**

Cystic fibrosis Care Plan

for education and care

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| To be completed by the treating health professional and parent or legal guardian.  This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | |
| Name of child/young person: |  | | |
| DOB: |  | Review date: |  |
| Allergies: |  | | |
| Education or care service: |  | | |  |

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| **DESCRIPTION OF CONDITION**  Detail issues relevant to education and care | **RECOMMENDED CARE**  Describe recommended care |

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| **Overall wellness** | | |
|  | Fluctuations in wellness/hospitalisation |  |
|  | Cough management |  |
|  | Management of port(s) |  |
|  | Management of intravenous (IV) line |  |
|  | Mental health issues |  |
| Provide explicit advice about contact controls between the child or young person and others with cystic fibrosis *(ie need to use standard precautions, socialisation issues)* | |  |

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| **Diet** | | |
|  | Special dietary requirements |  |
|  | Gastronomy buttons (night feeds) |  |
|  | Enzyme supplements ie Creon *(medication agreement* ***not*** *required)* |  |
|  | Support with management of enzymes |  |
|  | Other *(specify ie need to encourage eating)* |  |

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| **Therapy and care** | | |
|  | Nursing and physiotherapy |  |
|  | Nebuliser treatments |  |
|  | Home based care |  |
|  | Other *(specify ie timing of therapy, equipment and facility issues)* |  |

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| **Body temperature control** | | |
| All children and young people with cystic fibrosis need to avoid temperature extremes | | |
|  | Clothing |  |
|  | Environmental management |  |
|  | Salt tablets or powder *(medication agreement* ***required****)* |  |
|  | Other |  |
|  | Provide detail of any special measures required *(ie air conditioning or clothing requirements, avoidance of exposure to direct sun light)* |  |

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| **Curriculum or workplace participation** | | |
| A curriculum plan should be developed to minimise disruption to the child or young person’s learning | | |
|  | Tiredness |  |
|  | Shortness of breath |  |
|  | Difficulty concentrating |  |
|  | Fluctuating capabilities *(ie pre or post hospitalisation)* |  |
|  | Need for frequent, self-monitored physical activity |  |
|  | Need to plan for episodic absence |  |

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| **Potential emergency situation** | | | | | |
| **OBSERVABLE SIGN** | | | **ACTION OR FIRST AID RESPONSE** | | |
|  | | |  | | |
|  | Change in cough | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | Damage to port or gastrostomy button | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | Sore / red / bleeding / oozing port | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | High temperature | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | Shortness of breath | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | Dehydration eg salt crystals visible on skin | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | Reported discomfort | **⇨** | **⇨** |  |  |
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| **AUTHORISATION AND AGREEMENT**  *(To be signed after form has been completed)* | | The following settings have been considered in the development of the health care plan and is appropriate for use in the following: | | | | |
|  | Children’s centre, preschool or school | | |  | Childcare, Out of School Hours Care | |
|  | Camps, excursions, special event, transport (incl. aquatics) | | |  | Work experience or other education placement | |
|  | Respite, accommodation | | |  | Work | |
|  | Transport | | |  | Other (specify) | |
| *Treating health professional* | | | | | | |
| *(print name & practice/hospital or stamp)* | | | Professional role | | |  |
| Email or signature | | |  |
| Telephone | | | Date | | |  |
| *Parent or legal guardian; or adult student* | | | | | | |
| * **I understand and agree with the health care plan as indicated above** * **I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).** * **I understand staff may seek additional information and/or advice regarding the medical information contained in the individual first aid plan from the Access Assistant Program (AAP) to inform duty of care.** | | | | | | |
| (name) | | | | | (relationship) | |
| (email or signature) | | | | | (date) | |