Index of Care plans:

General Plan

Management Goals, made in collaboration with the patient
Minimal interference with daily activities.
Improve understanding of condition and management.
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Prevent complications of condition.
Maintain good mental health
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals
Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
Eye check every 1 -2 years
Ongoing review and education by allied health – dietician, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent Influenza and Pneumococcal disease
Ongoing medication reviews
Blood pressure, pulse and weight every 6 -12 months.

Action to be taken by patient
Regular review with GP and report any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week. Well balanced diet with fruit and vegetables every day
Minimum of 30 minutes exercise 5 x a week.
Self-health checks regularly – Skin, breast/ chest, testes

Other services and care that the patient may need or already has

Review date:

HIV on cART

Management Goals made in collaboration with the patient

Minimal interference with daily activities
Improve/Maintain understanding of condition and management
Prevent complications of the condition
Viral load will be undetectable (<20)
Commence treatment as soon as possible
Opportunistic infections will be prevented / detected promptly
FBC, blood sugar, cholesterol levels, kidney and liver functions normal
Weight within normal parameters (BMI 20 -25)
Mental health stable
STI's prevented and safe sex practices/transmission understood Hepatitis A and B immunity
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
6 -12 monthly weight, height, BP and waist measurement
3-6 monthly CD4 count and VL
Annual – FBE, LFT, lipids, glucose, eGFR, urinalysis, calcium, phosphate, vitD and testosterone
Full medication review at least annually.
CVR and FRAX annually.
Ensure Genotype and HLAB5701 on record.
Vaccination against Hepatitis A and B if required
Monitor for depression (MHCP if indicated)
6 -12 monthly STI screening
Eye check every 1 -2 years
Ongoing review and education by allied health – dietitian, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Annual vaccination to prevent influenza and pneumococcal disease

Action to be taken by patient

Report to GP or specialist with any concerns, deterioration or changes in condition
Regular visits with GP for monitoring
Take medications as prescribed and cART medications at designated times
Report any issues with the management of your condition or side effects of cART
Eat a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Cessation of smoking and avoid passive smoking Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week. Safe sex practices
Report changes in physical or mental health promptly to GP or specialist.
Self-health checks regularly – Skin, breast /chest, testes

Other services and care that the patient may need or already has:

Review date:

HIV no cART

Management Goals made in collaboration with the patient

Minimal interference with daily activities
Improve/Maintain understanding of condition and management
Prevent complications of the condition
Viral load will be undetectable (<20)
Commence cART as soon as possible
Opportunistic infections will be prevented / detected promptly
FBC, blood sugar, cholesterol levels, kidney and liver functions normal
Weight within normal parameters (BMI 20 -25)
Mental health stable
STI's prevented and safe sex practices/transmission understood
Hepatitis A and B immunity
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
6 -12 monthly weight, height, BP and waist measurement
Annual – FBE, LFT, lipids, glucose, eGFR, urinalysis,
Discussion re commencing cART – evidence re same
Full medication review at least annually.
Ensure Genotype and HLAB5701 on record.
Vaccination against Hepatitis A and B if required
Monitor for depression (MHCP if indicated)
6 -12 monthly STI screening
Eye check every 1-2 years
Ongoing review and education by allied health – dietitian, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Annual vaccination to prevent influenza and pneumococcal disease

Action to be taken by patient

Report to GP or specialist with any concerns, deterioration or changes in condition
Regular visits with GP for monitoring
Take medications as prescribed
Report any issues with the management of your condition
Eat a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Cessation of smoking and avoid passive smoking Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week. Safe sex practices
Report changes in physical or mental health promptly to GP or specialist.
Self-health checks regularly – Skin, breast, testes

Other services and care that the patient may need or already has:

Review date:

Diabetes

Management Goals made in collaboration with the patient

Minimal interference with daily activities.
Develop a clear understanding of diabetes and importance of testing
Prevent complications of condition.
Maintain Blood pressure below 130/80mmhg
Maintain Hba1c below 7% (6.5% - 7.5%)
Maintain cholesterol within healthy range – Chol <4.0mmol/L, LDL<2.0, HDL >1.0, trig <2.0
Maintain blood glucose level 6 -8 fasting, 6 -10 after food
Early detection and prevention of eye complications
Prevention of foot and circulation complications
Prevention of renal complications
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise most if not every day of the week (>150 minutes a week)
Maintain BMI <25 kg/m2
Aim for complete cessation of smoking within next 3 months
Aim for no more than 4 standard drinks on any one occasion
Aim for 1-3 alcohol-free days/week.
Register with NDSS
Maintain safe driving and current driving assessment as per Vic Roads

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
Eye check every 1 -2 years
Ongoing review and education by allied health – dietician, physio, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent influenza and pneumococcal disease
Annual check of cholesterol, renal function and urine albumin
Check blood pressure every 3 -6 months
Weight and waist measurement every 6 -12 months
Check Hba1c and fasting blood glucose every 3 -6 months
Feet check every 6 months by GP, nurse or podiatrist
Ongoing medication reviews

