Cystic fibrosis (CF) care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the CYSTIC FIBROSIS SPECIALIST and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client ______________________________ Date of birth ______________
Family name (please print) First name (please print)

MedicAlert Number (if relevant) ______________________________ Date for next review __________

Description of the condition	Recommended care
Please detail issues relevant to education and child/care	Please describe recommended care
Overall wellness	
☐ Fluctuations in wellness/hospitalisation ☐ Cough Management ☐ Management of port(s) ☐ Management of intravenous line ☐ Mental health issues Please provide explicit advice about contact controls between this child/student/client and others with CF *(eg. need to use standard precautions for infection control; socialisation issues)*	
Diet	
☐ Special dietary requirements ☐ Gastrostomy button (night feeds) ☐ Enzyme supplements (medication authority not needed) ☐ Support with management of enzymes ☐ Other e.g. need to encourage eating.	
Therapy and care	
☐ Nursing and physiotherapy ☐ Nebuliser treatments ☐ Home-based care ☐ Other e.g. timing of therapy; equipment and facilities issues.	
Body temperature control	
☐ Clothing ☐ Environmental management ☐ Salt tablets/powder (medication authority needed) ☐ Other All children with CF need to avoid temperature extremes. Please document special measures required for this person *(eg need for airconditioning/clothing considerations, avoidance of exposure to direct sunlight).*	
Curriculum/workplace participation	
☐ Tiredness ☐ Shortness of breath ☐ Difficulties concentrating ☐ Fluctuating capabilities (eg pre/post-hospitalisation) ☐ Need for frequent, self-monitored physical activity ☐ Need to plan for episodic absence A curriculum plan can be developed to minimise disruption to the child/student/client's learning.	

MEDICATION INSTRUCTIONS (e.g. salt tablets/powder) *(please print clearly)*	
Medication name *(include generic name)*	
Form *(eg liquid, tablet, capsule, cream)*	Route *(eg oral, inhaled, topical)*
Strength	Dose
Other instructions for administration	
Start/finish date *(if appropriate)* *from* *to*	

Potential emergency situations

Please describe:	Action required
☐ Change in cough	
☐ Damage to port/gastrostomy button	
☐ Sore/red/bleeding/oozing port	
☐ High temperature	
☐ Shortness of breath	
☐ Dehydration e.g. salt crystals visible on skin	
☐ Reported discomfort	

If staff or the child/student/client remain concerned, the parent/emergency contact will be contacted.
A health professional may be nominated by the family as the emergency contact person as relevant.
Please nominate an emergency contact and any different/additional steps in relation to this child/student/client's management.

____

____

Additional information attached to this care plan

☐ First aid flow chart ☐ Medication authority ☐ General information about this person's condition

☐ Other (please specify) ______________________________

*** This plan has been developed for the following services/settings:**

☐ School/education
☐ Child/care
☐ Respite/accommodation
☐ Transport
☐ Outings/camps/holidays/aquatics
☐ Work
☐ Home
☐ Other *(please specify)*

AUTHORISATION AND RELEASE

Health professional ______________________ Professional role ______________________

Address ____

____ Telephone ______________

Signature ______________________________________ Date ______________

I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian ________________ Signature ________________ Date ________
or adult student/client Family name (please print) First name (please print)