

**Appendix 4. Sample letter for ambulance transfer**

**Destination address:**

**Destination address in event of patient dying en route (*please detail whether the ambulance should continue to the home destination/ divert to the nearest hospital/ return to the original hospital*):**

**Date:**

Dear Advanced Paramedic / Paramedic / EMT,

Mr/ Ms (*please complete*) is being transported to the above address for the purpose of facilitating his/ her wish to die at home. Therefore, the focus of care is solely on palliation and cardiopulmonary resuscitation should not be attempted in the event of a cardiopulmonary arrest.

In the event of Mr/ Ms (*please complete*) dying while being transported home by ambulance, you should:

- Follow PHECC Clinical Practice Guidelines 5/6.4.8 and 4.4.8 (End of Life – DNR; 2017)
- Contact NAS Control to confirm geographic location at time of death.
- Inform NAS Control of intent to complete journey to destination, as per Rapid Discharge Planning Pathway.
- Transport the deceased patient to the destination address detailed above.
- Inform the family/carer sensitively at the destination that death has occurred (if family/carer have not accompanied the patient).
- Place the patient's remains in the bed prepared for receiving the patient.
- Request for NAS Control to contact the GP to verify the death (unless diverting to hospital destination in which case hospital doctor will verify death).
- Request for NAS Control to notify the PHN of the death (unless travelling to a residential care facility, in which case a Nurse Manager will contact GP/PHN).

**Requirements during transport:**

Mr/ Ms \_\_\_\_\_ requires the following to be present during the transport:

Syringe Driver: Yes / No (circle as appropriate)

Portable oxygen: Yes / No (circle as appropriate)

Family/friend present: Yes / No (circle as appropriate)

Other equipment/requirements: \_\_\_\_\_

Yours sincerely,

.....

Doctor.

MCRN