Action to be taken by patient

Regular review with GP and report any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week. Well balanced diet with fruit and vegetables every day
Minimum of 30 minutes exercise 5 x a week.
Regularly check own feet
Self-health checks regularly – Skin, breast / chest, testes

Other services and care that the patient may need or already has:

Review date:

Asthma

Management Goals made in collaboration with the patient

Minimal interference with daily activities.
Improve understanding of condition and management.
Prevent complications of condition.
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Remain free from asthma symptoms
Need asthma reliever medication less than 3 times a week
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
Eye check every 1 -2 years
Ongoing review and education by allied health – dietitian, physio, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent influenza and pneumococcal disease
Weight pulse and BP every 6 -12 months
Ongoing medication reviews

Action to be taken by patient

Regular review with GP and report any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Well balanced diet with fruit and vegetables every day
Minimum of 30 minutes exercise 5 x a week.
Regularly check own feet
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week.
Avoid known asthma triggers
Self-health checks regularly – Skin, breast/ chest, testes

Other services and care that the patient may need or already has:

Review date:

Arthritis / Pain Management

Management Goals made in collaboration with the patient

Minimal interference with daily activities.
Improve understanding of condition and management.
Prevent complications of condition and pain treatment.
Optimal pain management with minimal side effects
Optimize and preserve mobility
Minimize joint specific problems
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
Eye check every 1-2 years
BP, pulse and weight every 6 -12 months.
Ongoing review and education by allied health – dietitian, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent influenza and pneumococcal disease
Regular review of pain levels and medications
Ongoing review of need for aids or home modifications.

Action to be taken by patient

Regular review with GP and report any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Well balanced diet with fruit and vegetables every day
Minimum of 30 minutes exercise 5 x a week.
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1-2 drinks/ day with at least 2 alcohol free days a week.
Review should be arranged with symptoms of weight loss, severe night pain, marked morning stiffness, pain with fever or progressive worsening of the pain
Self-health checks regularly – Skin, breast /chest, testes

Other services and care that the patient may need or already has:

Review date:

Coronary Heart Disease

Management Goals made in collaboration with the patient

Minimal interference with daily activities.
Improve understanding of condition and management.
Prevent complications of condition.
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Maintain Blood pressure below 130/80mmhg
Maintain cholesterol within healthy range – Chol <4.0mmol/L, LDL<2.5, HDL >1.0, trig <2.0
Prevention of renal complications
Remain free from chest pain.
Aim for complete cessation of smoking within next 3 months
Aim for no more than 4 standard drinks on any one occasion
Aim for 1-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
Eye check every 1-2 years
Ongoing review and education by allied health – dietitian, physio, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent influenza and pneumococcal disease
Annual check of cholesterol and renal function
Check blood pressure and pulse every 3 -6 months
Weight and waist measurement every 6 -12 months

Action to be taken by patient

Regular review with GP and report any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Maintain adequate level of activity – 30 minutes 5 x a week minimum
Report to GP or specialist any changes in condition.
Establish and maintain healthy eating with saturated and trans fatty intake <8% of total energy. Heart line 1300362787 or www.heartfoundation.com.au.
Ensure weight is maintained within healthy range (BM1 20 -25)
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week.
Self-health checks regularly – Skin, breast / chest, testes

Other services and care that the patient may need or already has:

Review date:

Dementia

Management Goals made in collaboration with the patient

Minimal changes to daily routines
Minimize distractions and control noise.
Prevent complications of condition
Aim for complete cessation of smoking within next 3 months
Aim for no more than 4 standard drinks on any one occasion Aim for 1-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Consider meals on wheels
Consider psychologist review for supportive psychotherapy and cognitive behavioural therapy
Ongoing review to assess if community supports required.

Action to be taken by patient

Place notes around the house as reminders
Structure written timetables
Place identification in wallet
List of emergency numbers by every phone
Have hot water temperature thermostat reduced
Consider childproof latches on cabinets that contain dangerous items
Consider timer on stove.

Other services and care that the patient may need or already has:

Review date:

Gender Dysphoria

Management Goals made in collaboration with the patient

Minimal interference with daily activities.
Improve understanding of condition and management.
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Prevent complications of condition.
Maintain good mental health
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.
Referral to endocrinologist
Management of hormone levels within safe levels
Successful transition to desired level
Successful change of documents to affirm gender

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Referral to endocrinologist /surgeons as required
Ongoing education regarding condition and health maintenance
Regular blood tests – hormone levels
Education re self administering hormones
Ongoing review and education by allied health – dietician, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent Influenza and Pneumococcal disease
Ongoing medication reviews
Blood pressure, pulse and weight every 6 -12 months.

