**Instructions for Emergency Letter**

Complete this with anyone who requires a palliative approach to care and has a medium risk of requiring urgent care.

The instructions can be modified with sections deleted (particularly if not under hospice) where not appropriate .Other comments can be added (e.g. appropriate for resuscitation/hospitalisation)

Prescribe the ampoules to be kept in the house as per the list given.

This is to be held as a hard copy, in a patient’s home, preferably in a yellow folder (sourced from stationery/supermarket) with other key information (advance care plan, medical records).

To be kept on top of fridge or in preferred place with yellow sticker on fridge indicating place kept (if acceptable to person).

Emergency Letter to inform health professionals

Date

Re: Patient’s name, address, DOB, NHI

**This letter is intended to provide guidance to Ambulance Personnel or other health professionals who are called to assist this person.**

The GP providing care is: insert name of GP and phone number.

Insert Patients Name is also receiving care from insert name of hospice and 24 hr contact no.

Patient’s name has named disease process and is now requiring a palliative approach to care

If an ambulance is called, patient’s name would wish for the following (modify if required):

* Appropriate measures aimed at comfort and relief of symptoms (for example relief of agitation, pain, anxiety, shortness of breath) but not measures that artificially prolong the process of dying (for example assisted respirations, IV fluid or CPR).
* The GP to be contacted if possible.
* To stay at home if possible unless the patient or family request admission and/or this is the only way that adequate relief of symptoms can be achieved.

If known to hospice and admission is required, insert name of hospice would be the first choice for admission, provided a bed is available and this is arranged by phone.

If not known to hospice and admission is required, contact GP, private oncologist or appropriate hospital team.

Option to delete the section below if no emergency medication provided

Patient’s name has been supplied with the following medication to be administered by a Paramedic, Registered Nurse or Doctor in the event of severe distress (which may be used in addition to other medicines that can be administered by ambulance personnel)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Dose:** (in mg, with appropriate ml dose in brackets after the mg) | **Route** | **Indication** | **Appropriate Repeat Intervals & instructions** e.g. q15min repeat twice then call doctor, e.g. once only |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Name of Doctor Issuing Letter:** **………………………………………………** | **Name of Patient or Representative:****………………………………………………..** |
| Signature of Doctor:……………………………… **Dated:** …../…../….. | Signature of Patient or Representative:……………………………… **Dated:** …../…../….. |

Cc: **Patients GP By Fax**