



INSTRUCTION SHEET

Authorised Care Plan

NSW Ambulance Authorised Care Plans encompass Adult Palliative Care Plans, Paediatric Palliative Care Plans and Authorised Care Plans. It is the responsibility of the treating clinician to ensure all fields are completed prior to submission.

SUBMISSION OF AN AUTHORISED CARE PLAN

- The document may be completed electronically and saved utilising a PDF viewer (e.g. Adobe Reader).
- Completed forms may be submitted electronically via email: protocolp1@ambulance.nsw.gov.au or fax: (02) 9320 7380
- All fields are to be completed. If handwritten, all fields must be clear and legible.
- Address fields must be complete including post codes.
- Patients with an existing NSW Authorised Care Plan must have 'Existing Patient' checked in the patient details section of the plan.

ENDORSEMENT OF AUTHORISED CARE PLANS

- The treating clinician must approve all authorised care plans by signing the 'Clinician Details' section on page one.

ENDORSEMENT BY NSW AMBULANCE

- NSW Ambulance will review and endorse each completed application upon receipt.
- Patients will receive via post a copy of the completed endorsed plan and a covering letter. Please allow up to five business days for receipt.
- A copy of the completed endorsed plan will be forwarded to the treating clinician via fax or emailed in PDF format where a valid email address has been supplied.
- Incomplete forms may result in processing delays.

MEDICATION ADMINISTRATION

- NSW Ambulance paramedics may administer medications within their specific clinical scope of practice without additional authorisation. Note: not all clinical levels can administer the entire suite of pharmacology.
- Medications outside of the NSW Ambulance clinical pharmacological scope of practice must be available with the patient at all times to enable administration by NSW Ambulance paramedics in accordance with the instructions detailed on the patient's plan.
- The current list of medications available under the NSW Ambulance Clinical Pharmacology (as of July 2015) include: Adrenaline, Amiodarone*, Aspirin, Atropine*, Benzyl Penicillin, Calcium Gluconate*, Clopidogrel, Compound Sodium Lactate, Droperidol, Enoxaparin Sodium, Fentanyl, Fexofenadine, Frusemide, Glucagon, Glucose 10%, Glucose Gel, Glyceryl Trinitrate, Ibuprofen, Ipratropium Bromide, Ketamine*, Lignocaine*, Methoxyflurane, Metoclopramide, Midazolam, Morphine, Naloxone, Ondansetron, Oxygen, Paracetamol, Salbutamol, Sodium Bicarbonate*, Tenecteplase (*intensive care paramedics only).
- Unless specified otherwise, paramedics will administer medications in accordance with NSW Ambulance pharmacology.

ENDORSED CARE PLAN EXPIRATION

- All endorsed Authorised Care Plans will remain in effect for a period of 12 months from the date of endorsement unless a reduced review date is requested by the treating clinician.
- It is the responsibility of the treating clinician to review the plan and submit a new plan prior to the 12 month review date.
- In the event the endorsed plan is no longer required, a cancellation notification including the reason for the cancellation should be forwarded to NSW Ambulance via email: protocolP1@ambulance.nsw.gov.au.

Protocol P1 Authorised Care allows for patients to be treated outside of standard NSW Ambulance Protocols and Pharmacology.

Date of Application:

Review Date:

Trim number:

Document number:

Patient Name:	New patient	Existing patient
Surname:	Date of Birth:	
Given Names:	Male	Female
Address:		
Interpreter Required: Language	No Yes	Contact Number

MEDICAL DIAGNOSIS (PLEASE PRINT CLEARLY)

DIRECTIONS FOR CARE (PLEASE PRINT CLEARLY)

The following medications are to be administered by NSW Ambulance paramedics as directed. Please note: medications outside of the NSW Ambulance clinical scope of practice are required to be with the patient at all times.

Clinical Management Requested:

Medication	Dose/Route	Repeat times and intervals

CLINICIAN DETAILS (PLEASE PRINT CLEARLY)

Name:	
Provider number:	Contact Number:
Organisation/Practice Name and Address:	
Email:	Fax:
As the treating clinician, I authorise this Care Plan and by signing this form I authorise NSW Ambulance paramedics to implement the treatment options specified which have been discussed with the patient and consistent with their treatment requirements.	
Signature:	Date

NSW AMBULANCE USE ONLY

Endorsed by::	
Signature:	Date: