What is an Acute Resuscitation Plan (ARP)?

An ARP is a medical order initiated and completed by a medical officer through the completion of the ARP form SW065 Acute Resuscitation Plan. The form is authorised by the most senior medical practitioner available.

An ARP provides:

- consistent documentation of decisions to withhold or withdraw life-sustaining measures, 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 is recommended.

What has changed?

In 2019, the Queensland Health Director-General authorised the use of the ARP in services and facilities that are not public sector health services or public sector health facilities as defined by the Hospital and Health Boards Act 2011 (Qld).

As of November 2019, an ARP can now 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 and disability facilities
- general practice and primary care
- the patient’s home.

There have been several minor changes to the form to reflect that this form is now available for use outside of Queensland Health. These include:

- a disclaimer added at the beginning of the ARP form
- a patient label sticker on page two of the ARP form
- the Office of the Public Guardian phone number removed from ‘Section 5 – Consenting details’ at the Office of the Public Guardian’s request
- Practice / facility name and Role and qualification added to ‘Section 6 – Clinician authorisation’
- minor edits for clarity and brevity in the ARP Quick Guide.

Where can I find more information?

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

- 7-Step Acute Resuscitation Plan Pathway fact sheet
- End-of-life care: Guidelines for decision-making about withholding and withdrawing life-sustaining measures from adult patients which provide:
  - policy position and guiding principles
  - the legislative framework and consent
- clinical and ethical considerations
- best practice communication and dispute resolution.
- Flowcharts for providing healthcare and withholding/withdrawing life-sustaining measures
- Life-sustaining measures and legal considerations fact sheet.
What are my responsibilities?
The ARP form is to be reviewed or completed ideally by a senior registered medical practitioner at the earliest and most appropriate opportunity on admission to a facility or service.

For patients with an existing ARP
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, or
• until a specified date (within 12 months), or
• 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.

Voiding the ARP form
If changes are required to the ARP form or the form is revoked or has lapsed, it must be marked as void under the authority of a medical practitioner. A medical practitioner is responsible for deciding whether a new ARP form is required.

To void the form, draw two lines diagonally across the front and back pages, write ‘VOID’ between the lines and sign and date this notation. Retain the voided ARP form in the patient’s medical record and file as per local practice.

Filing ARP forms
The active ARP form must be filed prominently at the front of the patient’s medical record. Voided ARP forms should be filed according to local Hospital and Health Service (HHS) processes.

Digital implications
ieMR: The ARP form is managed according to current existing local ieMR Business Processes.

The Viewer: The ARP form is not currently accessible on The Viewer. See the Advance care planning information sharing portal (ACP Tracker) (accessible on Queensland Health intranet only) for information about accessing advance care planning documents digitally.
How do I transfer a patient with an active ARP?

- A patient may be transferred between health services and facilities (or home) with a copy of their active ARP form and an ARP Cover Sheet. Download and print ARP Cover Sheets at: clinicalexcellence.qld.gov.au/resources/ARP

- 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.

- It is recommended the patient’s GP receive a copy of the patient’s ARP form for their records.

Can I act on resuscitation planning instructions written on a previous version of the ARP form?

Previous versions of the Queensland Health ARP form are in circulation. Patients’ resuscitation planning will be documented on current and previous versions of the ARP form.

Clinicians may act on the instructions in a patient’s active ARP form. This may be recorded on:

- the current ARP form (‘current version’ in this context refers to the ARP form available for use from November 2019 onwards, and may have been completed by a clinician inside or external to Queensland Health)

- previous versions of ARP forms (‘previous version’ in this context refers to the Queensland Health ARP form in use prior to November 2019, i.e. only used by public sector services and facilities).

It is important to note: the existence of a previous version of the ARP form on a patient’s file would not in any way effect its validity. Nor would completion of a previous version of the ARP form where a newer version exists. In an emergency, good medical practice standards and clinical judgement must always prevail. Clinicians may act on the instructions in a copy of the patient’s active ARP form (including previous versions of ARP forms, and forms that were completed in a non-Queensland Health facility) if there has been no time to complete a new ARP form.

My service does not have the current version of the form; can I use a previous version of the form?

Health services and facilities may have the previous version as stock on hand. The destruction of previous versions of ARP forms held within a HHS is an operational decision. However, the use of the current version should be encouraged.

Recognising patients at increased risk of deterioration and who may benefit from an ARP

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.

Triggers that suggest a person may benefit from an ARP:

- 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, family member or carer raises resuscitation planning with a health professional.

Find more information in the Queensland Health ACP Quick Guide, a multidisciplinary guide to identify those who may benefit from advance care planning or resuscitation planning.