**Resident After-Hours Plan – fillable template**

The resident after-hours quick guide is a suggestion of how you might summarise your after-hours plan for easy reference during an emergency. We encourage facilities to consider where this information should be kept for each resident, considering privacy and ease of access e.g., in a resident’s file. Please complete with the Resident/ and family/chosen family where possible to ensure this process is resident centred.

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| --- | --- | --- | --- | --- |
| My name is: | | My preferred name is: | | Date of birth: |
| Do you identify as Aboriginal or Torres Strait Islander? | | ☐Yes ☐ No | | |
| Important things to know about me (e.g. cultural or religious) | | | | |
| In an emergency, ensure I have the following things with me: | | | | |
| Do you require an English interpreter? Yes  No | | Language: | Interpreter contact: | |
| Do you need help to communicate? Yes  No | | Details: | | |
| After-hours GP/locum name: |  | Phone: | | |
| Available hours: | | Telehealth preferred: Yes ☐ No Email address: | | |
| Backup if GP not available: | VVED/healthdirect/name | Phone: | | |
| Available hours: | | Telehealth preferred: Yes ☐ No  Email address: | | |
| After-hours contact (If not GP): |  | Phone: | | |
| After-hours mental health contact: |  | Phone: | | |
| Supply pharmacy: |  | Phone: | | |
| Next of kin: | | After-hours phone: | | Relationship to me: |
| Medical treatment decision maker: | | After-hours phone: | | |
| Do you give consent to access Covid antivirals if needed? ☐Yes ☐ No | | | | |
| Is there an Advanced Care Directive in place? ☐Yes ☐ No Can be found: | | | | |
| Is there a Medical Goals of Care protocol in place? ☐Yes ☐ No Can be found: | | | | |
| Is there a DNR in place? ☐Yes ☐ No Can be found: | | | | |
| For hospital transfer if palliative? ☐Yes ☐ No | | | | |
| Linked with a specialist community palliative care provider? ☐Yes ☐ No Provider details: | | | | |