

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

## DEMENTIA – STAGE 2 GOAL OF CARE – Maintain Dignity Through Safety

Patient's Name:	Date of Birth:			
Contact Details:	Medicare or Private Health Insurance Details:			
Details of Patient's Usual GP:	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:				
other notes of comments relevant to the patient	t s management plan.			

PAST MEDICAL HISTORY:				
MEDICATIONS:				
WEDICATIONS.				
ALLERGIES:				
ELEKGES.				
FAMILY/SOCIAL HISTORY:				

Stage 2 Dementia Management Plan: Goal of care = Maintain Dignity Through Safety

DOMAIN	PATIENT PROBLEM	TREATMENTS/SERVICES/ PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES (who, when) – as needed
Cognition	<ul> <li>Increasing memory loss</li> <li>Speech difficulties</li> <li>Increasing difficulty with complex tasks</li> </ul>	<ul> <li>Medication review – consider deprescribing 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, Advance Care Directive</li> <li>Facilitation of transition in to care</li> <li>Collaboration between care staff/family/GP</li> <li>Family education</li> </ul>	<ul> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Geriatrician</li> <li>Family meeting – 3 monthly</li> </ul>
Function	<ul> <li>Impaired instrumental functions</li> <li>Impaired functions of daily living</li> </ul>	<ul> <li>Driving assessment</li> <li>Home hazards assessment</li> <li>Hobbies/Community involvement</li> <li>Addressing basic needs – clothing, food, hygiene</li> <li>Facilitation of transition in to care</li> <li>Collaboration between care staff/family/GP</li> <li>Family education</li> </ul>	<ul> <li>On-line resources e.g.         Dementia Australia         www.dementia.org.au</li> <li>Practice Nurse</li> <li>General Practitioner</li> <li>My Aged Care</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> <li>Travel assistance</li> <li>Respite Care arrangements</li> </ul>
Psychiatric	<ul><li>Depression</li><li>Anxiety</li><li>Delusions</li><li>Hallucinations</li></ul>	<ul> <li>Screening of mental health in patient</li> <li>Screening for mental health issues in carers</li> <li>Collaboration between care staff/family/GP</li> <li>Family education</li> </ul>	<ul> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Consider Psychologist</li> <li>Consider Psychogeriatrician</li> </ul>
Behaviour	<ul> <li>Social withdrawal</li> <li>Frustration</li> <li>Sleep disturbance</li> <li>Wandering</li> <li>Hoarding</li> </ul>	<ul> <li>Carer education and increased support</li> <li>Routine</li> <li>Increased social engagement</li> <li>Facilitation of transition in to care</li> <li>Collaboration between care staff/family/GP</li> </ul>	<ul> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Family meeting – 3 monthly</li> <li>Dementia outreach service</li> <li>On-line resources e.g.         <ul> <li>Dementia Australia</li> <li>www.dementia.org.au</li> <li>or</li> <li>Dementia Support Australia</li> <li>www.dementia.com.au</li> </ul> </li> <li>Respite Care arrangements</li> </ul>
Physical	Failure to maintain physical health care needs	<ul> <li>Home Medication Review with emphasis on rational prescribing of medication</li> <li>Nutritional Assessment</li> <li>Dental review</li> <li>Continence assessment</li> <li>Falls assessment</li> <li>Immunisation – influenza, pneumococcus, herpes zoster</li> <li>Facilitation of transition into care</li> <li>Collaboration between care staff, family and GP</li> </ul>	<ul> <li>Practice Nurse</li> <li>General Practitioner</li> <li>Pharmacist</li> <li>Community dietician</li> <li>Physiotherapist/OT</li> </ul>

Copy of GP Management Plan offered to pati	ent? □ Yes □ No	
Copy / relevant parts of the GP Management	Plan supplied to other providers?	□ Yes □ No
GP Management Plan added to the patient's 1	records? □ Yes □ No	
Date service was completed:	<b>Proposed Review Date:</b>	
I have evaloised the stone and any costs invol	and and the noticet has agreed to a	wassad with the plan
I have explained the steps and any costs invol-	ved, and the patient has agreed to p	roceed with the pian.
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