Practitioners (GPs) involved in palliative care now have the option of closing the after hours gap for their palliative care patients. In consultation with the patient and their family, the GP may elect to complete a NSW Ambulance Authorised Palliative Care Plan.

Once endorsed by NSW Ambulance, this plan specifically authorises NSW Ambulance paramedics to deliver individually tailored treatment based on the GP's advice

as documented in the plan. In the event of a Triple Zero (000) call-out by the patient, the NSW Ambulance Authorised Palliative Care Plan may be initiated. This may include administration of medications and other actions to relieve and manage symptoms in the home.

What we know

Individuals with palliative care needs often access care through their local family GP and community palliative care nurse. Families and carers also have an important role in supporting individuals with palliative care needs in the home, particularly in the after hours period when health service providers may be more difficult to contact.

This plan allows the paramedic responding to a Triple Zero (000) call to respect the palliative care wishes of the patient and follow the GP's advice.

It is understood that families and carers are often well prepared with education and support, including medication regimes to help manage breakthrough pain and other symptoms in the after hours period. It is also understood that on occasion, things don't work and more help is needed.

According to a survey conducted in 2011, 76 per cent of Australians would prefer to die in their own homes. However, the most recent statistics on palliative care indicate that in 2009 –10, 51 per cent of Australians who died that year did so within a hospital setting¹.

In the after hours period when sudden changes in health may lead to uncertainty, NSW Ambulance Triple Zero (000) service is commonly a first response. In the absence of detailed clinical knowledge about the patient, the paramedic's response is protocol based and transfer to the hospital emergency department is generally required. This transfer is often not the optimal outcome in these situations and may be avoidable. For a patient with palliative care needs, transfer may be avoidable if the paramedic has access to an authorised palliative care plan.

¹Australian Healthcare and Hospitals Association

What does an authorised palliative care plan include?

Checklist and instruction sheet:

SUBMISSION OF AN AUTHORISED PALLIATIVE CARE PLAN

- > The document can be completed electronically and saved utilising a PDF viewer e.g. ADOBE reader.
- > All documentation must be completed using the attached form and may be submitted via email, fax or scan. All applications are to be endorsed by the treating clinician.
- > Email: protocolp1@ambulance.nsw.gov.au
- > Fax: (02) 9320 7380.

EXISTING AUTHORISED CARE PLANS

- > Highlight/notify if the patient has a current Authorised Palliative Care Plan and if this document version is an amendment or addition to the original plan.

PATIENT DETAILS

- > All fields are to be completed.
- > Any handwritten details are to be clear and legible.
- > The patient's full address (including street number) is complete (as the NSW Ambulance response alert is linked to the individual's address).

CHOICES FOR CARE

- > Ensure 'Yes' or 'Withhold' is selected (not both) for all response items.
- > Select one of the four check box reasons for withholding resuscitation.
- > All fields are to be completed, and if required, the medications to be authorised for administration by paramedics (pg.2). It should be noted if the medication to be administered is not carried by NSW Ambulance, the patient will be required to provide their own medication for administration by the paramedics.

LOCATION OF CARE

- > If appropriate, provide the address of the designated alternative care facility.

CONTACTS AND POST DEATH MANAGEMENT PLAN

- > List the name and phone number for any relevant contacts.
- > Complete relevant fields.

UPDATING OF CARE PLANS

- > Clinicians are to review and provide updated plans when required and provide an update of currency of the plan at the "Review Date".
- > Clinicians where possible should complete the Plan in conjunction with the Palliative Care Service assisting with the care of this patient.
- > In the event of death of the patient, the treating clinician is requested to notify NSW Ambulance.

Please note: The Authorised Adult Palliative Care Plans will remain valid for a 12 month period from date of endorsement by NSW Ambulance. Adult Palliative Care Plans will need to be reviewed and renewed prior to expiry by the treating clinician.

ENDORSEMENT OF AUTHORISED PALLIATIVE CARE PLANS

Please note: A NSW Ambulance Delegate will review each Authorised Palliative Care application. Once the plan has been endorsed by NSW Ambulance, a letter will be sent to both the patient and the referring Treating Clinician.

Authorised Palliative Care

Frequently Asked Questions

IS THERE A RIGHT TIME TO INITIATE AN AUTHORISED PALLIATIVE CARE PLAN?

At some stage in the progression of an individual's illness, the decision may be made that further treatment is not indicated. At this point, ongoing medical care will aim to maintain comfort and function with an understanding that end of life is inevitable in the near future. An authorised palliative care plan is an appropriate response for individuals nearing end of life.

WHO CAN INITIATE AN AUTHORISED PALLIATIVE CARE PLAN?

Caring for an individual with palliative care needs can be a complex undertaking and may involve a number of treating clinicians. The plan can be initiated by any members of the team, however final approval and signing prior to submission to NSW Ambulance is the responsibility of the treating GP or specialist.

