

Long Term Care Plan for Marvin Mouse

Feilding Health Care
7 Duke Street
Feilding
Phone: 063239696
Fax: 063239690

Patient Information

NHI: JDR1234
Date of Birth: 27/01/1945
Ethnicities: European/ Maori
Address: 7 Duke Street
Feilding 4702
Telephone: Mobile: 0276306267
Health Assessment Completed: false
Consent Signed: false

Health Workers

Doctor: Dr Amber-Lea Rerekura
Care Coordinator: Not recorded
Other Key Workers: Not recorded

Other Information

Investigations:
Prescription Renewals:
Date of Next Review by GP: (Click here to add date)
Appointments Booked: No appointments recorded.

Social/Cultural Assessment

Next of Kin: Not recorded.
People/ Whanaungatanga:
Knowledge/ Information:
Cultural Relevance to the Issue and to the Treatment Pathway:

Other Relevant Information

Long Term Conditions

Condition	Note	Onset	Patient Goal Updated
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Alcohol intake within rec 2 beers a week
limt

Chronic obstructive
pulm.dis.

01/08/2013

Obesity

Medications

Long Term:

Date	Drug	Directions	What it's for
05/02/2019	Quinapril hydrochloride 10mg Tab	1 tabs, Once Daily	
11/12/2018	Promethazine hydrochloride 5mg/5mL Elixir		

Other Medications Prescribed in Last 30 Days:

No recent non-long term medications recorded.

Tests

No Lipids recorded in screening.

Other Measurements

Date	Blood Pressure (≤ 140/85)	HBA1C (≤ 41)	Height	Weight	BMI (≤ 24.9)
23/05/2018	130/ 80				
23/08/2017		74 H	175 cm	102 kg	33.3 H
25/07/2017	165 H/ 95 H				

Tasks

Renal Impairment

Task	Open	Next Due	Not Done	Done	Not Required	Last Completed
Ensure patient classified as READ code K060.00 Renal Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ensure staging code classification is up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Education regarding condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Whanau education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Weight management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Check medication adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diet advice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Referral to Community Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activity - referral to Green Prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activity - Refer to Central PHO Clinical Exercise Physiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Refer to Massey Psychological Services		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy lifestyle advice including gout		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking - referral to TOAM		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and Drug Education/Referral to Counselling		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider WINZ Disability Entitlement		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer to LTC nurse if at stage > 3A		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer to specialist hospital services if indicated		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood assessment		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick day advice		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set "Next Review Date" in "My Goals" tab	22/12/2018	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

COPD

Task	Open	Next Due	Not Done	Done	Not Required	Last Completed By/Comments
Ensure patient is classified as READ code H3.00 Chronic Obstructive Pulm. Dis			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Offer Pneumococcal Vaccine			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient Education - breathing and energy conservation			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Whanau support/education			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Discuss home help/person cares			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Refer to Massey Psychological Services			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Inhaler technique reviewed			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Refer for Pulmonary Rehabilitation			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diet and general lifestyle advice			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diagnostic Spirometry/or if deterioration of condition			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Smoking - referral to TOAM			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activity - referral to Green prescription			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activity - Refer to Central PHO Clinical Exercise Physiologists			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Link to local COPD/Asthma support group			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consider WINZ Disability Entitlement			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Discuss Home insulation scheme			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Complete COPD Assessment test (CAT) with client		28/03/2018	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Set "Next Review Date" in "My Goals" tab	<input type="text" value="25/06/2018"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide Action Plan and Back Pocket Script	<input type="text" value="28/06/2018"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diabetes

Task	Open	Next Due	Not Done	Done	Not Required	Last Completed By/Comments
Ensure patient is classified as Read Code C109.00 Diabetes Mellitus Type 2 or C108.00 Diabetes Mellitus Type 1	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Education	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Preventing diabetes complications	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Smoking - NRT referral	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sick Day Management Plan	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Refer to Massey Psychological Services	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifestyle	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eye care - Retinal Screen Recall Updated	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
DAR Recall Updated	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medic Alert	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Function	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Counselling	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community group support	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consider WINZ Disability Entitlement	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetes CNS referral	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Referral to LTC Team	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Referral to Diabetes Trust	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Referral to Specialist Services if Required	<input type="text"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Understanding Medications	<input type="text"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Julie Wells on 25/06/2018 Medicine Review required
Set "Next Review Date" in "My Goals" tab	<input type="text" value="25/06/2018"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	

My Goals

Patient goal: **quit smoking**

When:

Clinical goal:

Last updated 17/01/2018

Next Review:

Priority: High Medium Low

Confidence:

Patient goal: **tba**

When:

Clinical goal:

Last updated
25/06/2018

Next Review:

Priority: High Medium Low

Confidence:

Patient goal:

When:

Clinical goal:

Last updated
25/06/2018

Next Review:

Priority: High Medium Low

Confidence:
