

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: 9896290355 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 83 Palmerston Crescent Darlinghurst NSW 2010</p>

MANAGEMENT PLAN HISTORY AND OTHER CHECKS
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<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 2y Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Team Care Arrangements Service within last 2y 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 discussed 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
 Blood pressure at least each 2 years from 18-
 Fasting Chol TG HDL each 5 years from 45 (for those at high risk smoker, hypertension, overweight family history of coronary disease <60 absolute cardiovascular risk > 15% over the next 5 years screen annually)-
 Fasting BSL each 3 years from 55 and annually from 45 for those at high risk (IGT, ATSI, Pacific Island, Indian subcontinent or Chinese origin from 35,BMI>30, hypertension)
 GTT for fasting BSL 5.5-6.9-
 Urinalysis and blood pressure annually from 50-
 UEC and calculated GFR annually for those at high risk (hypertension family history of renal disease)-
 Consider annual fasting BSL Chol TG HDL UEC LFTS-
 Consider annual CK on a statin-
 Calculated creatinine clearance 15 Nov 2010 MG/DL :8
 Consider Annual FBC-
 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-

Knowledge of illness
 Multiple sclerosis (MS) is a chronic inflammatory demyelinating disease of the central nervous system. Symptoms typically starts between the ages of 15 and 50. MS usually has a relapsing-remitting course with repeated episodes followed by partial or complete recovery. Most eventually develop secondary progressive MS.
Confirmation of Diagnosis
 Magnetic resonance Imaging (MRI) is recommended to confirm the diagnosis, lumbar puncture may also be recommended
Disease Modifying Therapy
 Moderate to severe attacks that interfere with the activities of daily living and do not resolve in 1-2 weeks are best treated with high dose infusions of methylprednisolone over 5 days. Mild attacks are best left untreated.
Prevention of relapses and progression
 Interferon beta reduces the frequency of relapses by about one third. Common side effects include flu like symptoms and depression. Glatiramer also reduces frequency of attacks side effects include chest tightness, breathlessness and palpitations.
Symptomatic Therapy
 Pain affects at least 50% of people with MS. Consider Carbamazepine or Gabapentin if indicated for neuropathic pain. Consider Amitriptyline at night if indicated for dysaesthetic pain.
 Spasticity particularly of the lower limbs is a common symptom. The first step should be to manage bladder or bowel distension. Regular stretching and appropriate exercise advised by a physiotherapist is often helpful. Drug therapy is sometimes necessary. Oral Baclofen beginning at 5 mg three times daily and increasing to a max of 80mg daily
 Urinary urgency and urge incontinence are the most common urinary symptoms. Pro-Banthine , Ditropan or Amytriptiline may assist with symptoms due to failure to store urine. Failure to empty may be managed with intermittent catheterisation, antibiotic therapy or surgical procedures such as cystotomy.
 Fatigue is common and disabling and aggravated by heat and stress. consider depression and thyroid disease both are more common in patients with MS. Paced activity is recommended in cases of severe protracted fatigue consider

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 Annual Ophthalmologist review for falls prevention, glaucoma screening and complication screening-

Consider Neurologist review for screening and management of complications-

Consider Urologist review for screening and management of complications-

Consider Dental review for screening and management of complications-

Consider Psychologist review for supportive psychotherapy and cognitive behavioural therapy-

Consider Podiatrist review for nail care as required with annual complications screening-
Peripheral neuropathy present-

Consider Physiotherapist review for optimal working aids and advice on suitable exercises, active physical therapy and rehabilitation-

Consider Dietician review for comprehensive diet advice-

Consider Exercise Physiologist including a motivational interview and assist in developing a structured exercise program and monitor progress-

Consider Speech Therapist home visit for instruments and devices to assist with manual tasks and for falls prevention-

Consider Occupational Therapist home visit for splints if appropriate, instruments and devices to assist with manual tasks and for falls prevention-

Consider Community care package for assistance with meals, housework, shopping, transport, financial organisation and medication supervision-

Amantadine (Symmetrel) 100mg in the morning and afternoon side effects include anxiety, insomnia, rash and palpitations.

Specific goals

Target weight loss for the next 12 months of
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Blood Pressure from 18 years of age target of <120/80 mmHg

Current blood pressure- Systolic :130

Diastolic :80

21 Aug 2010

Cholesterol from 45 with targets below 4.0 mmol/l

Current Cholesterol- H - High

Value :5

mmol/l 17 Mar 2011

Target fasting BSL <5.5

Current fasting BSL -

Urinalysis normal - Yes No

Patients with MS should be vaccinated as they would if they did not have MS.

Consider 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-

Avoid

Overheating an increase in body temperature of as little as 0.5 degrees can aggravate signs and symptoms of MS.

Sleep deprivation can aggravate fatigue and depression

Disease modifying therapy for MS is generally contraindicated during pregnancy or breast feeding

Action Plans

In an emergency dial 000 for ambulance

Healthy lifestyle

Smoker Yes No

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.

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

Patient support organisations

Multiple Sclerosis Australia and its state based societies support people who have been diagnosed with MS and their families

Web site: www.msaustralia.org.au

PATIENTS AGREEMENT

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

Signed by
Mr Donald Duck

Date

Patient

System Administrator
GP

Signed by

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