



# A Clear Path to Care

## Part 6

Advance Care Directives,  
Consent and Resuscitation Planning in Practice

*“It is easier to produce ten volumes of philosophical writing than to put one principle into practice”*

*- Leo Nikolaevich Tolstoy*



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# It's all about the patient



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# This presentation will:

- Identify the SA Health Policies, Guidelines and Forms that support implementation of the ACD and Consent Acts
- Discuss the system and processes changes required to support clinical practice in alignment to the Acts



# Foundations for practice

## A. Four SA Health Policy and Guidelines

- 1) Advance Care Directive
- 2) Consent to Health Care, Medical Assessment and/or Treatment
- 3) Resuscitation and Care Planning
- 4) Recognising and Responding to Clinical Deterioration (amended)



# Foundations for practice

## B. Forms

- 1) Advance Care Directive
- 2) Resuscitation Alert – 7 Step Pathway – Developing a Resuscitation Plan
- 3) Resuscitation Confirmation
- 4) Adult Rapid Detection and Response Chart MR59A

**Advance Care Directive Form**

By completing this Advance Care Directive you can choose to:

1. Appoint one or more Substitute Decision-Makers and/or
2. Write down your values and wishes to guide decisions about your future health care, living arrangements and other personal matters and/or
3. Write down healthcare you do not want in particular circumstances.

**Part 1: Personal details**

Name: \_\_\_\_\_ (Full name of person giving Advance Care Directive)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part 2a: Appointing Substitute Decision-Makers**

I appoint: \_\_\_\_\_ (Name of appointed Substitute Decision-Maker)

Ph: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ (Name of appointed Substitute Decision-Maker)

am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Signature of appointed Substitute Decision-Maker)

**AND**

I appoint: \_\_\_\_\_ (Name of appointed Substitute Decision-Maker)

Ph: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, \_\_\_\_\_ (Name of appointed Substitute Decision-Maker)

am over 18 years old, and I understand and accept my role and the responsibilities of being a Substitute Decision-Maker as set out in the Substitute Decision-Maker Guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Signature of appointed Substitute Decision-Maker)

Your initial \_\_\_\_\_ Witness initial \_\_\_\_\_

Part 2a continued over page 1 of 4

**RESUSCITATION ALERT 7 STEP PATHWAY - DEVELOPING A RESUSCITATION PLAN (MR-RESUS)**

UR Number: \_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Second given name: \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_

Hospital: \_\_\_\_\_

Read accompanying instructions before completing. This form must be open to A3 when filled in, use Ballpoint pen.

**1. TRIGGER**

Complete this form only if the clinical situation requires decisions about resuscitation or end of life care. However, the urgency to complete this form needs to be balanced with sensitivity to the readiness of the patient and family to discuss these issues.

**2. ASSESSMENT**

Is there adequate clinical information to allow decisions to be made about resuscitation and/or end of life care?  Yes  No  Confuse with the plan.

**3. CONSULTATION**

If possible, discuss the clinical situation (e.g. diagnoses, prognosis, treatment options and recommendations) with the patient, substitute decision-maker, person responsible and/or relatives.

**IMPORTANT: Interpretation use is recommended for non or limited English speakers.**

Does the patient have decision-making capacity?

Yes  No

**Yes**  The clinical situation must be discussed with the patient

**No**  This must be documented in the case notes and a reasonable attempt should be made to consult at least one of the following documents (if the patient has one) or individuals - in order of priority below:

- Person with an Advance Care Directive under the Advance Care Directive Act 2013
  - Substitute Decision-Maker appointed for health care decisions under an Advance Care Directive
  - Advance Care Directive with relevant instructions and NO Substitute Decision-Maker
- If they do not have a new Advance Care Directive (Advance Care Directives Act 2013)
  - A Medical Agent or an Enduring Guardian
  - Anticipatory Direction
- If none of the above, a **Person Responsible** in the following legal order:
  - Guardian appointed by the Guardianship Board
  - Name: \_\_\_\_\_
  - Person with a close and continuing relationship, available and willing, and who is related to the person by blood, marriage, domestic partner, adoption or Aboriginal kinship rules/marriage
  - Name: \_\_\_\_\_
  - Close adult friend who is available and willing to make a decision
  - Name: \_\_\_\_\_

If there is no one in the above categories then:  
 Someone charged with the day-to-day care and well-being of the patient  
Name: \_\_\_\_\_  
 Guardianship Board, upon application.

**OR**

If the patient does not have capacity, and it has not been possible to find one of the above documents or individuals in time, complete the Resuscitation Plan in line with Good Medical Practice\*

\*Note: If there is an Advance Care Plan (eg Statement of Choices, Good Palliative Care Plan), it must be referred to by these making decisions above.

