RESUSCITATION PLAN
7 STEP PATHWAY
(COMMUNITY VERSION)
(MR-RESUS-COM)

Home / Facility

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 shall 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).

INTERN: Interpreter use recommended for non or limited English speakers.

Does the patient/resident have decision-making capacity?

Yes □ No □

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.

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):

5. TRANSPARENCY
Resuscitation plan explained to: □ Patient/resident (mandatory if he/she has capacity) or □ Substitute Decision-Makers/Person Responsible

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

SA Health
Revised November 2018
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/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.

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*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.*