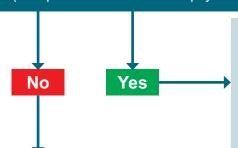
Can your patient consent to treatment?

1. Is treatment required urgently*?

* Treatment that is necessary, as a matter of urgency to save the person's life, or prevent serious damage to the person's health, or to prevent the patient from suffering pain or distress. (exception: does not include psychiatric treatment or sterilisation)

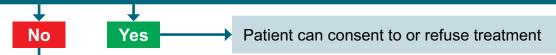


You may administer treatment unless aware of refusal of treatment in an Advance Health Directive (AHD) or Common Law Directive (CLD):

- Where practical seek support and signature from a secondary practitioner.
- Document the rationale clearly in the medical record.

2. Does the patient have capacity to make this decision? Can they:

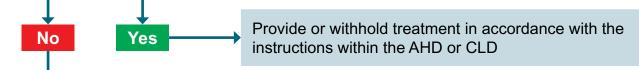
- Understand the information?
 (consider engaging with language services for CaLD, deaf and ATSI patients)
- Retain the information (even if only for a short time)?
- Use the information to make a decision?
- Communicate the decision (in any manner)?



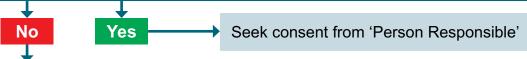
3. Can the decision be delayed until the patient regains decision-making capacity?



4. Does the patient have an AHD or CLD covering this decision?



5. Is there a 'Person Responsible' as per the WA Hierarchy of Treatment Decision-Makers, that is available and willing to make the decision?



6. Consider making an application to the State Administrative Tribunal

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