

Resident after-hours action plan

Resident name:

Preferred name:

Does this person identify as Aboriginal or Torres Strait Islander: ☐ Yes ☐ No

Date of birth:

Does this resident require an interpreter? ☐ Yes ☐ No

Important things to know about this resident (eg cultural or religious):

Supply pharmacy and phone number:

Emergency contact and method of contact (phone number/email):

Next of kin and type of relationship to resident:

GP name and phone number:

After-hours contact (if not GP) and phone number:

Medical treatment decision maker:

Method of contact / 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) directive in place? ☐ Yes ☐ No

Does this patient have cognitive capacity to make their own health care decisions? ☐ Yes ☐ No