**RESUSCITATION ALERT CONFIRMATION (MR-RESUS-A)**

UR Number: \_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Second given name: \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date	Name of Doctor	Signature of Doctor	Designation of Doctor	Consultant Responsible	Date of Latest Resus Plan Being Confirmed

**The Resuscitation Alert Confirmation Sheet Instructions:**

The Resuscitation Alert Confirmation sheet is for use for those services which need to have confirmation of the currency of an existing Resuscitation Plan. This provides clarity for the clinical team to know that the Resuscitation Alert (MR-RESUS) has been assessed and confirmed as still clinically relevant for this patient.

1. In the first column labelled **Date** include the date of when the Resuscitation Alert is being confirmed.
2. The Doctor confirming that the Resuscitation Alert is still current is to then write their **Name, Signature and Designation** and insert the name of the **Consultant** with whom this patient has been admitted, in the relevant columns.
3. Including the **Date of Latest Resus Plan Being Confirmed** in the last column will ensure version control.

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**Rapid Detection and Response Adult Observation Chart (MR59A)**

UR Number: \_\_\_\_\_

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Second given name: \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_

Hospital: \_\_\_\_\_

Chart Number: \_\_\_\_\_

**General Instructions**

You must record appropriate observations:

- On admission
- At a frequency appropriate for the patient's clinical state but not less than once/shift for acute inpatients
- At a frequency appropriate for the patient's clinical state but not less than once/shift for acute inpatients
- All pericard procedures with a minimum of once daily for patients awaiting discharge placement

You must record a set of observations including a minimum of respiratory rate, blood pressure, pulse rate, temperature, oxygen saturation and level of consciousness/alertness:

- If the patient is deteriorating or an observation is in a shaded area
- Whenever you are worried about the patient.

Review is required for unrelieved or unexplained pain that continues to trigger escalation for 2 consecutive values despite medication administration.

When graphing observations, place a dot (•) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. If observations fall above or below graphic parameters, write the value in relevant box. For systolic blood pressure, use the symbol indicated on the graphic chart.

Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made.

**Modifications**

If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges and rationale (where a response will not be triggered) below. Duration of modification must be specified.

Date	Modification 1	Modification 2	Modification 3	Modification 4

Duration Observations and acceptable range

Red Rationale (Full description in medical record)

Doctor's Signature \_\_\_\_\_  
Doctor's Designation \_\_\_\_\_  
Nurse Name (print) \_\_\_\_\_  
Nurse Signature \_\_\_\_\_  
Nurse Designation \_\_\_\_\_

**Resuscitation**

Resuscitation Plan (MR RESUS) in Place: Yes  No

MER CALL YES CPH YES MER CALL NO CPH NO

Signature: \_\_\_\_\_ Name and Designation: \_\_\_\_\_ Date: \_\_\_\_\_

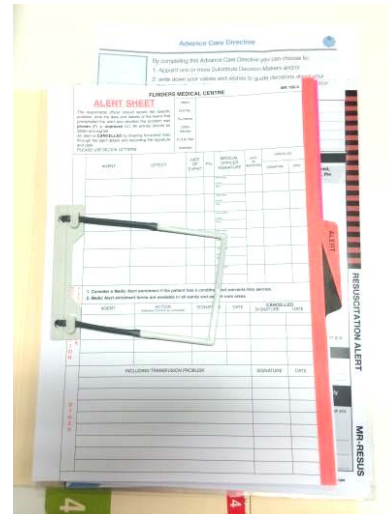
Make a copy patient that is not for resuscitation may still require urgent medical response.



# Foundations for practice

## C. Record systems to receive and alert ACD's, ACP's and Resuscitation Plans

- 1) EPAS scanning
- 2) Certified Copies (ACD) in medical record
- 3) Copy of Resus Alert @bedside
- 4) Alerting function in e-systems



# Foundations for practice

## D. Record systems for documenting

- 1) Substitute decision maker (s) contact details or
- 2) Person Responsible Contact details (replaces NOK)
- 3) Emergency contact (if different to SDM or person responsible)



# Foundations for practice

- Education
- Governance
- Implementation strategy
- Evaluation- continuous cycles of improvement
- Consumer feedback
- Staff feedback
- Clinical process and outcome data
- Safety learning system





# Planning Care

- Are the patient's wishes, values and binding refusals included in the plan of care?
- Necessary orders (medication, resuscitation)
- Physical care needs
- Family and social needs
- Discharge planning
- Social work, Chaplain
- Coordination of care:
  - Community agencies and health care practitioners
  - Discharge planning



# Clinical Processes

- From admission to discharge
- Admission history and assessment
- Clinical decision making and care plan
- Orders
- Patient involvement
- Communication- documentation
- **Clinical Handover**
- **Inter-disciplinary team**
- Discharge planning

[Link 2](#)



