Person-centred after-hours action plan



The person-centred after-hours action plan is designed for easy reference during an emergency. Please complete with the resident/ and family/chosen family where possible to ensure this process is person-centred

Resident name:	Preferred name:
Does this person identify as Aboriginal or T	orres Strait Islander: Yes No
Date of birth:	
Important things to know about this reside	nt (eg cultural or religious):
In an emergency, ensure I have the following	ng things with me:
Does this resident require an interpreter?	☐ Yes ☐ No
Language: Inte	erpreter contact:
Does this resident need help to communication	ate No
Details:	
	Please turn over nage



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An Australian Government Initiative

After-hours GP/locum name and phone number:	
Available hours:	Telehealth preferred Yes No Email:
Backup if GP not available: VVE	D healthdirect Telehealth preferred Yes No
Available hours:	Email:
After-hours contact (if not GP) a	and phone number:
After-hours mental health conta	act:
Supply pharmacy and phone nu	mber:
Next of kin and type of relation	ship to resident:
After-hours contact for next of	kin:
Medical treatment decision mal	ker and after-hours contact:
Do you give consent to access (Covid antivirals if needed? Yes No
	ctive in place? Yes No Located:
	protocol in place? Yes No Located:
Is there a DNR in place? Ye	
For hospital tranfer if palliative?	
Is this patient linked with a com	munity palliative care provider? Yes No Provider:

