# Medical support checklist:

When a resident is unwell complete this before you call for external assistance



Introduction				
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Resident name:		Resident date of birth:		
Situation				
Main presenting proble	em:			
Background				
		for medical treatment preferences		
including location have access to the f	n of care (at home ve following information			
	edical conditions			
up to date family	y, GP and Medical Tre	atment Decision Maker contact details		
	cation chart including			
		d functional status (e.g. mobility, transfers)		
	ascime vical signs and	Transcional scacas (o.g. mobility, transfers)		
Assessment				
Record the resident's				
temperature	respiratory ra	other signs and symptoms		
		of concern		
blood pressure	oxygen satura	gtion		
Zioda proddio	oxygon sacure			
heart rate	conscious sta	ate		

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## Recommendation

#### Low to medium acuity conditions:

- Contact nurse on-duty and refer to GP/locum, after-hours service directory, if required
- Victorian Virtual ED (VVED) register online at vved.org.au (available 24-hours, 7-days)

## High acuity conditions:

• For immediate time-critical emergencies call Triple 000

# Palliative Care referral options:

• Palliative Care Advice Service (PCAS) 1800 360 000 (available 7am to 10pm, 7-days)

Notes			