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# End of Life Medication Prescribing

- Symptoms experienced by patients in the terminal phase can be anticipated;
  - Ordering medications ahead of time allows for prompt management whenever the symptom arises;
  - Where a patient is already prescribed subcutaneous analgesics, anxiolytics or anti-emetics, extra orders may be unnecessary

SA Health is coordinating development of guidelines to assist clinicians in end of life prescribing

\*See Educational Resources

- Pain Position Statement
- The Palliative Approach Tool Kit



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# Resuscitation Plan and Observation Chart

<b>Rapid Detection and Response Adult Observation Chart</b>  (MR59A)  Hospital: .....	All the patient identification labels in this box UR Number: .....
	Surname: .....
	Given name: .....
	Second given name: .....
	D.O.B: ___/___/___ Sex: .....

Chart Number: \_\_\_\_\_

### General Instructions

You must record appropriate observations:

- On admission
- At a frequency appropriate for the patient's clinical state but not less than once/shift for acute inpatients
- As per local procedures with a minimum of once daily for patients awaiting discharge placement.

You must record a set of observations including a minimum of respiratory rate, blood pressure, pulse rate, temperature, oxygen saturation and level of consciousness/sedation:

- If the patient is deteriorating or an observation is in a shaded area
- Whenever you are worried about the patient.

Review is required for unrelieved and unexpected pain that continues to trigger escalation for 2 consecutive values despite medication administration.

When graphing observations, place a dot (+) in the centre of the box which includes the current observation in its range of values and connect it to the previous dot with a straight line. If observations fall above or below graphic parameters, write the value in relevant box. For systolic blood pressure, use the symbol indicated on the graphic chart.

Whenever an observation falls within a shaded area, you must initiate the actions required for that colour, unless a modification has been made.

### Modifications

If abnormal observations are to be tolerated for the patient's clinical condition, write the acceptable ranges and rationale (where a response will not be triggered) below. Duration of modification must be specified.

	Modification 1	Modification 2	Modification 3	Modification 4
Date	/ /	/ /	/ /	/ /
Time	:	:	:	:
Duration				
Observation(s) and acceptable range				
Brief Rationale (Full description in medical record)				
Doctor's Signature				
Doctor's Name (print)				
Doctor's Designation				
Nurse Signature				
Nurse Name (print)				
Nurse Designation				

<b>Resuscitation</b>	
Resuscitation Plan (MR RESUS) in Place	MER CALL YES    MER CALL NO
Yes <input type="checkbox"/> No <input type="checkbox"/>	CPR YES    CPR NO
	<small>(circle option above)</small>
Signature _____	Name and Designation _____ Date _____
<small>Note: A dying patient that is not for resuscitation may still require urgent medical response.</small>	

<b>RESUSCITATION ALERT</b> <b>7 STEP PATHWAY -</b> <b>DEVELOPING A RESUSCITATION PLAN</b> (MR-RESUS)  Hospital: .....	All the patient identification labels in this box UR Number: .....
	Surname: .....
	Given name: .....
	Second given name: .....
	D.O.B: ___/___/___ Sex: .....

### 4. RESUSCITATION PLAN

Note: A treatment option or procedure (e.g. ICU, surgical procedure, dialysis) must not be offered, recommended, or inferred to be available, without prior discussion with, and the agreement of, the relevant clinical team which provides this treatment or procedure.

Indicate if the following decisions about resuscitation apply:

Tick here if this single option applies:

Patient Is Not for any Treatment Aimed at Prolonging Life (Including CPR)

Or you may specify individually each or all of the following that apply:

Patient Is Not for CPR

Patient Is Not for Invasive ventilation (I.e. Intubation)

Patient Is Not for Intensive care treatment or admission


Patient Is Not for the following procedures or treatment (specify): .....

Please circle which applies:                      MER Call Yes                      MER Call No



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# Do Health Practitioners in the primary health setting have what they need to treat the patient?

- GP handover
- Medications available at the community pharmacy and someone to administer
- Residential Aged Care Facility Handover
- Patient/SDM know the plan?
- Plan available to health practitioners treating in the community?
- Can SAAS access the established care plans?
- Referrals for community care/services?



# Summary

## Putting in Practice

- The Policies :
  - Advance Care Directive
  - Consent to Health Care Medical Assessment and/or Treatment
  - Resuscitation and Care Planning
  - Recognising and Responding to Clinical Deterioration (amended)
  - provide foundations for implementation of the ACD and Consent Acts.
- Health information systems and records
- Clinical practice changes are required to incorporate ACD and Consent Act changes
  - registration/admission
  - assessment and care planning
  - medical orders
  - consent
  - clinical handover/discharge





# Questions?

For more info:

[policy&legislation@health.sa.gov.au](mailto:policy&legislation@health.sa.gov.au)



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