

# 7-Step Acute Resuscitation Plan Pathway

Fact sheet for Queensland Health clinicians

## What is an Acute Resuscitation Plan (ARP)?

An Acute Resuscitation Plan (ARP) is a medical order initiated and completed by a medical officer through the completion of the ARP form SW065 *Acute Resuscitation Plan*. The ARP form is intended to prompt medical officer discussion with patients and/or their substitute decision maker(s) about resuscitation planning in the event of an acute emergency, such as cardiac or respiratory arrest. The form is authorised by the most senior medical practitioner available and provides information about:

- consistent documentation of decisions to withhold or withdraw life-sustaining measures (LSM), including cardiopulmonary resuscitation (CPR) and assisted ventilation, and
- clinical authority for attending clinical teams to act in acute emergency situations, and
- treatment that is available and recommended.

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 (this can be done by phone, fax or email).

An ARP form should be reviewed clinically for its applicability and appropriateness at each admission, or every 12 months—whichever is sooner—to ensure it remains relevant and clinically appropriate.

Find more information about the ARP, including how to order the forms for your organisation, at: [www.clinicalexcellence.qld.gov.au/resources/ARP](http://www.clinicalexcellence.qld.gov.au/resources/ARP)

## In an emergency, good medical practice and clinical judgement must always prevail

Good medical practice includes obtaining consent; and appropriate, thorough documentation of all stages of decision-making involving life-sustaining measures, with the clinician being prepared to stand behind their decision/s.

If completed appropriately, an ARP provides a systematic way to record decision-making and can therefore fulfil evidentiary requirements of discussions about consent.

## Where can ARPs be used?

ARPs can be used in any health setting in Queensland, including but not limited to:

- public sector health services and facilities
- private health services and facilities
- residential aged care facilities
- general practice and primary care
- a patient's home.

## 7-Step Acute Resuscitation Plan Pathway

The 7-Step Acute Resuscitation Plan Pathway is a step-by-step process to assist clinicians to make decisions about resuscitation and other life-sustaining treatment, and to develop and document the patient's clinical plan on their ARP form.

A standardised trigger system is to be used to identify a person who may be at or approaching the end of life and who may benefit from an ARP.

# 7-Step Acute Resuscitation Plan Pathway

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## STEP 1 - Review

- It is good medical practice to **review** the copy of a patient's ARP form to ensure it is valid, applicable to the patient's current situation, complete; and the consent details are current
- If the ARP copy is lapsed, no longer relevant or voided, a new ARP form must be completed for the patient, if resuscitation planning is appropriate.

## STEP 2 - Identify

- Triggers that assist to **identify** a person may benefit from an ARP or advance care planning:
  - the "surprise question" – would you be surprised if the person were to die in the next year?
  - the person is experiencing symptoms and signs that indicate declining general health
  - the person is experiencing indicators of decline related to their specific disease or conditions
  - the person reaches or experiences a significant milestone e.g. advancing age (i.e. aged >65 years or older, or >55 years if an Aboriginal or Torres Strait Islander person), retirement, bereavement, admission to community or aged care facility
  - the person, substitute decision-maker(s) and family members and / or carers raises resuscitation planning with a health professional.

## STEP 3 - Assess

- Make a full clinical **assessment** of the patient, considering options and uncertainties for future treatment
- **Assess** the patient's capacity to participate in discussions
- Review existing advance care planning documentation

## STEP 4 - Discuss

- **Discuss** the patient's condition, goals of care, prognosis, and uncertainties about treatment with the patient and / or their substitute decision-maker
- **Discussions** should address the person's priorities and goals for life / healthcare (e.g. comfort, symptom relief, function, length of life), in alignment with their values to define quality of life
- If there is disagreement with the resuscitation management plan, all efforts should be made to resolve the situation (see ARP Quick Guide attached to the ARP form for more information). If dispute resolution attempts are unsuccessful, contact the Office of the Public Guardian.

## STEP 5 - Document

- **Document** the clinical plan about resuscitation / life-sustaining measures on the ARP.
- Give a copy of the ARP form to the patient; file the original on the patient's health information record.
- Use systems (i.e. electronic flags) to ensure the ARP form can be easily located by health professionals in the event of an acute emergency.
- Support and encourage patients to **document** outcomes from advance care planning discussions on forms (e.g. Statement of Choices, Advance Health Directive, Enduring Power of Attorney forms) with their substitute decision-maker(s) and family members and / or carers.

## STEP 6 - Implement

- Take practical steps to **implement** the ARP and to act on the instructions on the form, adhering to good medical practice standards.

## STEP 7 - Support

- Offer informational, practical, emotional, cultural and spiritual **support** throughout the process to the patient, substitute decision-maker(s) and family members and / or carers.
- Seek **support** for yourself and / or other health professionals to enable reflection and continual learning.