



INSTRUCTION SHEET

OFFICIAL – Sensitive Health Information

NSW Ambulance Authorised Paediatric General Care Plan

NSW Ambulance Authorised Paediatric General Care Plans (PGCP) were developed to enable paramedics to provide individualised care to the patient, who requires specific treatment and/or transport to a specific destination. The PGCP 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 PGCP it must be endorsed by NSW Ambulance. If the PGCP 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. Failure to complete the form legibly will result in the plans being returned to the author.
2. Completed form must be emailed to AMBULANCE-AuthorisedCarePlan@health.nsw.gov.au for NSW Ambulance Endorsement. **ENSURE A VALID RETURN EMAIL IS PROVIDED AS NO PLANS ARE MAILED VIA POST.** If your organisation currently operates Kiteworks secure file transfer system, email all completed plans via this platform. All other organisations continue to email completed plans via the normal emailing platform.
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 emailed back to the address indicated on the form. (This can take up to 10 days), through the new secure transfer file platform -Kiteworks. To access completed plans if you do not have Kiteworks follow the below instructions.
 - Open the email invitation and click on the "Access message" button.
 - Your web browser will open and connect to the eHealth NSW Secure File Transfer portal
 - Enter your email address and click on the "Next" button and then set a password. Click "Create Account"
 - You can then start using the secure file service.
 - The endorsed authorised care plan will be required to be downloaded and printed within 14 days, after which the plan will be automatically deleted from the email system.

In addition to emailing endorsed Authorised Care Plans through the secure file transfer system, plans will now be password protected to increase the security of the information in the document and to ensure they are only accessible by intended receiver/s.

5. Copy of the endorsed AGCP will also be emailed to the medical practitioner.

N.B. please notify NSW Ambulance if the PGCP is no longer required or if the patient dies.

PGCPs 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 residential aged care facility (RACF) if the registered nurse is not available. Qualified Ambulance Paramedics

Adrenaline	Aspirin	Benzyl Penicillin	Clopidogrel
Compound sodium lactate	Droperidol	Enoxaparin Sodium	Fentanyl
Fexofenadine	Glucagon	Glucose Gel	Glucose 10%
Glyceryl Trinitrate	Ibuprofen	Ipratropium Bromide	Methoxyflurane
Metoclopramide	Midazolam	Morphine	Naloxone
Ondansetron	Oxygen	Paracetamol	Salbutamol
Tenecteplase			
Advanced Life Support and Intensive Care Paramedics Only			
Amiodarone	Atropine	Calcium Gluconate	Frusemide
Ketamine	Lignocaine	Sodium Bicarbonate	

Email: AMBULANCE-AuthorisedCarePlan@health.nsw.gov.au

OFFICIAL - Sensitive Health Information



NSW Ambulance – Paediatric General Care Plan

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NSW Ambulance Trim Number:

NSW Ambulance Document Number:

Patient's Details:

New PGCP Patient ☐

Existing PGCP Patient ☐

Surname:

Given Name:

Date of Birth: (DD/MM/YYYY)

Sex: Male ☐ Female ☐ Other ☐

Street No. & Name

Home Ph:

Mobile:

Suburb:

Postcode:

Safety Issues at home: Yes ☐ No ☐ (If yes, please provide details)

Language:

Interpreter required: Yes ☐ No ☐

Dialect:

Is the patient Aboriginal or Torres Strait Islander? Yes ☐ No ☐ Prefer not to say ☐

Email:

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	Dose	Route	Frequency	Indication/s	Max 24 hour dose

MEDICAL OR NURSE PRACTITIONER DETAILS

Name:

Contact Number:

Provider Number:

After-hours contact:

Designation: 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:

OFFICIAL – Sensitive Health Information

NSW Ambulance Trim Number:

NSW Ambulance Document Number:

Patient Name:

Date of Birth:

DEPARTMENT OF FAMILY AND COMMUNITY SERVICESIs the patient known to the Department of Family and Community Services (Formally DOCS) - Yes ☐ No ☐

If Yes (tick as appropriate)

- ☐ Family and Community Services are aware of the patient's condition and treatment decisions.
- ☐ In the event of the patient's death Family and Community Service should be notified

To facilitate more timely return of Authorised Care Plan please provide an email address.

(If no email address is provided the endorsed plan will be mailed to the person indicated below):

Email Address:

Name of Recipient:

Relationship of Recipient to patient:

PERSON RESPONSIBLE (PLEASE PRINT CLEARLY)

Surname:

Given Name:

Relationship: Parent ☐ Enduring Guardian ☐ Family Member ☐ Other ☐

Address:

Contact Number:

Language:

Interpreter: Yes ☐ No ☐**Parent/Enduring Guardian or Person Responsible's Acknowledgement of this Plan**

Signature:

Date:

FOR OFFICE USE ONLY:

Date of Receipt:

Renewal Date:

Trim Number:

Document Number:

Endorsed By Name:

Date:

Signature:

Position: