


# How to Complete MR004 Resuscitation Plan and Discussion (Aug 2019)

Health Care Team decide which **Goal of Care** is appropriate – Select A, B or C.  
 Medical Officer ticks appropriate box in Section A, B or C.



Unit Record Number \_\_\_\_\_

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_

**Resuscitation Plan**

Brighton  Hopetoun  Malvern  Prahran

Check for previous MR004 Interpreter required  Yes  No  
 Complete either section A, B or C Discussion Pathway must also be completed - See over page

**A Goal of care: Curative with no limitations of treatment**

**Attempt CPR and life-sustaining treatment**

Additional comments (E.g. use of blood products):

\_\_\_\_\_

\_\_\_\_\_

**B Goal of care: Curative or restorative treatment with limitations**

**Attempt CPR**  **Do not attempt CPR**

Indicate which of the following interventions listed below are to be offered:

Code Blue	<input type="checkbox"/> No <input type="checkbox"/> Yes
Defibrillation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Met call (Brighton, Malvern only)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If altered MET criteria apply, document on MR177B)
Transfer to higher acuity facility	<input type="checkbox"/> No <input type="checkbox"/> Yes
ICU referral	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, consider
	- Dialysis <input type="checkbox"/> No <input type="checkbox"/> Yes
	- Inotropes <input type="checkbox"/> No <input type="checkbox"/> Yes
	- Intubation <input type="checkbox"/> No <input type="checkbox"/> Yes
	- NIV (Non Invasive Ventilation) <input type="checkbox"/> No <input type="checkbox"/> Yes

Additional comments (E.g. antibiotics, surgery or interventional radiology)

\_\_\_\_\_

\_\_\_\_\_

**C Goal of care: Palliative and supportive care only**

**Do not attempt CPR**

- Not for Code Blue
- Not for ICU
- Not for MET call, unless patient distressed or uncontrolled symptoms

Additional comments (Other therapies appropriate for symptom control, e.g. blood products)

\_\_\_\_\_

\_\_\_\_\_

**Palliative therapies must not be withheld including:**

- Medical procedures for relief of pain suffering and discomfort
- Reasonable provision of food and water (Palliative care does not mandate the provision of artificial nutrition or parenteral hydration)

Medical Officer to note any treatment procedures patient has refused (e.g. blood transfusion).

Medical Officer to note any treatment not listed, such as surgical intervention, that based on medical opinion or patient preferences, should not be used in an emergency.

Medical Officer to note specific symptom management, nutrition or hydration requirements, or other items of significance for the treating Health Care Team.

Sample Only  
 Not to be used in the Medical Record