Action to be taken by patient

Regular review with GP and report any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1 -2 drinks/ day with at least 2 alcohol free days a week. Well balanced diet with fruit and vegetables every day
Minimum of 30 minutes exercise 5 x a week.
Self-health checks regularly – Skin, breast/ chest, testes

Other services and care that the patient may need or already has:

Review date:

Renal / Kidney Disease

Management Goals made in collaboration with the patient

Minimal interference with daily activities.
Improve understanding of condition and management.
Prevent complications of condition.
Maintain a well balanced diet with fruit and vegetables every day
Have at least 30 minutes of exercise 5 days a week
Maintain Blood pressure below 130/80mmhg
Maintain cholesterol within healthy range – Chol <4.0mmol/L, LDL<2.5, HDL >1.0, trig <2.0
Target Hb 11 -12
Weight is maintained within healthy range (BM1 20 -25)
Aim for complete cessation of smoking within next 3 months
Aim for no more than 2 standard drinks on any one occasion
Aim for 2-3 alcohol-free days/week.

Arrangements made for giving the treatment, services, and care to achieve the management goals

Regular review by GP and specialist
Ongoing education regarding condition and health maintenance
Annual check of cholesterol and renal function
Check blood pressure every 3-6 months
Record weight each visit
If plasma concentrations below 100mcg /l should have iron supplements.
Eye check every 1-2 years
Ongoing review and education by allied health – dietitian, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months
Vaccination to prevent influenza and pneumococcal disease

Action to be taken by patient

Regular review with GP and specialist
Report to GP with any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Maintain adequate nutrition and level of activity
Complete cessation of smoking and avoidance of passive smoking, Quit line 131848
Alcohol consumption within safe limits 1-2 drinks/ day with at least 2 alcohol free days a week.
Review should be arranged with symptoms of weight loss, severe night pain, marked morning stiffness, pain with fever or progressive worsening of the pain
Self-health checks regularly – Skin, breast/ chest, testes

Other services and care that the patient may need or already has:
Review date:

Hepatitis C

Management Goals made in collaboration with the patient
Minimal interference with daily activities.
Improve/Maintain understanding of condition and management particularly with regard to optimising liver health
Prevent complications of condition.
Liver health/LFTs monitored regularly.
Mental health stable.
Pain well controlled
Appetite maintained/nausea minimised.
Information on current treatment options provided.
Energy levels monitored.
Aim for complete cessation of smoking within next 3 months
Aim for complete abstinence from alcohol

Arrangements made for giving the treatment, services, and care to achieve the management goals
Ongoing review with GP and specialists Ongoing education regarding condition
1- 6 monthly LFT'S
Referral for fibro scan when indicated
PCR to establish whether virus has been cleared PCR for genotype and VLMonitor for depression – consider MHCP
Safe IDU education/information if currently injecting.
Eye check every 1-2 year
Ongoing review by allied health – dietitian, physiotherapist, podiatrist Dental cleaning / check up and care as required every 6-12 months Vaccination to prevent influenza and pneumococcal disease **Due:** Annual check of cholesterol and renal function

Action to be taken by patient
Report to GP with any concerns, deterioration or changes in condition
Adhere to medication regime and treatment as discussed with GP and specialists
Regular attendance at GP for monitoring
Maintain adequate nutrition and level of activity
Eat food high in fibre and low in fat
Regular exercise at least 30 minutes 5 times a week
Complete cessation of smoking and avoidance of passive smoking. Quit line 131848.
Ensure weight is maintained within healthy range (BMI 20 – 25)
Minimal alcohol intake with at least 2 -3 days alcohol free and the aim of complete abstinence
Self-health checks regularly – Skin, breast, testes

Other services and care that the patient may need or already has:

Review date:

Chronic Hepatitis B

Management Goals made in collaboration with the patient
Minimal interference with daily activities.
Improve/Maintain understanding of condition and management.
Prevent complications of condition.
Liver health monitored and LFT's will be normal
Liver health optimized with prevention of advanced liver disease or cirrhosis Regular review of medications
Mental health stable
Minimal to no pain
Appetite maintained and nausea well managed
Good energy levels.
Aim for complete cessation of smoking within next 3 months
Aim for no more than 4 standard drinks on any one occasion
Aim for 1-3 alcohol-free days/week or complete abstinence

Arrangements made for giving the treatment, services, and care to achieve the management goals
Ongoing review with GP and specialists.
Ongoing education regarding condition.
6 monthly LFT's and AFP. **Due:** Monitor mental health – consider MHCP.
Current information on transmission and disease management provided. Information on free HBV vaccination for partner/housemates etc.
Eye check every 1-2 years.
Ongoing review by allied health – dietitian, physiotherapist, podiatrist.
Dental cleaning / check up and care as required every 6-12 months. Vaccination to prevent influenza and pneumococcal disease **Due:** Annual check of cholesterol and renal function.

Action to be taken by Patient
Report to GP with any concerns, deterioration or changes in condition.
Adhere to medication regime and treatment as discussed with GP and specialists.
Regular attendance at GP for monitoring.
Maintain adequate nutrition (smaller more frequent meals)
Maintain/Increase current level of activity.
Eat food high in fibre and low in fat.
Regular exercise at least 30 minutes 5 times a week
Complete cessation of smoking and avoidance of passive smoking. Quit line 131848.
Ensure weight is maintained within healthy range (BMI 20 – 25)
Minimal alcohol intake with at least 2 -3 days alcohol free and the aim of complete abstinence
Self-health checks regularly – Skin, breast, testes

Other services and care that the patient may need or already has:
Review date: