

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 Burnt 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

Home medication review within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>
Health assessment within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	
GP Management Plan within last 2y Yes <input type="checkbox"/> No <input type="checkbox"/>	Advanced health directive has been discussed Yes <input type="checkbox"/> No <input type="checkbox"/>
Team Care Arrangements Service within last 2y Yes <input type="checkbox"/> No <input type="checkbox"/>	"My Health Record" has been prepared Yes <input type="checkbox"/> No <input type="checkbox"/>
EPC referral to allied health providers Yes <input type="checkbox"/> No <input type="checkbox"/>	This GPMP & TCA if required will be available in "My Health Record" Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Parkinson's disease is a progressive disorder but the rate varies significantly. Symptoms are of resting tremor typically on one side initially, increases with distraction associated with slowness of movement increased muscular tone and postural instability with gait and balance affected. The pathologic feature is loss of pigmented neurones in the substantia nigra pars compacta and the presence of Lewy bodies which act to concentrate dopamine. Usually up to 80% of neurones are lost before symptoms are apparent.Parkinson's disease affects 1% of the population over 50 and 2% over 80

Confirmation of Diagnosis

Consider early medical specialist opinion-
Consider UA, FBC, UEC, LFTs, TSH, Caeruloplasmin, and CT-

Specific goals

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

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

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

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 early specialist review for confirmation of diagnosis and management of complications-

Consider neurologist opinion in regard to stereotactic surgery-

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

Consider OT home assessment for falls prevention and assistance with activities of daily life and maintain independence-

Consider Physiotherapy flexor muscle stretching and extensor strengthening may help flexed posture common in established Parkinson's disease-

Consider speech therapist for assistance with speech and swallowing. The Lee Silverman Voice treatment is often recommended-

Dental examination is recommended each 6 months conditioner the use of an electric tooth brush-

Consider Dietician advice, a high fibre diet may prevent constipation loss of taste makes eating already slow even more of a chore-

Consider driving assessment-

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 Yes No

Consider Exercise Physiologist including a motivational interview and assist in developing a structured exercise program and monitor progress. Usually 5 visits over 8-16 weeks or group work-

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

Neuroleptics eg Phenothiazines and Amiodarone, Lithium, Diltiazem Alpha-methyl dopa. Antiparkinson medications often cause low blood pressure when standing and may cause confusion. Monoamine oxidase inhibitors are contraindicated by Levodopa. Pethidine, SSRIs and SNRIs should not be used with Selegiline
Under 60 delay levodopa as long as possible, over 60 Amantadine and anticholinergics may cause significant confusion.

Action Plans

In an emergency dial 000 for ambulance
Consider whistle or clap to assist with unfreezing-
Consider increased salt, water and compression stocking for postural hypotension-
Consider Bromocriptine or pergolide for painful cramps-

Consider fibre supplements for constipation-
Consider fluid restriction at night or propantheline 7.5-15 mg at night for nocturia-

Nightmares may respond to reduced night time dose of dopaminergic medications-
Seborrhoea and dandruff responds to coal tar and selenium shampoos or Ketoconazole shampoo-
Depression is common as is memory decline-
Soft diets may help with dysphagia-
Pain related to Parkinson's disease may respond to an increased Levodopa dose-
Levodopa is particularly helpful for gait disturbance-

Healthy lifestyle

Smoker Yes No

Complete cessation of smoking and avoidance of passive smoking. Quitline 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

Parkinsons NSW supports people who have been diagnosed with

Parkinson's disease and their families

Web site: <http://www.parkinsonsnsw.org.au/>

PATIENTS AGREEMENT

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

Mr Donald Duck Signed by patient

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