Arohanui HOSPICE

AMBULANCE SERVICE: PLEASE CONTACT AROHANUI HOSPICE FOR FURTHER ADVICE OR INFORMATION: 06 3566606

St John

AMBULANCE MANAGEMENT PLAN

Any ambulance dispatch afterhours will result in a nursing and/or medical review of the patient at the next possible opportunity

Patient Surname:	Bradma
First Names:	
GP Name:	GP Phone number:

Diagnosis		
Co-Morbidities	Allergies	
Interpreter required: ☐ No ☐ Yes Contact details:	Language	
Does the patient have an Advance Care Plan?	Yes	No

MEDICATION OPTIONS - The following treatment / medication options have been considered appropriate in consultation with the patient and/or family or EPOA. See overpage for further patient goals of care

INJECTABLE MEDICATION (name only) AVAILABLE AT HOME TO BE ADMINISTERED (AS PER MEDIMAP CHART) - If range of medications require adjusting please ring Arohanui Hospice

WHO TO CONTACT	**ENACTED EPOA**	☐ YES ☐ NO
Surname	First names:	
Address	Contact number	
Relationship:		

Name and signature of nurse/doctor completing form:	
Signature of patient / EPOA if appropriate	Date:

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PATIENT PARTICULAR GOALS OF CARE

What do we need to know about you to provide the best care?

(What other wishes does the patient have, including: CPR/ admission to hospital/ antibiotics/ remain at home/hospice preferences)

Signature of patient/EPOA