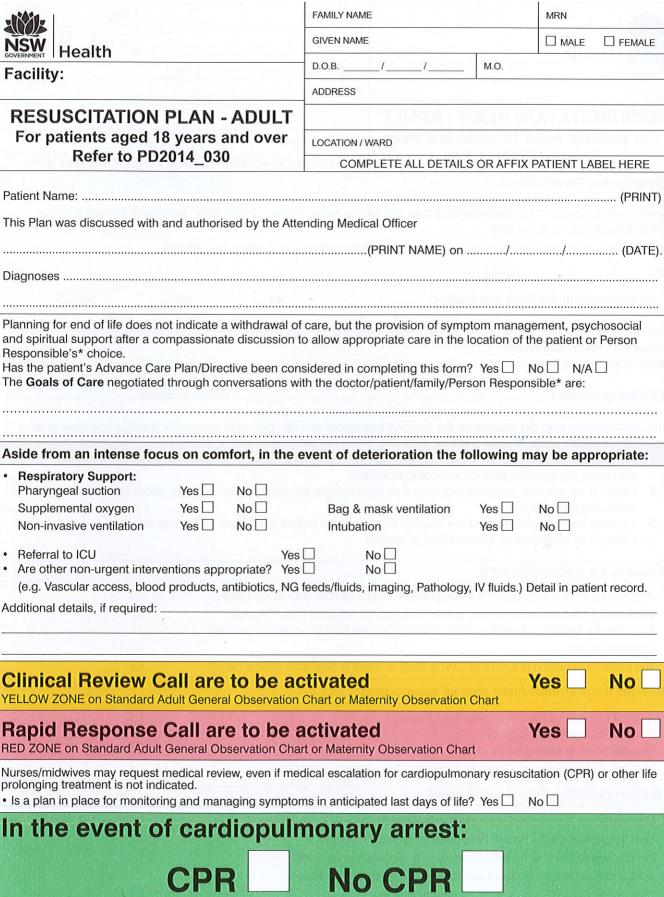
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(see rationale overleaf)

Delegated signatory Medical Officer (the AMO must authorise this decision)

PRINT NAME DESIGNATION TIME

PAGER/PHONE DATE SIGNATURE

Complete and sign both front and back pages. A copy must accompany the patient on all transfers & be included in discharge summary.

To revoke this Resuscitation Plan, rule a diagonal line through both sides. Print & sign your name & date on the line.

BINDING MARGIN - NO WRITING Holes Punched as per AS2828.1: 2012

Facility: Code		FAMILY NAME		MRN	
RESUSCITATION PLAN - ADULT For patients aged 18 years and over Refer to PD2014_030 Capacity and Participation: Capacity and Participation: Capacity and Participation: Coded practice involves consulting with the family. The patient and/or Person Responsible* have been advised they can revisit these decisions at any time. This Plan was discussed with the patient and/or Person Responsible* (circle which one applies) * An interpreter (if required) was present. * An interpreter (if required) was present. * Yes No N/A If no to any of the above, or the patient and/or Person Responsible* has not been involved in discussions, record details in the patient's health care record. Name of the Person Responsible* * The NSW Guardianship Act establishes the Person Responsible who can give valid consent for medical treatment to an incompetent patient sayed 16 years and over according to this hierarchy as: 1. The patient salvelly appointed guardian including an enduring quardian) but only if the order or instrument appointing the guardian extend sto medical treatment. 2. If there is no such person, a person who has the care of the patient (other than for fee and reward). 3. If there is no such person, a person who has the care of the patient (other than for fee and reward). 4. If there is no such person, a close friend or relative. **Rationale for withholding CPR: * Withholding CPR complies with the patient's applicable Advance Care Directive. * The patient's Enduring Quardian agrees that withholding CPR is consistent with the patient's withses. * The patient's Enduring fourfail an agree shat withholding CPR is consistent with the patient's withses. * The patient's Condition is such that CPR is likely to result in negligible clinical benefit. * This Resuscitation Plan remains valid: * Until a change in prognoses warrants medical review * Until the patient and/or Person Responsible* request a change. * For up to 3 months for frequent and routine admissions (e.g. dialysis) * Until a change in prognos	SW LLC SIND		☐ MALE ☐ FEMA		
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