

PERSON-CENTRED AFTER HOURS ACTION PLAN

Resident name:

Preferred name:

Does this person identify as Aboriginal or Torres Strait Islander: Yes No

Date of birth:

Does this resident require an interpreter? Yes No

Important things to know about this resident
(e.g. cultural or religious):

Supply pharmacy and phone number:

Emergency contact and method of contact
(phone number/email):

Next of kin and type of relationship to resident:

GP name and phone number:

Medical treatment decision maker:

Method of contact or phone number:

Is there an Advanced Care Directive in place? Yes No

Is there a Medical Goals of Care protocol in place? Yes No

Is there a DNR in place? Yes No

Does this patient have cognitive capacity to make their own healthcare decisions? Yes No