**Checklist and instruction sheet: Authorised Paediatric Palliative Care Plan**

**Submission of Authorised Paediatric Palliative Care Plan**

* The document can be completed electronically and saved utilising a PDF viewer e.g. ADOBE reader
* All documentation must be completed using the attached form and may be submitted electronically, via email or facsimile. All applications are to be endorsed by the treating clinician.

Email contact: protocolp1@ambulance.nsw.gov.au

Facsimile: (02) 9320 7380

**Existing Authorised Care Plans**

* Highlight/notify if the patient has a current Authorised Paediatric Palliative Care Plan and if this document version is an amendment or addition to the original plan.

**Patient Details**

* All fields are to be completed.
* Any handwritten details are to be clear and legible.
* The patient’s full address (including street number) is complete (*as the Ambulance response alert is linked to the individual’s address*).

**Choices for Care**

* Ensure ‘Yes’ or ‘Withhold’ is selected (not both) for all response items.
* Complete section of reasons for withholding resuscitation.
* All fields are to be completed, and if required, the medications to be authorised for administration by paramedics (pg.2).

**Location of Care**

* Select one of the specified locations or provide the address of the designated alternative care facility.

**Contacts and Post Death Management Plan**

* List the name and phone number for any relevant contacts.
* Complete relevant fields.

**Updating of Care Plans**

* Clinicians are to review and provide updated plans when required and provide an update of currency of the plan at the ‘Review Date’.
* Clinicians where possible should complete the Plan in conjunction with the Palliative Care Service assisting with the care of this patient.
* In the event of death of the patient, the treating clinician is requested to notify NSW Ambulance.

**Please note:** The Authorised Paediatric Palliative Care Plans will remain valid for a 12 month period from date of endorsement by NSW Ambulance. Paediatric Palliative Care Plans will need to be reviewed and renewed prior to expiry by the treating clinician.

**Approval of Authorised Adult Palliative Care Plans-**

A NSW Ambulance Delegate will review each Authorised Paediatric Palliative Care application. Once the plan has been endorsed by NSW Ambulance, a letter will be sent to both the patient and the referring Treating Clinician.

Where death is an expected outcome of underlying disease process and providing palliative care, it does not indicate a withdrawal of care, but the provision of symptom management, psychosocial and spiritual support, and comfort during the end of life period.

Date of request: Date to be reviewed: (Maximum 12 months)

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| **Patient Details – please print clearly** |
| **🞏 New Patient** | **(Select One)** | **🞏 Existing Patient** |
| Name: |  |
| Address: |  | Postcode: |  |
| Phone: |  |
| DOB: |  |
| Parent/Carer: |  |
| Language: |  |

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| **Department of Family & Community Services** |
| Is the patient known to the Department of Family & Community Services (Formally DOCS)? |
| **🞏 YES 🞏 NO 🞏 Unknown** |

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| **Clinical History** |
| Diagnosis: |  |
| History: |  |  |
| Co-morbidities: |  |
| Symptoms: |  |
| Current Medications: |  |
| Allergies: |  |
| Patient Weight: |  | **Kgs** | Date Weighed: |  |

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| **Location of Care** |
| In the event that care at home becomes too difficult, the choice for end of life care is at: |
| 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ via Emergency Department |
| 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct admission to ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 Local hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 Other:  |
| The location of care selection will be assessed and reviewed by the paramedics at the time of attending the patient. Distances and travelling times will be factored in the transport destination decision. |

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| **Patient, Family and/or Enduring Guardian Discussion** |

This Paediatric Palliative Authorised Care Plan has been discussed and agreed in consultation with the family/enduring guardian and/or carer, and have nominated the following care:

|  |  |
| --- | --- |
| Name of 🞏 Family Member 🞏 Enduring Guardian 🞏 Carer |  |
| Relationship to Patient |  |
| Name of Clinician |  |
| Provider Number of Clinician |  |
| Signature of Clinician |  |
| Signature of 🞏 Family Member 🞏 Enduring Guardian 🞏 Carer |  |
| Date of meeting/discussion |  |

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| **Treatment Decision** |

The patient and family/carer have considered care options and have nominated the following in the event of an acute deterioration:

|  |  |  |
| --- | --- | --- |
| **Response** | **Yes** | **Withhold** |
| Cardiac Compression | 🞏 | 🞏 |
| Airway Management | 🞏 | 🞏 |
| Oxygen – bag and mask | 🞏 | 🞏 |
| Oxygen – passive | 🞏 | 🞏 |
| Electrical Cardio version | 🞏 | 🞏 |
| Nasopharyngeal suctioning | 🞏 | 🞏 |
| Arrest medications (as per NSW Ambulance Protocols) | 🞏 | 🞏 |
| IV Access | 🞏 | 🞏 |

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| **Cardiac Arrest Treatment Decision** |

**IF THE PATIENT IS IN CARDIAC ARREST (select one)**

**🞏 PERFORM CPR or 🞏 WITHHOLD CPR**

If withholding CPR, the patient, family, enduring guardian and/or carer and I, as treating clinician, have considered the care options and a decision to withhold resuscitation has been made based on the discussion between Patient, Family and/or Enduring Guardian.

The patient’s current medical diagnosis of and prognosis is such that, if CPR is successful it is likely to be followed by a length and quality of life, which is not in the wishes of the patient. Initiation of CPR is not in accordance with the orally expressed and/or documented, wishes of the patient who is/was mentally competent at the time of making the decision. Initiation of CPR is not in conjunction with an Authorised Advance Care Directive (ACD).

Name of Clinician: Signature: Ph:

If concerns arise about validity or current of the documents, or the safety of the environment, NSW Ambulance protocols should be followed.

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| **Medication Administration** |

Medications requested to be authorised for administration by NSW Ambulance Paramedics:

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| --- | --- | --- | --- |
| **Medication** | **Dose** | **Route** | **Time and Intervals** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other relevant information** |

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| **Post Death Management Plan** |

If the patient dies, the management of the patient is the responsibility of the Clinician/Palliative Care Team. Paramedics should:

1. Contact the Clinician/Palliative Care Team

Name of Clinician:  Ph:

1. Provide appropriate support to the family

If the treating clinician is unable to be contacted, Paramedics must follow the NSW Ambulance Policy on Transportation of Deceased Persons (SOP2006-062) and notify the dispatcher.

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| **For Consideration** |

**Death during transport (No active treatment to commence)**

🞏 Should the patient die during transport, transfer to:

 Location Contact:

 Location Contact Number:

|  |
| --- |
| **Contact Lists** |
| **Team** | **Name** | **Address** | **Contact Number(s)** |
| Primary Team |  |  |  |
| Palliative Care Team |  |  |  |
| General Practitioner |  |  |  |
| Community Nurse |  |  |  |
| Other health services |  |  |  |
| Spiritual/religious supports |  |  |  |

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| **Updating of Plan** |

The clinician is responsible for the updating of the Care Plan when required and/or at the time of the review date.

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| **Endorsement** |
| Referred to NSW Ambulance by (person/organisation): |
| Name of Clinician completing the form: |
| Designation | Contact No: |
| Email Address: |
| Signature: | Date: |
| Endorsed by NSW Ambulance Director Patient Safety & Clinical Quality *(Office Use Only)*: |
| Signature: | Date: |

Please fax to (02) 9320 7380 or scan and email to protocolp1@ambulance.nsw.gov.au