ST. VINCENT'S MELBOURNE

ACUTE RESUSCITATION PLAN

UR No.:____________________

Surname: ____________________

Given Name:____________________

D.O.B.: ____________________

Please fill in if no Patient Label available

This order should be guided by the relevant Senior Medical Staff member and by the SVHM Acute Resuscitation Plan Policy.

Reason for Decision

In preparing this plan I am aware of the patient's current medical conditions and resuscitation wishes. Please list relevant conditions:

....

....

Has the patient been consulted? ❑ Yes ❑ No

Has the family / carer been consulted and informed? ❑ Yes ❑ No

Advance Care Plan/Directive available for this patient? ❑ Yes ❑ No

Name of Person Responsible: .... Relationship: ....

OR

Medical Enduring Power of Attorney: .... Relationship: ....

A) Resuscitation Status: In the event of cardio-respiratory arrest:

(Tick one option only)

☐ **Commence CPR**
Call Code Blue – Dial 2222*
*Phone for assistance as per local Code Blue policy

☐ **Provide care of the dying**

B) Acute Clinical Deterioration: In the event of acute deterioration in clinical condition:

(Tick one option only)

☐ **MET / Code Blue Dial 2222 or Escalate***
*Escalate care according to local guideline

☐ **Home Unit Review – Control Symptoms**

☐ **Provide Comfort Care**

Authorising medical officer

Has this been discussed with a member of Senior Medical Staff? ❑ Yes ❑ No

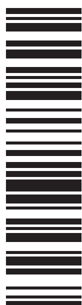
Name of Senior Medical Staff member:.. (insert name)

Documented in the medical record on: ..../........./......... To be reviewed on: ..../........./.........

Authorising medical officer:.. (insert name)

Signature:.................................... Date: ..../........./......... Contact/Pager:....................

If the plan is formed in the face of an objection from either a patient / person responsible or a member of staff, the objection should be documented and a resolution process commenced.



ST VINCENT'S HOSPITAL MELBOURNE A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA	**ST. VINCENT'S MELBOURNE** **ACUTE RESUSCITATION PLAN**	UR No.:__________ Surname: __________ Given Name:__________ D.O.B.: __________ Please fill in if no Patient Label available

This quick guide should be read in conjunction with the Acute Resuscitation Plan Policy.

A. Consultation and Decision Making.

1. Clinical assessment:
The clinician's recommendation for Advanced Resuscitation should take into account all known medical conditions and include an evaluation of the anticipated outcome from clinical deterioration and CPR were it required in the event of cardiac arrest.

2. Capacity:
Evaluating capacity is an important element of determining the extent to which a patient may be able to specifically direct the decisions about their medical care. All patients should be involved in the discussion to the extent that are able. Special care must be applied to patients when their capacity appears to be fluctuating or they are effected by drugs or delirium. If you are uncertain about a patient's ability to make decisions it is good practice to seek additional opinions. A competent patient may refuse any form of medical treatment.

3. Consultation:
This should be as extensive as possible to meet three aims

- I. Inform the clinical assessment.
- II. Establish the goals and wishes of the patient with regard to health care.
- III. Inform Hospital staff / family carers etc. of the ARP.

B. Documentation

1. You must clearly nominate whether to commence CPR or not in the event of cardiac arrest.
CPR should be commenced with:
Full resuscitation with Intensive care referral for patients with reversible disease and the underlying capacity to recover from critical illness to good health.

The entry in the medical record may record specific limitations where they relate to a known disease or dysfunction or where they are useful to guide the extent of resuscitative efforts. For example not for Intubation / Dialysis / Prolonged CPR / Major transfusion / Operative treatments / Intensive care.
If a patient has a refusal of medical treatment form which relates to these treatments it should be clearly noted on the ARP.

CPR should not be commenced with:
Patients with advanced / progressive disease when ALS is not indicated or refused with a valid refusal of medical treatment certificate.

2. You must clearly nominate the response to acute deterioration
*MET/ CODE BLUE / ESCALATE**
This is the appropriate response for a patient with reversible disease and the underlying capacity to return to good health who is otherwise suitable for ALS. In some SVHM locations where resources for acute care are limited, escalation may be appropriate for the majority of patients even those who are not for CPR.

HOME UNIT REVIEW
This is the most appropriate initial response for patients with advanced disease when ALS is not appropriate and the acute deterioration is an anticipated part of the progress of their illness. Ward based care plans should be in place to guide clinical care. This should be combined with an order to not commence CPR.

PROVIDE COMFORT CARE
This is appropriate for patients where deterioration is not unexpected, a palliative care focus is the intent of therapy and a plan for symptom control exists.

3. You must complete the summary and review date.
An Acute Resuscitation Plan is not a consent form. It doesn't require the signature of a patient or responsible person. However it should record clearly the extent of consultation and the name of the Senior Medical Staff member responsible for the recommendation.

If there is no agreement within the hospital team over elements of an ARP a second opinion should be sought and the relevant Department Head and or Program Director notified.