

Paramedic's role in resuscitation planning

Resuscitation planning in this setting refers to making the right decisions about whether resuscitation is appropriate and the extent of resuscitation that should occur. This is a different focus from the normal resuscitation viewpoint for paramedics which focuses on the best technical clinical resuscitation possible.

What is resuscitation planning?

Each individual patient has their own views about their own resuscitation and these should be respected. A resuscitation plan can be based upon those beliefs, values and refusals expressed in an Advance Care Directive (ACD) or on the opinion of a Substitute Decision-Maker (SDM)/Person Responsible voicing what the patient would have wanted, in combination with the person responsible for treating the patient.

The Resuscitation Plan– 7 Step Pathway process starts with recognising a trigger to consider making a resuscitation plan and takes the clinician through the steps of assessing the need, patient wishes and communication/planning. The Resuscitation Plan– 7 Step Pathway form documents decisions about resuscitation and the extent of resuscitation expected. It also documents the type of care and treatments which have been agreed to.

A fully completed Resuscitation Plan- 7 Step Pathway indicates that an ethical and legally informed process has been followed and appropriate consultation has occurred. It is important to note that, whilst the form sets out resuscitation and end-of-life care decisions, it is not a legally binding document.

What is the role for paramedics in resuscitation planning?

Paramedics are in the position to initiate resuscitation if it is required and appropriate, or follow the patient's wishes or refusals and withhold resuscitation.

Paramedics should whenever possible, comply with a person's wishes expressed directly, through an ACD and/or by direction of their SDMs/Person Responsible.

Consumers are being encouraged to specify the location of an ACD/Resuscitation Plan and or contact details of SDMs/Persons Responsible in:

- > the Emergency Medical Information Booklet on their refrigerator
- > or on their ACD wallet card.

In an emergency where resuscitation decisions need to be made imminently and the refusal in the ACD is clear and applicable to the situation, and no SDM/Person Responsible is immediately available to provide direction, then the ACD should be followed. You will be protected by the law for doing so, provided you act in good faith and without negligence (Section 41, *Advance Care Directives Act 2014*).

If the paramedic can sight a valid ACD with refusals of resuscitation but:

- > the paramedic does NOT believe that the refusal was meant to apply in this situation (you must have reasonable evidence to support this belief and you must document your reasons) AND
- > the SDM/Person Responsible is not immediately available to make decisions for the person or to clarify the wishes

then the paramedic should proceed with appropriate resuscitation measures until which time, the SDM/Person Responsible indicates otherwise.

Under Section 41 of *Advance Care Directives Act 2014*, SA Ambulance Service (SAAS) staff are protected from civil and criminal liability for an act or an omission done or made in good faith without negligence and in accordance with, or purportedly in accordance with, an ACD.

My Substitute Decision-Makers	
Name:	Phone:
Name:	Phone:
Name:	Phone:
My Advance Care Directive can be found here:	

The ACD must be followed, if there is a clear and applicable binding refusal of resuscitation or treatment with the exception of:

- > a provision which is unlawful or would require an unlawful act to be performed, for example a request for euthanasia or assisted suicide or suspected assisted suicide
- > a provision that, if given effect, would cause a health practitioner to breach a professional code or standard, for example a demand for treatment which is considered to be futile
- > a provision which comprises a refusal of mandatory treatment, for example treatment required under a community treatment order, involuntary treatment order (under the *Mental Health Act 2009*) or a court order.

How does resuscitation planning work in an ambulance setting?

- > Where a resuscitation plan has been previously documented, the responsibility of the paramedic is to ensure that the circumstances of the plan still apply and then follow it.
- > Where a resuscitation plan does not yet exist, the responsibilities of the paramedic include starting the discussion and attempting to follow the patient's wishes.
- > Formal documentation of a resuscitation plan must be completed by a medical officer. This can occur in the community, or on arrival at hospital, whichever is deemed most suitable.
- > Where there is uncertainty regarding the patient's wishes or confusion as to whether the circumstances surrounding the plan applies, paramedics should default to active treatment/transport.

For more information

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