

# 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:

- 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.

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 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	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

# Resuscitation Plan

## 7 Step Pathway Instructions (Community Version)

### Introduction

The Resuscitation Plan - 7 Step Pathway establishes a clear and transparent, step-by-step process to assist clinicians to make decisions about resuscitation and other life-sustaining treatment, and/or to develop and document end-of-life clinical care plans for patients/residents.

Before you begin the process of completing the **Resuscitation Plan - 7 Step Pathway** form please read through the instructions and the required 7 Steps.

### Instructions:

#### Use Ballpoint pen to complete this form.

1. Please note: 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.**
2. Only medical officers above the level of Intern should complete the **Resuscitation Plan - 7 Step Pathway**. Include your designation e.g. Consultant, Registrar, Resident or GP.
3. **Please begin from 1. TRIGGER** moving through to 7. SUPPORT.
4. Document with whom **Consultation** has occurred and their role as patient/resident, Substitute Decision-Maker, or Person Responsible. Document if the person has an Advance Care Directive and or plan. If others are present, record their names and the details of the consultation in the medical record.
5. Turn to **4. RESUSCITATION** – clearly **document the patient's/resident's Resuscitation Plan** by using a **Tick to indicate which decisions about resuscitation apply**. If you are affiliated with an SA Health Hospital, **circle** which option applies: MER Call Yes or No. Alternatively, the Medical Emergency Response (MER) section is to be completed by the hospital admitting doctor (not intern) if the patient/resident is subsequently admitted to hospital. Circle only the option that applies and document name of hospital, doctor's name, date and designation.
6. **Indicate what treatment is to be provided**, including a plan for maintaining comfort and dignity if the patient/resident is not for resuscitation. Consider anticipatory prescribing and other treatments/interventions that may be required.
7. **If relevant, please consider whether and under what circumstances at a future time the patient might or might not be transferred to hospital**. If "Not for Transfer to Hospital" is ticked, then any necessary care or treatment arrangements must be discussed and agreed to with the health care practitioner/carer who is providing care to ensure the patient/resident's needs in the event of acute distress are met. If the patient is to be transferred to another health facility, the medical officer who will become responsible for the patient's/resident's care should be notified. Appropriate care planning and clinical handover must occur prior to transfer/discharge.
8. **Document** who you discussed the end-of-life Resuscitation Plan with in the **Transparency** section. Record what was discussed in the patient's/resident's case notes.
9. The medical officer completing the **Resuscitation Plan - 7 Step Pathway** form must include the date the Resuscitation Plan is completed, their name, designation, signature and contact details.
10. Communicate the plan to health care practitioners/carers involved in the patient's/resident's care.
11. **Document when and if this Resuscitation Plan is revoked or whether it is ongoing**.
12. Remember to take all practical steps to **implement** the plan and to **support** the patient/resident and family through the process.
13. Ensure the plan is agreed and understood and provide a copy to the patient/resident and/or family (or their Substitute Decision-Maker, Person Responsible) and care provider (e.g. residential aged care facility), if appropriate in Resuscitation Plan envelope.

\* Medical Board of Australia, *Good Medical Practice: Code of Conduct for Doctors In Australia (2014)*. This includes points 3.12.3: Doctors should understand the limits of medicine in prolonging life, and recognise when efforts to prolong life may not benefit the patient, and, 3.12.4: Doctors do not have a duty to prolong life at all cost. However, they do have a duty to know when to initiate and when to cease attempts at prolonging life, while ensuring that the patient receives appropriate relief from distress.

## Resuscitation Plan - 7 Step Pathway

### STEP 1: TRIGGER

The clinical team caring for the patient should use standardised triggers to assess if a patient may be at end-of-life. If any of the of triggers below are met, the clinician responsible for the patient should consider if an end-of-life clinical care plan is needed, the urgency for a plan, and readiness of patient/family to discuss issues.

#### Triggers:

1. The patient, family/carer, Substitute Decision-Maker, Person Responsible or members of the interdisciplinary team express concern or worry that the patient is dying and/or have unmet end-of-life care need.
2. Indicators are met using the Supportive and Palliative Care Indicators Tool (SPICIT™), a tool for identifying people at risk of deteriorating and dying ([www.spict.org.uk/index.php](http://www.spict.org.uk/index.php)).
3. The 'Surprise Question': the clinician asks him or herself, "Would I be surprised if this patient died in the next 12 months?" (and where the response is "No").
4. A patient who has refused life-sustaining treatment in an Advance Care Directive (including in an Enduring Power of Guardianship, Medical Power of Attorney or Anticipatory Direction) or in an Advance Care Plan.
5. Observations triggering or are likely to trigger the activation of a Medical Emergency Response (MER).

### STEP 2: ASSESSMENT

Obtain adequate clinical information to allow reasonable clinical decisions to be made, and to be the basis for discussions with the patient, Substitute Decision-Maker/Person Responsible. Make an assessment about the capacity of the patient to participate in these discussions.

### STEP 3: CONSULTATION

When the treating team has reached a clinical decision, sensitively, and clearly explain to the patient, Substitute Decision-Maker/ Person Responsible and others as indicated by the patient, the diagnosis, prognosis, treatment options and recommendations; and negotiate clear goals and intent for future treatment. Determine whether the patient has previously refused treatment. If the patient has lost capacity refer to Advance Care Directive/Advance Care Plan.

### STEP 4: DOCUMENT THE CLINICAL CARE PLAN

Using the Resuscitation Plan form develop and document a realistic and practical clinical plan about resuscitation/life-sustaining measures, or treatment with a palliative approach, informed by the patient's wishes.

### STEP 5: TRANSPARENCY AND COMMUNICATION

Explain the plan to the patient, Substitute Decision-Maker/ Person Responsible and others as indicated by the patient, in a consistent and compassionate way. Allow time for them to process the information, encourage questions and revisit as necessary to develop a shared understanding. If there is a dispute, then institute dispute resolution process as necessary.

### STEP 6: IMPLEMENTATION

Take practical steps to implement the plan and revisit as necessary.

### STEP 7: SUPPORT THE PATIENT, SUBSTITUTE DECISION-MAKER/ PERSON RESPONSIBLE AND FAMILY/CARERS

Throughout the process ensure practical, emotional and spiritual support is offered to the patient, Substitute Decision-Maker/ Person Responsible and family/carers including offering support and information after the patient has died.