WHY DOES NSW AMBULANCE NEED TO AUTHORISE THE PLAN?

NSW Ambulance staff review the medical orders of each submitted plan to ensure the order is consistent with the capabilities and capacity of paramedics. It is possible components of the plan may need further discussion to ensure the plan is workable and endorsed. If this were to occur, the requesting GP or specialist would be consulted.

HOW DO I INITIATE AN AUTHORISED PALLIATIVE CARE PLAN?

Request the Authorised Care Plan template via protocolp1@ambulance.nsw.gov.au or Phone (02) 9779 3821.

Discuss the plan with the treating team, patient, family, carers and/or enduring power of attorney and agree on what measures are appropriate for the situation.

Complete the form and email or fax the signed document as per instructions.

For more information

For more information about the Authorised Adult Palliative Care Plan contact:

NSW Ambulance

Clinical Services

Email: protocolp1@ambulance.nsw.gov.au

Phone: (02) 9779 3821

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Authorised Adult Palliative Care Plan

AmbTRIM Ref: ____ / ____
Document: D ____ / ____

Where death is an expected outcome of underlying disease processes and providing palliative care, it does not indicate a withdrawal of care, but the provision of symptom management, psychosocial and spiritual support, and comfort during the end of life period.

Date of request: _____ Date to be reviewed: _____ (12 monthly)

Patient Details – please print clearly

<input type="checkbox"/> New patient (Select One)		<input type="checkbox"/> Existing patient
Name		
Address		Postcode:
Phone		
DOB		
Parent / carer		
Language		

Clinical History

Diagnosis			
History			
Co-morbidities			
Symptoms			
Current Medications			
Allergies			
Weight of Patient	Kgs	Date of Weighing	

Choices for Care

Patient, Family and or Enduring Guardian Discussion

This Adult Palliative Authorised Care Plan has been discussed and agreed in consultation with the family/enduring guardian and or carer, and have nominated the following care:

Name of <input type="checkbox"/> Family Member <input type="checkbox"/> Enduring Guardian <input type="checkbox"/> Carer	
Relationship to Patient	
Name of Clinician	
Provider Number of Clinician	
Signature of Clinician	
Signature of <input type="checkbox"/> Family Member <input type="checkbox"/> Enduring Guardian <input type="checkbox"/> Carer	
Signature and Acknowledgment of Patient	
Date of meeting / discussion	

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Location of Care

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

The above location will be assessed and reviewed by the NSW Ambulance paramedics at the time of attending the patient. Distances and travelling times will be factored in transport destination decision.

Cardiac Arrest Treatment Decision

IF THE PATIENT IS IN CARDIAC ARREST (select one)

PERFORM CPR

or

WITHHOLD CPR

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

The patient's current medical diagnosis of _____ 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.

Initiation of CPR is not in conjunction with an authorised Advance Care Directive (ACD).

Name of Clinician: _____ Signature: _____ Ph.: _____

If concerns arise about validity or currency of the documents, or the safety of the environment, Ambulance protocols should be followed.

Treatment Decision

ADMINISTER THE FOLLOWING TREATMENT IF THE PATIENT IS NOT IN CARDIAC ARREST

Response	Yes	Withhold
Airway Management	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen – bag and mask	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen - passive	<input type="checkbox"/>	<input type="checkbox"/>
Nasopharyngeal suctioning	<input type="checkbox"/>	<input type="checkbox"/>
IV access	<input type="checkbox"/>	<input type="checkbox"/>

Medication Administration

Medications requested to be authorised for administration by NSW Ambulance paramedics:

Medication	Dose	Route	Time and Intervals

Respecting patient's wishes

Other relevant information

Post Death Management Plan

If the patient dies, the management of the patient is the responsibility of the Clinician / Palliative Care Team. NSW Ambulance paramedics should:

1. Contact the Clinician/Palliative Care team

Name of Clinician: _____ Ph.: _____

2. Provide appropriate support to the family

If the treating clinician is unable to be contacted, NSW Ambulance Paramedics must follow the NSW Ambulance Policy on Transportation of Deceased Persons (SOP2006-062) and notify the dispatcher.

For Consideration

Death during transport (No active treatment to commence)

Should the patient die during transport, transfer to: _____

Location Contact: _____

Location Contact Number: _____

Contact Lists

Team	Name	Address	Contact Number/s
Primary Team			
Palliative Care Team			
General Practitioner			
Community Nurse			
Other health services			
Spiritual / religious supports			

Endorsement

Referred to NSW Ambulance by (person / organisation):

Name of Clinician completing the form:

Designation:

Contact No:

Email address:

Signature:

Date:

Endorsed by NSW Ambulance Director Patient Safety & Clinical Quality:

Office Use Only

Signature:

Date:

Please fax to 9320 7380 or scan and email to protocolp1@ambulance.nsw.gov.au

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Contacts and Post Death Management Plan

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Updating of Care Plans

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Approval of Authorised Adult Palliative Care Plans

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