

# **General Practice Management Plan – Item Number 721**

### DEMENTIA – STAGE 1 GOAL OF CARE – Maintain Independence and Optimise Function

Date of Birth:
Medicare or Private Health Insurance

Contact Details:	Medicare or Private Health Insurance Details:

Details of Patient's Next of kin/Guardian		

Date of last Care Plan/GP Management Plan (if done): .....

Date of last Family Meeting (recommended 6 monthly): .....

Date of next Family Meeting: .....

Other notes or comments relevant to the patient's management plan:

## **PAST MEDICAL HISTORY:**

#### **MEDICATIONS:**

## **ALLERGIES:**

FAMILY/SOCIAL HISTORY:

# Stage 1 Dementia Management Plan: Goal of care = Maintain Independence and Optimise Function

DOMAIN	PATIENT PROBLEM	TREATMENTS/SERVICES/ PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES (who, when) – as needed
Cognition	<ul> <li>Forgetfulness</li> <li>Short-term memory loss</li> <li>Repetitive questions</li> </ul>	<ul> <li>Consider Health Assessment and cognitive screening tests</li> <li>Cardiovascular Risk factor assessment and management</li> <li>Medication review – consider de-prescribing medications which impair cognitive functioning e.g. anticholinergic drugs, sedatives</li> <li>Consider role of drugs which may help maintain cognition e.g. Acetylcholinesterase inhibitors</li> <li>Legal affairs in order e.g. Power of Attorney, Guardianship, Will</li> <li>Advance Care Directive</li> <li>Family Education</li> </ul>	<ul> <li>On-line resources e.g. Dementia Australia <u>www.dementia.org.au</u></li> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Consider use of practice recall/reminder system</li> <li>Consider geriatrician</li> <li>Consider family meeting – 3-6 monthly</li> </ul>
Function	<ul> <li>Impaired instrumental functions</li> </ul>	<ul> <li>Driving assessment</li> <li>Home hazards assessment</li> <li>Family Education</li> </ul>	<ul> <li>On-line resources e.g. Dementia Australia <u>www.dementia.org.au</u></li> <li>Practice Nurse</li> <li>General Practitioner</li> <li>My Aged Care</li> <li>Dementia outreach service</li> <li>Care package</li> <li>Occupational therapist driving assessment</li> <li>Community physiotherapy/OT/social work</li> <li>Home help</li> <li>Meals on wheels</li> </ul>
Psychiatric	<ul> <li>Depression</li> <li>Anxiety</li> </ul>	<ul> <li>Screening of mental health in patient</li> <li>Screening for mental health issues in carers</li> <li>Family Education</li> </ul>	<ul> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Psychologist</li> <li>On-line resources e.g. Dementia Australia www.dementia.org.au or Dementia Support Australia www.dementia.com.au</li> </ul>
Behaviour	<ul> <li>Social withdrawal</li> <li>Frustration</li> </ul>	<ul> <li>Increased social engagement</li> <li>Family Education</li> </ul>	<ul> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Consider family meeting – 3-6 monthly</li> <li>Dementia outreach service</li> <li>On-line resources e.g. Dementia Australia www.dementia.org.au or Dementia Support Australia www.dementia.com.au</li> </ul>
Physical	<ul> <li>Failure to maintain physical health care needs</li> </ul>	<ul> <li>Home Medication Review</li> <li>Reduction in cardiovascular risks, as appropriate</li> <li>Exercise assessment</li> <li>Nutritional Assessment</li> <li>Hearing assessment</li> <li>Dental review</li> <li>Continence assessment</li> <li>Falls assessment</li> <li>Immunisation – influenza, pneumococcus, herpes zoster</li> <li>Treat reversible conditions that may impact quality of life</li> <li>Family Education</li> </ul>	<ul> <li>Practice nurse</li> <li>General Practitioner</li> <li>Consider use of practice recall/reminder system to assist in ensuring comprehensive care is maintained</li> <li>Pharmacist</li> <li>Community dietician</li> <li>Podiatrist</li> <li>Optometrist</li> <li>Audiologist</li> <li>Exercise physiologist</li> <li>Physiotherapist/OT</li> </ul>

### Copy of GP Management Plan offered to patient? Ves No

#### Copy / relevant parts of the GP Management Plan supplied to other providers? □ Yes □ No

GP Management Plan added to the patient's records? □ Yes □ No

Date service was completed:	Proposed Review Date:	

I have explained the steps and any costs involved, and the patient has agreed to proceed with the plan.

GP's Signature:

Date: \_\_\_\_\_

This General Practice Management Plan was developed by GPs: Dr Mandy Lo; Dr Hilton Koppe; Dr Marita Long and Dr Dimity Pond