

Resident After-Hours Care 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.

My name is:

My preferred name is:

Date of birth:

Religious or spiritual views

Cultural / personal considerations:

Do you require an English interpreter? Yes No If yes, list language:

Do you identify as Aboriginal or Torres Strait Islander? Yes No

GP name:

GP phone number:

Local pharmacy:

Phone number:

After-hours Emergency contact name:

After-hours Emergency contact phone number:

After-hours contact (if not GP) and 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 (do not resuscitate) in place? Yes No

Do you have a Power of Attorney (POA) in place? Yes No

If yes: please list name, phone and POA type :

Do you need formal support to make decisions? Yes No

Who would you like us to call to help with decision making:

Allied health team:

Allied Health phone number:

Are there Fluid or texture prescriptions in place? Yes No

Describe prescriptions/ restrictions in place

Do you have allergies? Yes No

Allergy types:

What treatments do you require for your allergies?

Do you give consent to access Covid antivirals if needed? Yes No

Important things to know about me:

In an emergency, ensure I have the following things with me (e.g., hearing aids, dentures, phone, medications):