RESUSCITATION PLAN – 7 STEP PATHWAY

MR-RESUS

Read accompanying instructions before completing.

This form must be open to A3 when filled in, use Ballpoint pen.

This form is intended to be used by registered medical practitioners responsible for coordinating medical care of a patient in South Australia. The medical practitioner should be competent in muscle and bone physiology and anatomy, and in the management of acute and chronic conditions. The medical practitioner should be able to recognize the importance of early and effective resuscitation. The medical practitioner should be aware of the legal requirements regarding resuscitation, and be familiar with theAdvance Care Directive Act 2013 and the Consent to Medical Treatment and Palliative Care Act 1995, and relevant professional practice standards.

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 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, Substitute Decision-Makers, and/or Person/s Responsible (and where possible, individuals that the patient wishes to be involved in this planning).

IMPORTANT: Interpreter use is recommended for non or limited English speakers.

Does the patient have decision-making capacity?

Yes [ ]

The clinical situation must be discussed with the patient.

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 has one) or individuals - in order of priority below:

1. Person with an Advance Care Directive under the Advance Care Directives Act 2013
   a. Substitute Decision-Maker appointed for health care decisions under an Advance Care Directive
   b. Addy or Guardian

2. If they do not have a new Advance Care Directive (Advance Care Directives Act 2013)
   a. A Medical Agent or an Enduring Guardian

3. If none of the above, a Person Responsible in the following legal order:
   a. Guardian appointed by the SA Civil and Administrative Tribunal (formerly Guardianship Board)
   b. 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)
   c. Close adult friend who is available and willing to make a decision

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)

OR

[ ] SA Civil and Administrative Tribunal (SACAT), upon application

If the patient 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.
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.

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: Interns are not permitted to complete this form.

   This form is intended to be used by registered medical practitioners responsible for coordinating medical care of a patient in South Australia. The medical practitioner should be competent in using the Resuscitation Planning - 7 Step Pathway 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.

2. Only clinicians/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 Resuscitation Plan by using a Tick to indicate which decisions about resuscitation apply, and Circle which option applies - MER Call Yes or No.

6. Indicate what treatment is to be provided, including a plan for maintaining comfort and dignity if the patient is not for resuscitation. Consider anticipatory prescribing and other treatments/interventions. Refer to the SA Health Prescribing Guidelines for the Pharmacological Management of Symptoms for Adults in the Last Days of Life.

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, the patient’s GP MUST be contacted and notified of this decision before the patient is discharged. If the patient is to be transferred to another health facility, the medical officer who will become responsible for the patient'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 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 also the name of the Consultant responsible for the patient’s treatment and care as is indicated on the front page.

10. The Resuscitation Plan must be communicated at handover, referrals, transfers, and in the discharge summary. The Resuscitation status must be transcribed on the RDR chart (MR59A).

11. Document when and if this Resuscitation Plan is revoked or if it is ongoing.

12. Remember to take all practical steps to implement the plan and to support the patient and family through the process.

13. Ensure the plan is agreed and understood and provide a copy to the patient (or their Substitute Decision-Maker, Person Responsible) and care provider (e.g. residential aged care facility, ambulance officer), 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.