



# Clinical Practice Procedures: Other/Ambulance Management Plan

<b>Policy code</b>	CPP_OT_AMP_0221
<b>Date</b>	February, 2021
<b>Purpose</b>	To ensure a consistent procedural approach to QAS Ambulance Management Plans.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
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<b>Review date</b>	February, 2024
<b>Information security</b>	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
<b>URL</b>	<a href="https://ambulance.qld.gov.au/clinical.html">https://ambulance.qld.gov.au/clinical.html</a>

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# Ambulance Management Plan

February, 2021

**Ambulance Management Plans (AMPs)** are QAS developed guidelines for individual patients with complex clinical and operational needs not directly addressed within the DCPM. The AMP provides clinically significant information regarding the patient, including details of their diagnosis and any pre-hospital treatment required.

The QAS requests that AMPs are kept by the patient or carer and provided to the attending paramedic crew on their arrival. The relevant OpCen will also have a copy of the plan. For OpCens using the virtual Clinical Deployment Supervisor, AMPs are available by contacting the Brisbane OpCen.

Examples of patients who may need AMPs are:

- Patients with Left Ventricular Assist Devices (LVADs)
- Patients who require home ventilation support

All QAS AMPs have a consistent format, an example template is provided on the following page.

## Indications

- Clinical management of patients with an approved QAS AMP.

## Contraindications

- Nil in this setting.

## Complications

- If there are any questions regarding the clinical management instructions provided by the AMP, the *QAS Clinical Consultation and Advice Line* must be contacted immediately.

## PROCEDURE

1. Assess and treat the patient in accordance with the existing clinical guidelines.
2. Confirm that the patient has an AMP that is relevant to the presenting complaint.
3. Treat the patient in accordance with the AMP instructions.

**Note:** When clinically appropriate patients should be transported to their usual treating hospital, as detailed on the AMP.

## Additional information

- In all cases where possible, transport the patient to their usual treating hospital as detailed on the AMP.
- Further information specific to AMPs is available by contacting [QAS.AMP@ambulance.qld.gov.au](mailto:QAS.AMP@ambulance.qld.gov.au)



# Ambulance Management Plan

246/20  
Version 2

Queensland Ambulance Service

Date of Issue: 12 June 2020

This document authorises QAS officers to undertake the specific management for the patient named only.

**Patient:** [REDACTED]  
[REDACTED]  
[REDACTED]

**DOB:** [REDACTED]

**History:** [REDACTED] is awaiting a heart transplant and has a HeartWare Left Ventricular Assist Device (LVAD) in situ. In the event of device failure, switching to the back-up controller will be required. This should be performed by the patient's carer, who is fully certified and therefore must accompany the patient at all times.

## Specific Instructions:

1. Mandatory Code 1 CCP backup, regardless of MPDS determinant.
2. QAS to treat based on clinical presentation - ie follow normal CPM protocols
3. If the patient is in a shockable rhythm, defibrillation and external cardiac compressions can be performed as per normal guidelines.
4. Telephone the on call Transplant Cardiologist via switchboard ([REDACTED]) at The Prince Charles Hospital for further advice, including destination advice.
5. Alarms on the LVAD have a written message. These alarms are summarised, laminated and kept with the patient.
6. Urgent transport to Caloundra Hospital if critical (with prenotification), or otherwise to The Prince Charles Hospital – **important to discuss destination with Transplant Cardiologist.**
7. Ensure that the [REDACTED] carer accompany the patient to The Prince Charles Hospital.