## RESUSCITATION ALERT CONFIRMATION

(MIX-IXE000-A)	Given name:		
	Second given name:		
Hospital:	D.O.B:/ Sex:		

Affix patient identification label in this box

UR Number: .....

Date	Name of Doctor	Signature of Doctor	Designation of Doctor	Consultant Responsible	Date of Latest Resus Plan Being Confirmed

## The Resuscitation Alert Confirmation Sheet Instructions:

The Resuscitation Alert Confirmation sheet is for use for those services which need to have confirmation of the currency of an existing Resuscitation Plan. This provides clarity for the clinical team to know that the Resuscitation Alert (**MR-RESUS**) has been assessed and confirmed as still clinically relevant for this patient.

- 1. In the first column labelled **Date** include the date of when the Resuscitation Alert is being confirmed.
- 2. The Doctor confirming that the Resuscitation Alert is still current is to then write their **Name**, **Signature** and **Designation** and insert the name of the **Consultant** with whom this patient has been admitted, in the relevant columns.
- 3. Including the **Date of Latest Resus Plan Being Confirmed** in the last column will ensure version control.

SA Health

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