

**Temporary Hospital version. Valid for two weeks, until date: \_\_\_\_\_**

**GP or NP to sign here & prescription chart for this to remain valid.**

Signed: \_\_\_\_\_ GP/ NP (please circle) date: \_\_\_\_\_

## My 'Just in Case' Plan

Name: \_\_\_\_\_ NOK: \_\_\_\_\_  
Address: \_\_\_\_\_ NOK contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ EPOA health activated: Yes/ No  
DOB: \_\_\_\_\_ EPOA name: \_\_\_\_\_  
NHI: \_\_\_\_\_ EPOA contact details: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ GP/ NP name: \_\_\_\_\_  
Preferred language: \_\_\_\_\_ GP/ NP contact: \_\_\_\_\_

Long Term Classifications: [attach record as desired](#)

Regular/Recent Medications [attach as desired](#)

Rongoā (traditional Māori medicine), and/or other non-prescribed meds:

Diagnosis: [attach as desired](#)

Under Specialist care: Yes /No                      Named consultant:  
Known to Hospice: Yes/ No                      Named nurse:  
Other service providers:  
Advance Care Plan completed: Yes/ No [attach as desired](#)  
Serious Illness Conversation record completed: Yes/ No [attach as desired](#)

Please complete all sections below with the patient:

<b>Here is a summary of my wishes which may be subject to change:</b>
<b>Resuscitation Status</b> If my heart stops beating and/or I stop breathing, allow natural death    Yes/ No
<b>Antibiotic use</b> If I get an infection, I want to be treated with antibiotics (specify route as appropriate)    Yes/ No
<b>Transport</b> If I am seriously unwell, I want to be transported to hospital    Yes/ No
<b>Specific wishes e.g., where I would like to die</b>
<b>Anything else I want others to know about me:</b> e.g., what my life has been about, my spiritual/ wairuatanga needs
<b>Any additional notes:</b>

I consent to my information being used for audit and improvement purposes.  
This information will be treated sensitively and kept confidential    Yes/No

**Patient Signature:**

Health Professional name (print):

Signature:

**Date:**

Designation:

Date:

Plan to review Action Plan:    As required  or    Month: \_\_\_\_\_

**Please keep this (& your other health records) in a yellow folder (recognised by ambulance staff).  
Put the folder above your fridge (or leave instructions on where to find it on your fridge).**

## For patient/whanau/caregivers

### What to expect and what steps to take:

*(the GP team will run through this plan with you & add info as appropriate)*

#### What to expect:

It can be difficult to predict what will happen with your health,  
**but it is possible you could become unwell quickly.**  
It is important that you & your family prepare for that possibility.

#### Some signs to look out for include:

Increasing weakness, sleeping more, eating & drinking less, not interested in getting out of bed, less interested in surroundings.

Other signs more specific to **your condition:**



#### What steps to take:

When a change in condition happens, sudden or gradual, and you are concerned:

#### Call your GP Practice

- A consult or home-visit may be available through your GP team.
- If you are in an Aged Care Facility, the Registered Nurse can assess first.
- **After 5pm weekdays and 9am-9pm weekends/public holidays**, a home-visit may be available through Accident & Healthcare (07 577 0010).
- Out of hours or as necessary an ambulance can be called.

**The assessment will determine whether:**

- there may be a reversible cause OR
- it is indeed part of the end-of-life process

#### Management plans:



Management Plans [attach as desired](#)



Other information or symptom management specific to this patient:

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## Ambulance personnel directive

### Please assess and manage as per below:

- 1). Discuss needs with the General Practice team if possible.
- 2). If known to Waipuna Hospice, contact them (day or night) for discussion on 07 552 4380.

### **If patient's presentation relates to the end-of-life process:**

- 1). Provide comfort and relief of symptoms (e.g., agitation, pain, anxiety, shortness of breath). Administer anticipatory medications as per GP prescription  
If symptoms are relieved, patient/whanau could be left at home with a 'leave at home' plan.  
A repeat visit could be made for symptom relief, if feasible/appropriate.
- 2). Review patient's wishes with regards to interventions that would prolong the process of dying (e.g., assisted respiration, IV fluid or CPR)

### **If patient's presentation is unrelated to end-of-life process:**

For a new assessment (+/- diagnostics), please call the GP/ After-hours clinic. Take to hospital if necessary.

Additional notes:

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**For up-to-date advice  
on palliative and end-of-life medications  
see the NZ Formulary [nzf.org.nz](https://nzf.org.nz)**

Specific links:

**Opioid analgesics e.g., Morphine and Fentanyl**

see [https://nzf.org.nz/nzf\\_70669](https://nzf.org.nz/nzf_70669)

**Haloperidol**

See [https://nzf.org.nz/nzf\\_2131](https://nzf.org.nz/nzf_2131)

**Hyoscine butylbromide**

See [https://nzf.org.nz/nzf\\_713](https://nzf.org.nz/nzf_713)

**Midazolam**

See [https://nzf.org.nz/nzf\\_70681?searchterm=midazolam](https://nzf.org.nz/nzf_70681?searchterm=midazolam)

Please note: In palliative care, a benefit versus risk assessment should be applied to all cautions and contra-indications when making decisions.

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