Temporary Hospital version.	Valid for two weeks, until date:
	ription chart for this to remain valid.
Signed:	GP/ NP (please circle) date:
\mathbf{N}	Iy 'Just in Case' Plan
Name: Address: Phone Number: DOB: NHI: Ethnicity: Preferred language:	NOK: NOK contact: EPOA health activated: Yes/ No EPOA name: EPOA contact details: GP/ NP name: GP/ NP contact:
Long Term Classifications: attach re	ecord as desired
Regular/Recent Medications attach	as desired
Rongoā (traditional Māori medicine)), and/or other non-prescribed meds:
Diagnosis: attach as desired	
Under Specialist care: Yes /No Known to Hospice: Yes/ No Other service providers: Advance Care Plan completed: Yes Serious Illness Conversation record	Named consultant: Named nurse: s/ No attach as desired d completed: Yes/ No attach as desired
Please co	mplete all sections below with the patient:
Here is a summary of my wishes whi	ich may be subject to change:
Antibiotic use	ted with antibiotics (specify route as appropriate) Yes/ No
Transport	
If I am seriously unwell, I want to be to Specific wishes e.g., where I would li	
Anything else I want others to know	about me: e.g., what my life has been about, my spiritual/ wairuatanga needs
Any additional notes:	
I consent to my information being use This information will be treated sensit	ed for audit and improvement purposes. tively and kept confidential Yes/No
Patient Signature:	Date:
Health Professional name (print):	Designation:
Signature:	Date:
Plan to review Action Plan: As	required or Month:
Please keep this (& your other hea	alth records) in a yellow folder (recognised by ambulance staff).

Put the folder above your fridge (or leave instructions on where to find it on your fridge).

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For patient/whanau/caregivers What to expect and what steps to take:

(the GP team will run through this plan with you & add info as appropriate)

What to expect:

It can be difficult to predict what will happen with your health, but it is possible you <u>could</u> become unwell quickly.

It is important that you & your family prepare for that possibility.

Some signs to look out for include:

Increasing weakness, sleeping more, eating & drinking less, not interested in getting out of bed, less interested in surroundings.



Other signs more specific to your condition:

What steps to take:

When a <u>change in condition</u> happens, sudden or gradual, and you are concerned:

Call your GP Practice

- A consult or home-visit may be available through your GP team.
- If you are in an Aged Care Facility, the Registered Nurse can assess first.
- After 5pm weekdays and 9am-9pm weekends/public holidays, a home-visit may be available through Accident & Healthcare (07 577 0010).
- Out of hours or as necessary an ambulance can be called.

The assessment will determine whether:

- there may be a reversible cause OR
- it is indeed part of the end-of-life process

Management plans:



Management Plans attach as desired



Other information or symptom management specific to this patient:

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Ambulance personnel directive

Please assess and manage as per below:

- 1). Discuss needs with the General Practice team if possible.
- 2). If known to Waipuna Hospice, contact them (day or night) for discussion on 07 552 4380.

If patient's presentation relates to the end-of-life process:

- 1). Provide comfort and relief of symptoms (e.g., agitation, pain, anxiety, shortness of breath). Administer anticipatory medications as per GP prescription
 If symptoms are relieved, patient/whanau could be left at home with a 'leave at home' plan.
 A repeat visit could be made for symptom relief, if feasible/appropriate.
- 2). Review patient's wishes with regards to interventions that would prolong the process of dying (e.g., assisted respiration, IV fluid or CPR)

If patient's presentation is unrelated to end-of-life process:

For a new assessment (+/- diagnostics), please call the GP/ After-hours clinic. Take to hospital if necessary.

1	Additional notes:



WBOP PHO

The following subcutaneous medications are to keep the person as comfortable as possible in the event of deterioration or last days of life. Additional medications can also be added as part of anticipatory care management.

N.B.: This is not a standing order. It is a legal prescription only if the drugs are signed by a registered prescriber.

lame:	NHI Number:	
ddress:	Patient weight:	kg CrCl/ eGFR:
Date of Birth: / /	DRUG ALLERGIES	REACTION
בו בומכוכה.		

DOCT	OR'S PR	DOCTOR'S PRESCRIPTION				L	
Date	Route	Drug	Dose	Frequency & indication	Stop/review date	Signature (& print name)	GP/ NP countersign
	S/C	Morphine*	2.5-5mg	Q 1 hour prn for pain		"No langer c	*No longer carried on ambulance, must be dispensed to patient
	S/C	Fentanyl**	10-25 mcg	Q 1 hour prn for pain		aow ji 🚓	** if morphine not available, use this, if signed by prescriber
	S/C	Haloperidol	0.5-1 mg	Q 2-4 hrly prn for nausea or agitation			
	S/C	Hyoscine Butylbromide	20 mg	Q 3-4 hrly prn for respiratory tract secretions			
	s/c	Midazolam	2.5-5 mg	Q 1 hour prn for terminal restlessness			
	IM	Adrenaline	0.5mg	Q 3-5 mins prn for anaphylaxis			



Just in Case Medication Prescription Record

NHI Number:	DRUG ALLERGIES REACTION		RECORD OF MEDICATION GIVEN BY NURSE/AMBULANCE OFFICER/OTHER	Drug & Route Dose Signature (& print name)						
			DICATION GIVEN BY NURSE/AN	Drug & Route						
Name:	Date of Birth:	GP Practice:	ECORD OF MED	Date Time						



Please note: This is not a standing order. It is a legal prescription only if the drugs are signed by a registered prescriber.	Prescription Chart (2 of 2) Only use if other prescription chart has been filled	WBOP PHO Wown Pu of Plemy Wearn Holds Cygnisidion	
Name:	NHI Number:		
Address:	Patient weight:	kg CrCl or eGFR:	7
Date of Birth://	DRUG ALLERGIES	REACTION	
GP Practice:			

	iame)						
	Signature (& print name)						
	Stop/review date						
	Frequency & indication						
	Dose						
7	Drug						
PRESCRIPTION	Route						
PRESC	Date						

For up-to-date advice on palliative and end-of-life medications see the NZ Formulary nzf.org.nz

Specific links:

Opioid analgesics e.g., Morphine and Fentanyl

see https://nzf.org.nz/nzf 70669

Haloperidol

See https://nzf.org.nz/nzf 2131

Hyoscine butylbromide

See https://nzf.org.nz/nzf 713

Midazolam

See https://nzf.org.nz/nzf 70681?searchterm=midazolam

Please note: In palliative care, a benefit versus risk assessment should be applied to all cautions and contra-indications when making decisions.