



Queensland
Government

Acute Resuscitation Plan Cover Sheet

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A copy of this patient's Acute Resuscitation Plan is attached

This Cover Sheet accompanies a copy of a patient's ACTIVE Acute Resuscitation Plan (ARP) form (for use during transit, at another healthcare facility or while receiving community care services (e.g. in the family home)).

If a patient has a valid Advance Health Directive, this can be referred to for additional information

For Queensland Health (QH) Facilities

On admission, it is good medical practice to assess the patient and review their active ARP form.

An ARP form may be active:

- for this admission/attendance
- until a specified date (within 12 months)
- for 12 months (from the date the ARP form was signed).

It is the responsibility of all health facilities in receipt of the patient's active ARP form to:

1. Verify that the ARP form is: active, applicable to the patient's current situation, correctly completed; and
2. Verify that the consent details documented on the ARP form are current; and
3. Ensure the ARP form is prominently stored/located in the patient's medical record.

If the ARP form is lapsed, uncertain or voided, a new ARP form must be completed for the patient, if resuscitation planning is appropriate.

The treating medical practitioner at the receiving facility may, at their discretion:

1. Contact the previous authorising medical practitioner/treating team where the original ARP form was completed to assist with confirming the clinical validity of the existing ARP; and/or
2. Complete a new ARP form and/or void the copy received, and
3. Document and communicate all actions and decisions meticulously. Documentation and communication of change and the existence of the active ARP form to those involved in the patient's care is required. Good medical practice requires appropriate and thorough documentation of decision making involving life-sustaining measures. If completed appropriately, an ARP provides a systematic way to record decision-making and can therefore fulfil evidentiary requirements of discussions about consent.

For Queensland Ambulance Services (QAS)

- An active ARP form provides clinical authority for all QAS paramedics to follow the Resuscitation Management Plan in an emergency.
- Information on the ARP form will assist QAS paramedics to determine if a lawful direction to withhold or withdraw LSM is appropriate.
- Where the ARP is lapsed, uncertain, voided or active only for the current admission/attendance, QAS paramedics must exercise clinical judgement about following the Resuscitation Management Plan and refer to clinical practice guidance material. Actions must be thoroughly documented.

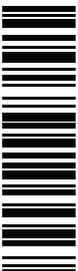
For non - Queensland Health Facilities

The QH ARP form has been developed as a clinical support tool for use in 'public sector health services' and 'public sector health facilities' as defined by the Hospital and Health Boards Act 2011 (Qld). The ARP form includes references to legal considerations, policies, indemnities, procedures and conditions of use which may apply only to usage in 'public sector health services' and 'public sector health facilities'.

For usage in other services and facilities, these considerations may not apply and/or other considerations may apply, for which independent legal advice or other professional advice is recommended. While usage of the ARP form by other services and facilities is authorised by Queensland Health, it is the responsibility of medical practitioners and other health professionals completing the ARP form or using a completed ARP form, without limitation, to independently and adequately satisfy themselves of all relevant matters to the standards applicable at law. To the fullest extent permissible by law, Queensland Health excludes all warranties, representations and liability in relation to the use of this ARP form.

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v1.00 - 12/2019



SW065C

ACUTE RESUSCITATION PLAN COVER SHEET



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URN:

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Acute Resuscitation Plan Form - Information Sheet

General

- The ARP form applies to adult patients only. (Patients <18 have a Paediatric Acute Resuscitation Plan (PARP)).
- The ARP is a Queensland Health statewide form and replaces 'not for resuscitation' (NFR) orders.
- In very limited circumstances (e.g. in remote communities), it may be appropriate for a more junior medical practitioner or other health professional to complete the form. In these circumstances, the ARP form must be authorised by the most senior medical practitioner available (by phone, fax or email). Details of the authorising medical practitioner must be recorded on the ARP form. Note that this carries an element of risk.
- The ARP form should be completed where it can be reasonably expected that an adult patient may experience an acute deterioration in the foreseeable future (see the ARP Quick Guide for more information).
- There must be only one ACTIVE ARP form per patient. The ACTIVE ARP form must be filed prominently at the front of the patient's medical record. Voided or lapsed ARPs must be retained in a different part of the medical record, as per local practice.
- The ARP form provides clinical authority to act on the instructions on the form when the medical practitioner who signed or authorised the ARP form is not available.
- If major changes are required to the form, it is revoked or has lapsed, it must be voided by a medical practitioner and a new ARP form completed if resuscitation planning is appropriate. To void an ARP form, draw two lines diagonally across the front and back pages, write "VOID" between the lines and sign and date this notation.

Legal considerations

- An ARP form is NOT a consent form; it documents the decision-making pathway around life-sustaining measures, as required by law (s.63A(3), s66B(2) *Guardianship and Administration Act 2000*).
- The ARP is NOT a legal document, but has legal effect forming evidence of decision-making when life-sustaining measures (LSMs) are withheld and/or withdrawn. In this way the ARP form is different from a patient's Advance Health Directive (AHD). An AHD is a legal document formalising the patient's directions/consent regarding LSMs and activates only when the patient lacks capacity for decision-making.

Patients with capacity

- Where a patient has capacity to make health care decisions, the patient's consent must be obtained to withhold or withdraw LSMs.
- A patient with capacity is entitled to refuse any or all medical treatments, even if this results in their death or would cause it to happen sooner. The authorising medical practitioner should ensure the patient has received adequate information about the nature and effect of the proposed medical treatment.

Patients with impaired capacity

- Queensland's legislation requires that all decisions about withholding and/or withdrawing medical treatment from adults who lack capacity, are in accordance with 'good medical practice'.
- In meeting the standards of good medical practice, medical practitioners are under no legal or ethical obligation to initiate treatments known to be ineffective, nor to continue treatments that have become ineffective (i.e. futile). Good medical practice also involves ethical considerations and obtaining appropriate consent.
- Medical treatment should never be withheld merely on the grounds that it is easier to withhold treatment than to withdraw treatment which has been initiated.
- Consent must always be obtained to withhold or withdraw artificial hydration and/or nutrition, even in acute emergency situations.

Emergency situations

- Emergency situations are characterised by the need for urgent decisions to maintain the life and health of a patient.
- In providing life-sustaining medical treatment to a patient without capacity, the legislation recognises that it is not always practical to obtain consent in urgent health care situations.
- While all reasonable efforts to obtain consent should be made, in some emergency situations it may be inappropriate to continue to maintain life while attempts are made to obtain consent to withhold or withdraw treatment.
- In acute emergency situations, consent is generally not required to withhold or withdraw life-sustaining medical treatment (with the exception of artificial hydration and/or nutrition).
- Life-sustaining medical treatment may not be withheld or withdrawn without consent, even in an acute emergency, if the medical practitioner knows the patient has objected to the withholding or withdrawal of treatment (that is, the patient asked the medical practitioner to prolong their life before losing capacity).

For more information, visit: www.clinicalexcellence.qld.gov.au/resources/ARP

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