

Acute Resuscitation Plan

FAQ for doctors

In November 2019, an amended Acute Resuscitation Plan (ARP v6.0) for adult patients aged 18 years and over was released for use. To support implementation of this document, the following information about the key changes to the ARP and related frequently asked questions (FAQ) have been developed.

1. The timespan an ARP can remain active has changed

An ARP form can remain active:

- For this admission/attendance
- Until date (not longer than 12 months)
- For 12 months.

FAQ	
Do previous versions of the ARP have a time limit?	Yes. Although not stated on previous ARP versions, in keeping with the Queensland Health (QH) informed consent guidelines and alignment with the ARP v6.0, all versions of the ARP can only remain current for up to a maximum of 12 months. An ARP must be voided when it is identified the timespan it is to be active has expired.
When should an ARP be reviewed?	A patient's ARP should be reviewed by the most senior registered medical practitioner: <ul style="list-style-type: none"> • when the patient presents to a QH service with an ARP form (original or copy) that was completed in either a non-QH facility or another QH facility • on admission to a QH service • following an attendance by Queensland Ambulance Service (QAS) • if the patient regains capacity for decision-making, changes their preferences for resuscitation, has changes to personal circumstances (e.g. a different substitute decision-maker), health status or nature of intended health care or outcome. This could include surgical interventions, which should be discussed with the relevant surgeon/anaesthetist.
What if the reviewed ARP is expired or no longer applies?	The ARP form must be voided should it be expired or no longer apply. If the ARP form is lapsed, uncertain or voided, the treating medical practitioner at the receiving facility may, at their discretion: <ul style="list-style-type: none"> • contact the previous authorising medical practitioner where the original ARP form was completed to assist with confirming the clinical validity of the existing ARP; and/or • complete a new ARP form • void the copy received. A new ARP form must be completed with the patient/substitute decision-maker if the medical practitioner identifies that resuscitation needs have changed. Documentation and communication of changes and the existence of a new active ARP form to those involved in the patient's care is required.
Can previous versions of the ARP continue to be used?	Yes. Health services and facilities may have the previous version as stock on hand. The destruction of previous versions of ARP forms held within a Hospital and Health Service is an operational decision. However, the use of the current ARP version should be encouraged.

2. The ARP can now be used by non-Queensland Health (QH) services

While non-QH organisations can now use the ARP form its usage is subject to that service's policies and procedures. A disclaimer has been added at the beginning of the ARP form—as an alert to non-QH services/facilities.

FAQ	
<p>What if I receive an ARP form that was completed in a non-QH facility or another QH facility?</p>	<p>In this situation, the most senior registered medical practitioner should review the ARP to check that it is active, applicable to the patient's current situation and correctly completed. This review process involves:</p> <ul style="list-style-type: none"> • discussion with the patient/substitute decision-maker • documenting the outcomes of the ARP review in the patient's medical record/progress notes • voiding the ARP if it no longer applies • completion of a new ARP if it is appropriate. <p>If the ARP form is lapsed, not fully completed, signed or authorised, or there is dissent about the Resuscitation management plan, and decisions are required urgently (i.e. there is no time to complete a new ARP form), attending clinicians must exercise their clinical judgement based in accordance with good medical practice. This will require documentation in medical records as per s63 and s63a of the <i>Guardianship and Administration Act 2000</i>.</p> <p>In an emergency, good medical practice standards and clinical judgement must always prevail.</p>
<p>When my patient is transferred / discharged, should their active ARP accompany them?</p>	<p>Yes. Documentation and communication of changes and the existence of an active ARP form to those involved in the patient's care is required.</p> <p>When a patient is transferred between health services and facilities (or home), a copy of their active ARP form and an ARP Cover Sheet must accompany them (for use during transit, at another healthcare facility or while receiving QH community care services [e.g. in the family home]).</p> <p>ARP Cover Sheets can be downloaded from: clinicalexcellence.qld.gov.au/resources/ARP</p> <p>Patients and their families should be supported to keep a copy of their current ARP form to be used in the event of an acute deterioration. This includes people being cared for at home. A Care Alert Kit can be used to store the copy of the ARP. The patient and their family should be encouraged to present the ARP to Queensland Ambulance Service if they are called.</p> <p>It is recommended the patient's GP receive a copy of the patient's ARP form for their records.</p>

3. What else has changed in the ARP v6.0?

Edits have occurred in the ARP Quick Guide and there is space:

- for a patient label sticker on page two of the ARP form
- to record the *Practice/facility name* and *Role and qualification* of the medical practitioner/health professional completing the ARP in Section 6 Clinician authorisation.

4. Where can I find more information?

Visit www.clinicalexcellence.qld.gov.au/resources/ARP for more information and resources.