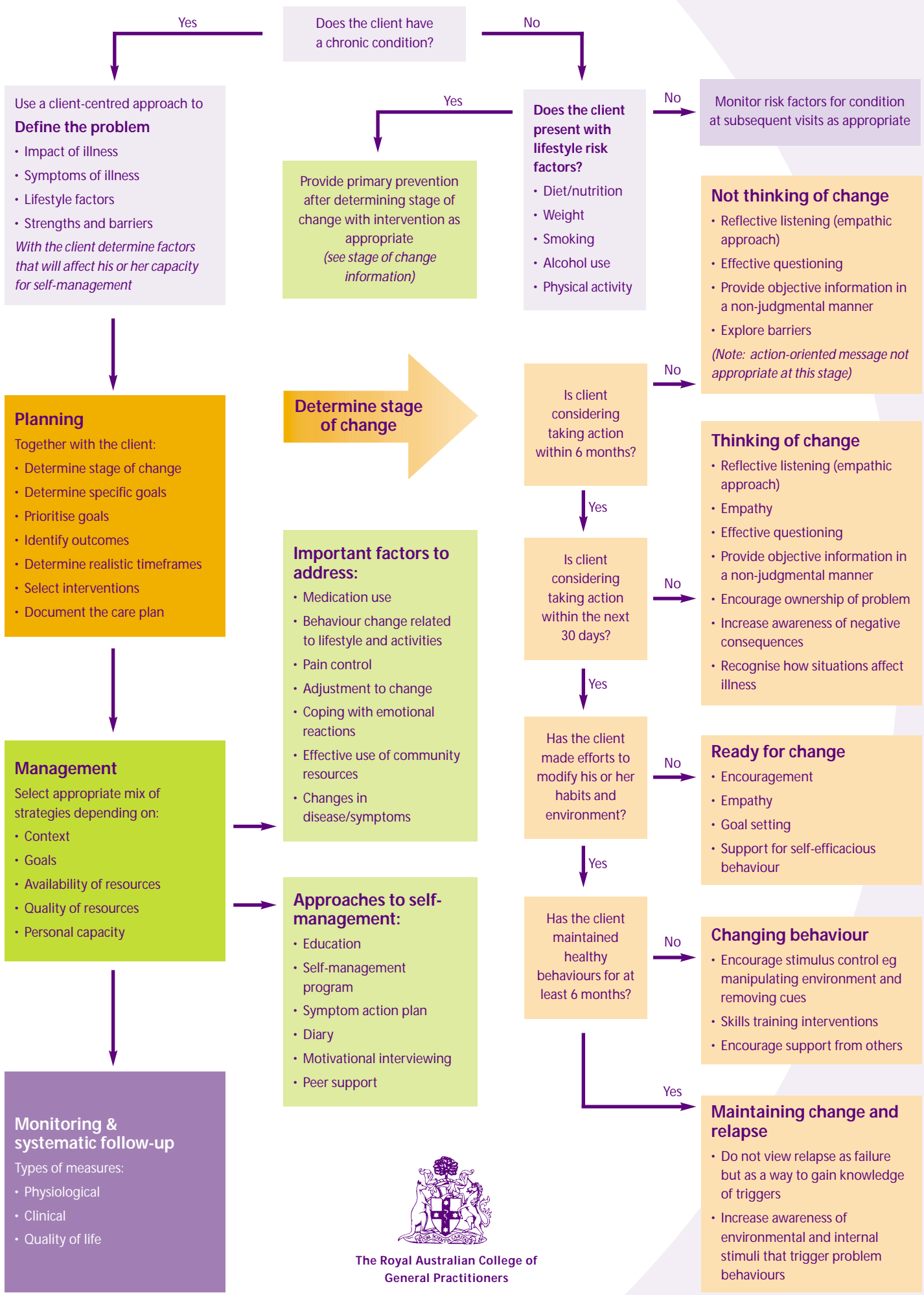


Desktop guide for Nurses and Allied Health Professionals



The Royal Australian College of General Practitioners

Sharing Health Care Sample Care Plan

GP prepares community care plan 720 Reviews care plan 724 Contributes to care plan 726

Patient Name: _____ Existing Care Plan Y / N Care Plan review Date: _____

Authority to proceed with care plan: My GP has explained the purpose of the care plan and I give my permission to prepare a care plan and discuss my medical history and diagnosis with the members of a multidisciplinary team. I do/do not request specific medical or other information to be withheld from other participants (noted in GP notes). I am aware that there is a fee for the preparation of this care plan and a Medicare rebate will be payable.

Patient Signature _____

This sample care plan relates to the case study used in the practical guide.

Surgery Address / Stamp

Things that affect my health	My goals	What can I do to improve my health?	Who can do this?
<p>Impact of illness (Feelings, ideas, function, expectations)</p> <ul style="list-style-type: none"> • Difficulty getting around (mobility) • Difficulty with gardening and golf • Unhappiness because he is feeling isolated and not very mobile 	<ul style="list-style-type: none"> • To be able to play nine holes of golf within two months • Maintain watering and weeding of front garden and pots/plants • Visit grandchildren weekly 	<ul style="list-style-type: none"> • Cease smoking • Attend social functions at golf club • Garden within pain and fatigue limits 3-5 times a week 	<ul style="list-style-type: none"> • Client • Client • GP, nurse, client
<p>Symptoms of illness (eg pain, shortness of breath, objective measures)</p> <ul style="list-style-type: none"> • Shortness of breath (dyspnoea) • Asthma as per symptom diary • Pain (generalised) and acute in left hip • Overweight • Tiredness 	<ul style="list-style-type: none"> • To be able to walk for 30 minutes without shortness of breath within next month • Use medications as indicated on asthma symptom action plan • Reduce pain in left hip to an average of 2/10 in one month • Reduce weight by 2kg in one month • Maintain BP and BSL within normal limits (monitor 1GT) 	<ul style="list-style-type: none"> • Cease smoking • Refer to physiotherapist • Refer to community walking/exercise group • Refer to dietician for weight loss and healthy diet information • GP/clinic nurse to monitor BP and BSL 3 monthly • Provide information related to diabetes, diet and physical activity 	<ul style="list-style-type: none"> • Client • GP/nurse • Physiotherapist • GP/nurse/physiotherapist/ community exercise group • GP/nurse • Dietician
<p>Lifestyle factors (diet/nutrition, weight, smoking, stress, physical activity)</p> <ul style="list-style-type: none"> • Smoker • Reduced physical activity due to pain and tiredness • Reduced awareness of healthy eating habits 	<ul style="list-style-type: none"> • Stop smoking in one month • Physical activity (walking) for 15-30 minutes per day, 3-5 days a week within one month 	<ul style="list-style-type: none"> • Walk to beach 3-5 times a week • Nicotine replacement therapy • Monthly GP support 	<ul style="list-style-type: none"> • Client • Client • GP
<p>Capacity to self-manage (ie self-efficacy, motivation, knowledge, health beliefs)</p> <ul style="list-style-type: none"> • Lacks confidence • Motivated and family supportive (non-smokers) • Knowledge of symptom action plan for asthma 	<ul style="list-style-type: none"> • To be able to take one day at a time • To improve my confidence in meeting the necessary lifestyle changes 	<ul style="list-style-type: none"> • Reinforce successes on a daily basis • Family to support and encourage patient 	<ul style="list-style-type: none"> • Client • Family/friends

Sharing Health Care - Care Plan Copy to patient Y / N

Copy to Team Members Y / N

Health Care Providers/Services: Names and contact details: _____