

Management Plan with Team Care Arrangements for patients with multidisciplinary care needs. To be conducted by the patient's usual GP

	GP prepares	GP Review	GP contributes
General Practice Management Plan	721	732	729
Team Care Arrangements	723	732	729
Aged Care Resident Care Plan			731

GP Management Plans (GPMP) and Team Care Arrangements (TCA) are a part of the Commonwealth Governments 2005 Enhanced Primary Care Package. Together they allow the use of the allied health and dental item numbers for approved providers. As a member of the care team I am forwarding a copy of the Management Plan and Team Care arrangements for your records. Could you please review these documents and write back with any comments on this plan and I will incorporate the changes into a new GPMP and TCA. If the plan is satisfactory please fax the plan back to our fax number below with your approval. Our practice's fax policies ensure patient privacy. I will review and update this plan at regular intervals and let you know of any changes in the plan. Please contact me if you have any questions about this patient or their care.

PATIENT DETAILS	MEDICAL PRACTITIONER DETAILS
<p>Patient's Name: Mr Donald Duck Date of Birth: 10 Sep 1900 Address: 20 Street Nunawading 3131 VIC Email: dduck@mail.com Mobile: Phone: 9896290000 Medicare Card No: 3416 00000 2 Healthcare Card No: 223344565789</p> <p>Contact details of carer if appropriate Name: Relationship: Contact Details:</p>	<p>Name: System Administrator Provider No: Email: Phone: 02 9690 8666 Address: Lisa's Surgery Level 1 Crescent Darlinghurst NSW 2010</p>

MANAGEMENT PLAN HISTORY AND OTHER CHECKS

<p>Home medication review within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Health assessment within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>GP Management Plan within last 2 years Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Team Care Arrangements Service within last 2 years Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>EPC referral to allied health providers Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Verbal consent to GP Management Plan and Team Care Arrangements and to provide a copy to relevant providers of care Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Advanced health directive has been Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>"My Health Record" has been prepared Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>This GPMP & TCA if required will be available in "My Health Record" Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If the patient eligible under Veterans Affairs. Please ensure this form is available on request from DVA

PROBLEM LIST Include medication list if appropriate as of

Medical Summary:

Asthma - Patient is allergic to smoke and dust

Comment:

Medication List:

Salbutamol sulfate 100 mcg/1 dose 200 doses (Airomir Autohaler Inhaler) Use three times a week

Comment:

Allergies and Intolerances:

20 Aug 2010 - Alcohol
09 Mar 2011 - Allergen extracts - Patient is allergic to dust and pollen

Comment:

Vaccinations:

Comment:

Patient consents to release of clinical details Yes No

MANAGEMENT PLAN GOALS and TEAM CARE ARRANGEMENTS IF REQUIRED

General Practice Management Plan

Fasting BSL Chol TG HDL UEC LFTS CK-
Urinalysis annually Yes No

Calculated creatinine clearance 15 Nov 2010
MG/DL :8

Consider annual FBC to exclude polycythaemia-
Consider annual ECG looking for evidence of pulmonary hypertension-

Consider annual spirometry-

Regular skin check recommended Yes No

Faecal occult blood test every 2 years recommended from 50
Regular Colonoscopy screening recommended Yes No

Pap Smear each 2 years to 18-70-
Mammogram each 2 years from 50 -70 (consider annually from 40 with a family history of breast cancer-

Regular PSA and rectal examination screening scheduled-

Inform of risks, uncertainties and benefits of annual PSA and rectal examination from 50-70 (From 40 with family history of prostate cancer < 60). Routine screening currently not recommended by RACGP or NHMRC.

Team Care Arrangements and frequency of review

General Practitioner each month -
General Practitioner each 3 months -
General Practitioner each 6 months -
General Practice Nurse each 12 months-

Pharmacist review monthly-
Promote understanding and appropriate use of medications-

Patient held updated medication list-
Home medicine review recommended Yes No

Consider Pulmonary Rehabilitation with multidisciplinary education and rehabilitation if available including:
Education about lung disease in a group setting

Confirmation of Diagnosis

Spirometry performed to confirm diagnosis Yes No

Specific goals

Target weight loss for the next 12 months of
<< >>

Blood Pressure target of << >>
Current blood pressure- Systolic :130
Diastolic :80
21 Aug 2010

Cholesterol from 45 with targets below 4.0 mmol/
Current Cholesterol- H - High
Value :5
mmol/l 17 Mar 2011

