General Practice Management Plan – Item Number 721

DEMENTIA – STAGE 3
GOAL OF CARE – Maintain Dignity Through Emphasis on Comfort

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:

PAST MEDICAL HISTORY:

MEDICATIONS:

ALLERGIES:

FAMILY/SOCIAL HISTORY:

Stage 3 Dementia Management Plan: Goal of care = Maintain Dignity Through Emphasis on Comfort

DOMAIN	PATIENT PROBLEM	TREATMENTS/SERVICES /PATIENT & FAMILY ACTION	ARRANGEMENTS FOR TREATMENTS/SERVICES (who, when) – as needed
Cognition	▪ Cognition significantly impaired	▪ Likely to lack capacity. Care as per Enduring Guardian/Advance Care Directive	▪ RACF staff or home care community providers if home care provided ▪ General Practitioner ▪ Geriatrician ▪ Family meeting – 6 weekly
Function	▪ Impaired instrumental functions ▪ Impaired functions of daily living	▪ Dependence for maintenance of functions of daily living	▪ RACF/home care staff ▪ General Practitioner ▪ My Aged Care ▪ Care package
Psychiatric	▪ Depression ▪ Anxiety ▪ Hallucinations ▪ Delusions	▪ Heightened awareness for symptoms of psychiatric conditions ▪ Screening for mental health issues in carers ▪ Family education	▪ General Practitioner ▪ Geriatrician ▪ Psychogeriatrician ▪ Dementia Support Australia www.dementia.com.au ▪ Family Meeting – 6 weekly
Behaviour	▪ Sleep disturbance ▪ Agitation ▪ Calling out ▪ Wandering ▪ Hoarding	▪ Carer education and increased support ▪ Consider comprehensive behavior assessment e.g. CAUSEd model. Non-pharmacological interventions based on comprehensive assessment ▪ Pharmacological treatment where non-pharmacological measures have failed or patient/carers/family at risk of harm ▪ Family education	▪ RACF/Home Care Staff ▪ General Practitioner ▪ Geriatrician ▪ Psychogeriatrician ▪ Family meeting – 6 weekly ▪ Dementia Support Australia www.dementia.com.au **24 HOUR HELPLINE** ▪ **1800 699 799**
Physical	• Continence • Falls • Swallowing • Pain	• Cease all medications other than those for comfort • Nutritional Assessment • Continence assessment • Falls assessment • Pain assessment • Family education • Clear outline for dealing with problems as they arise • Plans in place for avoiding transfer to hospital if possible • Review advance care plan to reach agreement for end of life care including in the terminal phase	• RACF/home care Staff • General Practitioner • Pharmacist • Physiotherapist/OT • Family Meeting – 6 weekly or as needed

Copy of GP Management Plan offered to patient? ☐ Yes ☐ 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

Dementia Training Australia is supported by funding from the Australian Government under the Dementia and Aged Care Services Fund