

After Hours Plan

Facility:

Address:

Residential Aged Care – Triaging Examples

| Urgent (Priority 1) Referral to local Emergency service - Emergency Dept, GP Access or ring ACE (where available) | Semi Urgent (priority 2) For GP Review within 24 hours |
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| Non Urgent To go on GP list for next rounds | Palliative Care |
| <ul style="list-style-type: none">• Chest pain• Shortness of breath• Fall with clinical concern• Bleeding• TIA/suspected CVA | <ul style="list-style-type: none">• Cellulitis• UTI• Conjunctivitis• Wound infection• Mild cough/chest infection• Behavioural issues/aggression |
| <ul style="list-style-type: none">• Forms• Chart updates• Notifications (bruises, falls without injury, skin tears etc.)• Rashes, swelling, wounds - (is there a local wound CNC/Nurse?)• Replacement patches• Discharge Summaries review - medication order from discharging MO can be changed by Pharmacy. Legal for 7 days post discharge | <ul style="list-style-type: none">• If a patient needs palliative care ensure current ACD has been discussed and the family have agreed upon and the goals of care.• Following this> send text to the DR/Nurse Practitioner to organise a time for a review/charting of meds• Contact for symptom management / assessment/ family concerns |

After Hours Plan

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| Incident or Clinical episode Priority 1 | <ul style="list-style-type: none"> • Notify clinician by agreed communication method. (This may include, INR, Medication, UTI/Cellulitis, Pain, EOL symptoms, Death) • Follow up email with details to clinician. • Place on next clinic list for follow up review at next clinic. |
| Incident or clinical episode Priority 2 | <ul style="list-style-type: none"> • Notify clinician by email with details requesting follow-up within 24-48hrs. (Includes: hospital discharge, family concerns) • Place on next clinic list for follow up review. |
| Incident or clinical episode Priority 3 | <ul style="list-style-type: none"> • Notify clinician by email. • Transfer to hospital if urgent assessment required or clinically deteriorating (chest pains, respiratory concerns, florid delirium, catastrophic fall > check goals of care) • Place on next clinic list for follow up review. |
| Palliative Care | <ul style="list-style-type: none"> • If a resident needs palliative care, ensure current ACD has been discussed and the family have agreed upon and the goals of care. • Following this> send text to the DR/Nurse Practitioner to organise a time for a review/charting of meds. |
| Falls Wounds | <ul style="list-style-type: none"> • Notify clinician by email • Attached completed assessment (FRAT) or Photo of wound /skin condition. • Put on next clinic list for follow up during clinic. |
| Behaviours | <ul style="list-style-type: none"> • Notify clinician by email. • Attach behaviour chart, triggers and strategies/medications used. • Put name on next clinic list for follow-up during clinic. |
| Clinical Indicators | <ul style="list-style-type: none"> • Text clinician if requested specifically (bowels, weight, vitals, BG L's hydration) • Otherwise> Email clinician • Put name on list next Clinic with data for follow up during clinic. |
| Admin Documents | <ul style="list-style-type: none"> • Email clinician with consent and details of any prospective new residents. • Email clinician with any RMMR, EPC requests, Admin/medication reviews. • Place name on clinic list as priority 3 for next available time. |
| Covid | <ul style="list-style-type: none"> • Email communication must include current observations and symptoms - BP, Pulse, RR, Temp, SATS • SATS below 94%- review immediately • RAT positive result> start anti-viral treatment regardless of whether they are symptomatic. • Increased rate of breathing • Baseline respiratory conditions • Family consent to antivirals/goals of care • Weight loss/appetite |

After Hours Plan

| National and Local Emergency Services | |
|---------------------------------------|--------|
| Ambulance/ Fire/ Police | 000 |
| SES | 132500 |
| Local police station | |
| Local ambulance station | |
| Local Fire station | |
| SES local station | |
| Local pharmacy | |
| | |
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| National 24-hour Supports | | |
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| Healthdirect Australia | 1800 022 222 | 24-hour GP support including Palliative Care |
| Dementia Support Australia | 1800 699 799 | 24-hour Support for Health Professionals |
| NSW Health Mental Health Line | 1800 011 511 | NSW Health's free 24/7 statewide phone service which links people with NSW Health mental health services. |
| Poisons Information Centre | 13 11 26 | 24/7 hotline for help on poisoning chemicals overdose plant mushroom bites and stings envenomation. |
| Australian Government Translating and Interpreting service (TIS) | 13 14 50 | Call and request an interpreter 24 hours a day, every day of the year. Free service. |

| Palliative Care | | |
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| 24/7 Palliative Care - Healthdirect helpline | 1800 022 222 | The Palliative Care After Hours Helpline shifted to the Healthdirect Helpline in March 2023. NSW residents in palliative care, along with their carers, families, and health professionals, can now use the Healthdirect Helpline for after-hours support. |
| Palliative Care in Far West NSW LHD | 132500 | After hours on-call services may be available by arrangement for patients registered with the specialist palliative care service. Specialist Palliative Care Teams and availability: |
| | | <ul style="list-style-type: none"> Broken Hill: 8am to 4pm, 7 days a week. Phone: (08) 8080 1333 Dareton: 8am to 4pm, Monday to Friday. Phone: (03) 5021 7200 ask for palliative care |
| | | https://www.nsw.gov.au/health/fwlhd/services/palliative-care |
| Palliative Care in Western NSW LHD | 1800 011 511 | In the afterhours contact the resident GP or the Afterhours GP Service in the first instance for palliative support |
| | | https://www.nsw.gov.au/health/wswlhd/services/palliative-care |