Target fasting BSL <5.5
Current fasting BSL-
Urinalysis normal Yes No

Vaccination to prevent Influenza and Pneumococcal disease
Consider Antiplatelet agents in patients with , or at high risk, of Coronary artery disease (CAD)-
Consider ACE inhibitors in patients with CAD or CCF-
Consider Beta-blockers in patients with CAD or CCF-
Consider Statins in patients with, or at high risk, of CAD-

Documentation of severity of COPD with spirometry-
Determination and documentation of reversibility and steroid responsiveness (esp if FEV1<1.6)-

Domiciliary Oxygen required Yes No

Appropriate use of Domiciliary Oxygen with confirmed PaO2 of 55 mm Hg or less in a non smoker with all reversible factors (such as anaemia) remediate. Polycythaemia (Hb > 170 gm/L), clinical or ECG evidence of pulmonary hypertension, as well as episodes of right heart failure, strengthen the case for use of oxygen. Oxygen is required for 15 hours a day, including sleep with flow rates ranging from 1-5 L/min, at the lowest rate needed to maintain a resting PaO2 of 60 mm Hg (in practice, most often 2 L/min). Concentrators are the most appropriate mode of supply for continuous oxygen, E cylinders last around 30 hours D cylinders around 11 hours and C cylinders around 3 hours at 2L/min. Concentrators are cheaper than cylinders if use is equivalent to three E-size cylinders per month. Benefits of oxygen use should be confirmed at one month an then

<p>Effective Breathing Exercises Skeletal muscle training-</p> <p>Consider Annual Ophthalmologist review for falls prevention, glaucoma screening and complication screening-</p> <p>Consider specialist review for screening and management of complications-</p> <p>Consider Dental review for screening and management of complications-</p> <p>Consider Psychologist review for supportive psychotherapy and cognitive behavioral therapy-</p> <p>Consider Podiatrist review for nail care as required with annual complications screening- Peripheral neuropathy present -</p> <p>Consider Physiotherapist review for active physical therapy and rehabilitation-</p> <p>Consider Exercise Physiologist for a motivational interview, to assist in developing a structured exercise program and to monitor progress-</p> <p>Consider Occupational therapist review for screening and management of complications-</p> <p>Consider Community care package for assistance with meals, housework, shopping, transport, financial organisation and medication supervision-</p>	<p>annually.</p> <p>Avoid Beta-blockers (including Carvedilol), Benzodiazepines relatively contraindicated, Narcotics especially with hypercapnia relatively contraindicated.</p> <p>Action Plans Add or increase bronchodilator therapy Amoxicillin or Doxycycline for 5-12 days with increased cough and dyspnoea together with increased sputum volume and/or purulence and/or fever. Short course of oral steroids if no improvement in 48 hours or if wheeze present from the beginning of the exacerbation. Possible role for mucolytics in consultation with General Practitioner In an emergency dial 000 for ambulance</p> <p>Healthy lifestyle Smoker Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Complete cessation of smoking and avoidance of passive smoking. Quiteline 131848. Consider pharmacotherapy if smoking more than 10 per day. Establishment and maintenance of healthy eating with saturated and trans fatty intake < 8% of total energy Heartline 1300362787 or www.heartfoundation.com.au Low risk alcohol consumption for those who drink. Alcohol consumption restricted to a maximum of 4 standard drinks, usually alcohol confined to 1-2 standard drinks per night and abstain from alcohol for 2 nights per week. Moderate regular exercise whose medical condition is clinically stable. Goal of 30-60 minutes per day brisk walking.</p> <p>Quality of life decisions Consider appropriateness of an advanced health directive.</p> <p>Health of caregiver Carers are at risk of depression, anxiety emotional distress loneliness and isolation. Carer support may be achieved through support groups, respite care, for carer support resources contact Carelink 1800 052222 www.commcarelink.health.gov.au</p> <p>Patient support organisations The Australian Lung Foundation supports people who have been diagnosed with lung disease and their families Web site: www.lungnet.org.au/psych-conseq-rd.html</p>
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PATIENTS AGREEMENT

I agree with the goals of this care plan and I understand the recommendations

_____ Signed by patient
Mr Rahul Dwivedi

_____ Date

_____ Signed by GP
System Administrator

General Practice Management Plan or Team Care Arrangements each 2 years. Review after 6 months
New General Practice Management Plan or Team Care Arrangements after 12 months if clinical conditions change markedly.

Review General Practice Management Plan or Team Care Arrangements after 3 months if clinical conditions change markedly.
To be given to the patient and other team members as appropriate.

All participants undertake to retain confidentiality