

Adult Palliative Care Ambulance Plan

The Adult Palliative Care Ambulance Plan (APCAP) has been developed to provide individualised care for patients with a life-limiting illness who are known to a community palliative care service and are at risk of requiring urgent and/or after-hours support. The APCAP provides a summary of personalised recommendations for a patient's clinical care in a future palliative care emergency or acute deterioration in which they may not have capacity to make or express choices. Such situations may include exacerbation of breathlessness, pain crisis, cardiac arrest, and death, but are not limited to these events.

The care plan is intended to respect both patient preferences and clinical judgement. The plan of care is completed in partnership between the patient, their family/whānau/caregiver (as appropriate) and their primary healthcare provider (i.e., General/Nurse Practitioner) or palliative care specialist. The agreed realistic clinical recommendations documented should align with the patients' goals of care. Specific interventions that may improve comfort can be recommended. Appropriate prescribed medications to manage anticipated end of life symptoms and/or anticipated symptoms specific to the patient's known disease process must be documented on the **Anticipatory Prescribed Palliative Care Orders (APO) form** and must accompany the APCAP.

For Hato Hone St John staff to follow the APCAP, the care plan must be completed in full and be emailed with a copy of the completed APO form to PatientCarePlan@stjohn.org.nz. This will ensure the patient's NHI, and address are flagged in the ambulance 111 communications system. If this form is not sent to Hato Hone St John, there may be a delay in the provision of treatment for the patient in their home or place of residence. A copy of the APCAP should also be sent to the patient's community palliative care service provider (i.e., Nelson Tasman Hospice or the District Nursing Primary Palliative Care Service). The original copy stays with the patient. **NB: it is a good idea for the patient to keep the two forms somewhere easy to find in an emergency, i.e., on the fridge or stored with the APO medications.**

FOR HEALTH CARE PROFESSIONALS:

Process for completion of APCAP

1. The care plan must be signed by a medical or nurse practitioner.
2. All sections must be completed and legible.
3. The completed care plan must be emailed to Hato Hone St John at PatientCarePlan@stjohn.org.nz
4. The completed care plan must be emailed to the relevant community palliative care service, usually the requesting service (i.e., Nelson Tasman Hospice [NTH] or the District Nursing Primary Palliative Care Service).
5. The care plan must be reviewed every three months from date signed to ensure all information is still relevant and appropriate.
6. Hato Hone St John must be notified, by email, at PatientCarePlan@stjohn.org.nz, if the patient dies; the care plan is no longer applicable; or if any changes are made to the care plan.
7. Medications prescribed in this care plan should generally follow **Te Ara Whakapiri End of Life Pathway Guidelines** for APOs or be prescribed in consultation with a palliative care specialist. For guidance on medication prescribing in palliative care, contact NTH on 03 546 3950.

FOR HATO HONE ST JOHN STAFF:

Activation of the APCAP

1. Hato Hone St John staff are required to contact NTH, on 03 546 3950, if this plan has been utilised to ensure appropriate follow-up is arranged by the patient's palliative care service.
2. Hato Hone St John staff must provide Hospice staff with the **Ambulance Care Summary Access Code** to ensure they can access your care report and forward this to the appropriate palliative care service.
3. Prescribed medications to manage anticipated end of life symptoms and/or anticipated symptoms specific to the patient's known disease process are documented separately on an **Anticipatory Prescribed Palliative Care Orders (APO) form**, located in the patient's home (or documented otherwise).
4. In the event of the patient's death at time of Hato Hone St John response, ambulance staff will contact NTH to ensure appropriate follow up is made. Police do not need to be contacted after an expected death.



ADULT PALLIATIVE CARE AMBULANCE PLAN

This Care Plan Belongs To:

Patient Name:	DOB:
NHI:	Ethnicity:
Address:	Language:
Phone number:	Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>

Relevant Care Planning Documents: (note where they are located)

Advance Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Anticipatory Prescribed Palliative Care Medications (APOs) stored in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>
Advanced Directive? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Acute Plan in HCS? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CLINICAL HISTORY

Summary of relevant information including diagnosis:

CLINICAL RECOMMENDATIONS FOR URGENT CARE AND TREATMENT

Select appropriate goals of care (below)

PRIORITISE EXTENDING LIFE	BALANCE EXTENDING LIFE WITH COMFORT & VALUED OUTCOMES	PRIORITISE COMFORT
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In the event of acute deterioration, the following interventions may be appropriate:

Respiratory support:	Other non-urgent interventions:
<input type="checkbox"/> Supplemental oxygen <input type="checkbox"/> Pharyngeal suction <input type="checkbox"/> Nebulised bronchodilator	<input type="checkbox"/> SC fluids <input type="checkbox"/> IM antibiotics <input type="checkbox"/> PO antibiotics

LOCATION OF CARE

If clinically appropriate, would the patient want admission to hospital? Yes No

Preferred place of care is:

If care at home becomes too difficult, preference for future care is:

Whilst every effort to accommodate the patient's preference is taken, this is not always achievable. If the preferred place of care is not possible it is in the attending paramedic's duty of care to ensure the patient is transported to a safe alternative place of care.

RESUSCITATION STATUS

In the event of cardiopulmonary arrest: FOR CPR NOT FOR CPR

Rationale for withholding CPR:

Withholding CPR is in line with the goals of care

The person's condition is such that CPR would be medically futile

FOLLOW UP AND DOCUMENTATION (Nelson Tasman Hospice must be notified if this care plan is utilised)

Phone **03 546 3950** and provide the **Acute Care Summary (ACS) Access Code** and **patient DOB**

Alternatively email ACS Access Code to clinical@nelsonhospice.org.nz

DETAILS OF NEXT OF KIN (NOK) OR ENDURING POWER OF ATTORNEY (EPOA)

Name:

Contact phone number:	Relationship to patient:
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DETAILS OF MEDICAL / NURSE PRACTITIONER INVOLVED IN COMPLETION OF THIS CARE PLAN

Name:	Registration number:
Contact phone number:	Email address:
Signature:	Date:

CONSENT TO AND ACKNOWLEDGEMENT OF THIS CARE PLAN

Name (patient or NOK):

Signature:	Date:
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