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 created collaboratively by the patient, their family/whānau/caregiver, and their healthcare provider, ensuring it reflects both the patient's wishes and clinical judgement. Comfort-focused interventions and end-of-life medications should be included (and are usually stored in the patient's home) and documented on the **Anticipatory Prescribed Palliative Care Orders (APO) form**, which must accompany the APCAP.

To activate the plan during an ambulance service call out, the APCAP form must be fully completed and the patient's NHI and address flagged in the Ambulance 111 Communications System. Without this alert, appropriate ambulance response may be delayed.

The APCAP should be stored electronically with the primary care provider, while the original stays with the patient—ideally in an accessible place like 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 Doctor or Nurse Practitioner.
2. All sections must be completed and legible.
3. *The completed APCAP must be sent to The NTH Clinical Administration Team (clinical@nelsonhospice.org.nz) for lodging of an Address Alert with Hato Hone St John.*
4. A copy of the completed APCAP should be stored electronically by the patient's palliative care service (i.e., NTH or District Nursing Led Primary Palliative Care Team) or primary health care team (i.e., GP Practice)
5. The care plan must be reviewed by the palliative care provider every three months from date signed to ensure all information is still relevant and appropriate.
6. The form in the home/place of residence must be the most up to date version.
7. Anticipatory palliative care medications (APOs) prescribed alongside the APCAP should generally follow **Te Ara Whakapiri End of Life Pathway Guidelines** or be prescribed in consultation with a palliative care specialist. For guidance on medication prescribing in palliative care, contact NTH on 03 546 3950 or see the Last Days of Life guidance on https://nm.communityhealthpathways.org

FOR HATO HONE ST JOHN STAFF:

Activation of the APCAP

1. If you need clinical advice, please phone NTH on 03 546 3950 and ask to speak to a Nurse or Doctor, this support is available 24/7.
2. **Hato Hone St John staff are required to contact NTH if this plan has been utilised to ensure appropriate follow-up support is arranged by the patient's palliative care service.**
3. Hato Hone St John staff must provide NTH staff with the Ambulance Care Summary Access Code to ensure they can access the care report and forward this to the appropriate palliative care service.
4. 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).
5. 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: **NHI:** **Address:** **Phone number:**	**DOB:** **Ethnicity:** **Language:** **Interpreter required: Yes □ No □**
Relevant Care Planning Documents: (note where they are located)	
Advance Care Plan? Yes □ No □ **Advanced Directive? Yes □ No □** **Acute Plan in HCS? Yes □ No □**	**Anticipatory Prescribed Palliative Care Medications (APOs) stored in the home? Yes □ No □**

CLINICAL HISTORY

Summary of relevant information including diagnosis:

CLINICAL RECOMMENDATIONS FOR URGENT CARE AND TREATMENT

Strike out inappropriate goals of care (below)

PRIORITISE EXTENDING LIFE	BALANCE EXTENDING LIFE WITH COMFORT & VALUED OUTCOMES	PRIORITISE COMFORT

In the event of acute deterioration, the following interventions may be appropriate:

□ Intravenous antibiotics □ Oral 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, the patient is: NOT FOR CPR □

Rationale for withholding CPR:

□ Withholding CPR is in line with the goals of care and/or

□ 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 the 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:**

DETAILS OF DOCTOR / NURSE PRACTITIONER INVOLVED IN COMPLETION OF THIS CARE PLAN

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

The patient or activated EPOA has been involved in the completion of this care plan: Yes □ No □