



INSTRUCTION SHEET

OFFICIAL – Sensitive Health Information

NSW Ambulance Authorised Adult Palliative Care Plan

NSW Ambulance Authorised Palliative Care Plans (APCP) were developed to enable paramedics to provide individualised care to a patient, who has a life-limiting illness. The APCP 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 APCP it must be endorsed by NSW Ambulance. If the APCP 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. The form may be completed by either nurse or medical practitioners. Both medical and nurse practitioners may complete the medications and treatment options section of page 1. Medical practitioners only can complete the resuscitation status section of page 1.
2. In cases where the APCP is completed solely by a medical practitioner, one signature from the medical practitioner only is required on page 3. In cases where the APCP is jointly completed by a nurse practitioner and a medical practitioner both practitioners must sign their respective sections on page 3.
3. All fields must be completed and legible. Failure to complete the form legibly will result in the plans being returned to the author.
4. The 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.
5. Completed form is reviewed by NSW Ambulance and endorsed. If information is unclear or incomplete, the form may be returned to the author and will result in processing delays.
6. 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.
7. A copy of the endorsed AGCP will also be emailed to the medical practitioner.

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

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

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Ondansetron	Oxygen	Paracetamol	Salbutamol
Tenecteplase			
Advanced Life Support and Intensive Care Paramedics Only			
Amiodarone	Atropine	Calcium Gluconate	Furosemide
Ketamine	Lignocaine	Sodium Bicarbonate	



Authorised Adult Palliative Care Plan

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NSW Ambulance Trim Number:

NSW Ambulance Document Number:

Patient's Details:

New APCP Patient ☐Existing APCP 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:

This section may be completed by a Medical or Nurse Practitioner

As required medications to be administered to manage symptoms (if required please add extra list)

Medication	Dose	Route	Frequency	Indication/s	Max 24 hour dose

Treatment Options

Aside from an intense focus on comfort, in the event of deterioration the following may be appropriate:

Respiratory Support: (Check box if appropriate)

Are other non-urgent interventions appropriate? Yes ☐ No ☐

- Pharyngeal Suction ☐
- Supplemental oxygen ☐
- Bag & Mask Ventilation ☐
- Intubation ☐

If yes (please check the appropriate interventions):

- Vascular access ☐
- IV Fluids ☐
- IV Antibiotics ☐

THIS SECTION MUST BE COMPLETED BY A MEDICAL PRACTITIONER

In the event of cardiopulmonary arrest: CPR ☐ NO CPR ☐

Rationale for withholding CPR:

- Withholding CPR complies with the competent patient's verbally expressed wishes. ☐
- Withholding CPR complies with the patient's applicable Advance Care Directive. ☐
- The patient's Enduring Guardian agrees that withholding CPR is consistent with the patient's wishes. ☐
- The patient's condition is such that CPR is likely to result in negligible clinical benefit. ☐

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NSW Ambulance Trim Number:

NSW Ambulance Document Number:

Patient Name:

Date of Birth:

FOR NSW USE ONLY:

Date of Receipt:

Renewal Date:

TRIM NUMBER: PT /

DOCUMENT NUMBER:

Endorsed by Name:

Signature:

Date:

Position

This page can be completed by Medical or Nurse Practitioner

LOCATION OF CARE

In the event that care at home becomes too difficult, the choice for future care is at:

How to arrange admission to this location:

Whilst every effort to accommodate the patient's preference, NSW Ambulance will review the desired location of care at the time of attending the patient, distances and travelling times will be factored into the destination decision.

PATIENT'S CLINICAL HISTORY (Please print clearly – Attach additional pages if required)

Diagnosis:

History:

Goals of Care:

Is the patient known to a Palliative Care Service: Yes ☐ No ☐ (if yes, please specify)

Allergies:

PATIENT'S CURRENT MEDICATIONS

Drug Name	Dose	Route	Frequency	Indication

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NSW Ambulance Trim Number:	NSW Ambulance Document Number:
Patient Name:	Date of Birth:
MEDICAL PRACTITIONER WHO ACCEPTS RESPONSIBILITY TO COMPLETE THE MCCD FOR EXPECTED HOME DEATH	
Will you make yourself available at the time of the patient's death to view the body & complete the MCCD? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: _____	
Can you be contacted after hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, are you prepared to provide a Medical Certificate of Cause of Death (MCCD) to the Funeral Director within 48 hours, if the death is not a reportable death under the Coroners Act 2009? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Practitioner Completing MCCD details: A/H or Mobile (if available): _____ Surgery Ph: _____	

This page can be completed by Medical or Nurse Practitioner

CONTACT LIST			
Team	Name	Business Hours Contact	After hours contact
General Practitioner			
Palliative Care			
Primary Care Team			
Community Nurse			
Other Health Service			
Spiritual/Religious Supports			
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: Enduring Guardian <input type="checkbox"/> Family Member <input type="checkbox"/> Other <input type="checkbox"/>			
Address:			
Contact Number:			
Language: Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Patient's & or Person Responsible's Acknowledgement of this Plan Declaration			
As the treating clinician I can confirm that I have discussed this plan with the patient and/or their person responsible. The treatment directives contained within are consistent with the patient's treatment goals			Yes: No:

NURSE PRACTITIONER DETAILS	
Name:	Contact Number:
Provider Number:	After-hours contact:
Organisation/Practice Name & Address:	
Email:	
As the 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:

MEDICAL PRACTITIONER DETAILS

Name:	Contact Number:
Provider Number:	After-hours contact:
Organisation/Practice Name & Address:	
Email:	
As the medical 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: