



INSTRUCTION SHEET

NSW Ambulance Authorised Adult General Care Plan

NSW Ambulance Authorised Adult General Care Plans (AGCP) were developed to enable paramedics to provide individualised care to the patient, who requires specific treatment and/or transport to a specific destination. The AGCP will provide paramedics with the plan which has been developed by the medical practitioner in consultation with the patient and/or their person responsible. In order for the paramedic to follow the AGCP it must be endorsed by NSW Ambulance. If the AGCP is not endorsed, delay in the provision of the required treatment may result.

Authorised Care Plans are only processed Mon - Fri (No Public Holidays)

Process for Endorsement

1. Form completed by the practitioner. **All fields must be completed and legible.**
2. Completed form must be emailed to AMBULANCE-clinicalprotocolp1@health.nsw.gov.au or faxed to (02) 9320 7380.
3. Completed form reviewed by NSW Ambulance and endorsed. If information is unclear or incomplete, clarification will be sought from the author and may result in processing delays.
4. Completed form with a covering letter will be mailed back to the address indicated on the form (this can take up to 10 days). If the patient/family agrees, the endorsed AGCP can be emailed directly to the nominated email address in lieu of post. This will facilitate more timely access to the endorsed AGCP.
5. A copy of the endorsed AGCP will also be emailed or faxed to the medical practitioner.

N.B. please notify NSW Ambulance if the AGCP is no longer required or if the patient dies.
AGCPs remain valid for 12 months, after this time paramedics may not be able to follow the plan.

Paramedics carry a limited supply of routine medications (see list below). If the patient requires other medications to be administered to help manage symptoms, these medications must be available in the patient's residence.

Paramedics are not able to access medications that are in a locked medication safe in a RACF if the registered nurse is not available.

All Paramedics

All Paramedics			
Adrenaline	Aspirin	Benzyl Penicillin	Clopidogrel
Compound sodium lactate	Droperidol	Enoxaparin Sodium	Fentanyl
Glucagon	Fexofenadine	Ibuprofen	Frusemide
Glucose Trinitrate	Ipratropium Bromide	Methoxyflurane	Metoclopramide
Midazolam	Morphine	Naloxone	Ondansetron
Oxygen	Paracetamol	Salbutamol	Tenecteplase
Intensive Care Paramedics Only			
Amiodarone	Atropine	Calcium Gluconate	Ketamine
Lignocaine	Sodium Bicarbonate		



NSW Ambulance – Authorised Adult General Care Plan

Patient's Details:		New AGCP Patient <input type="checkbox"/>	Existing AGCP Patient <input type="checkbox"/>	
Surname:	Given Name:	Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Street No. & Name		Home Ph:	Mobile:	
Suburb:		Postcode:		
Safety Issues at home: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide details)				
Language:	Interpreter required: Y <input type="checkbox"/> N <input type="checkbox"/>	Dialect:		
If patient is a hospital inpatient	Hospital Name:	MRN:		
MEDICAL DIAGNOSIS				
Diagnosis:				
Allergies:				
DIRECTIONS FOR CARE				
Clinical Management Requested:				
The following medications are to be administered by NSW Ambulance paramedics as directed. (Note: Medications which are not carried by NSW Ambulance paramedics are required to be with the patient to enable administration.)				
Medication	Strength	Frequency	Indication/s	Max 24 hour dose
MEDICAL OR NURSE PRACTITIONER DETAILS				
Name:		Contact Number:		
Provider Number:		After-hours contact:		
Designation: (Please circle) Medical Officer		Nurse Practitioner		
Organisation/Practice Name & Address:				
Email:				
As the medical/nurse practitioner, I support this care plan and by signing this form I request NSW Ambulance paramedics to implement the treatment options which have been discussed with the patient and is consistent with their treatment requirements				
Signature:			Date:	
FOR NSWA OFFICE USE ONLY:		Date of Receipt:	Renewal Date:	
Trim Number:		Document Number:		
Endorsed By Name:				Date:
Signature:				
Position:				