

Reference Card: Pain Care Plan

Pain Care Plan

To be used in conjunction with pain assessment tools

(Tool/s used).....

Resident name..... Age.....

Diagnoses.....

.....

Location of pain.....

Resident's description of pain (words used).....

Resident's behavioural symptoms.....

Analgesic regime

Non pharmacological interventions

Nutrition

Mobility/activity

Sleep

Bowel management

Management of other side effects

Family involvement

Social and spiritual needs

Re-assessment of pain after analgesia: ≤ 4 hrly each shift daily weekly

Signature of person completing careplan..... Date:

GP letter and agenda for case conference

Date

Dear Doctor,

We are inviting Doctors to confirm appointments for the 'Residents' Reviews' on ***Date***.

Name of Pharmacist or other allied health professional will be present with myself, the Care Co-ordinator and the Personal Care Attendant.

Would you be able to attend at:

To review:

Date:

Time:

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I have attached a draft agenda for your convenience.

This meeting will provide an opportunity for us as a team to pause, reassess and reconsider the care that we provide our residents so we can continue to provide good and appropriate care.

Note that you will be eligible to claim this meeting as a Case Conference if you wish. Our facility will provide the documentation that will allow your practice to claim the appropriate Case Conference MBS item number.

Please contact ***Name of Care Co-ordinator*** on ph: if you have any further queries.

We thank you for your continued valuable support and ongoing association with our facility.

With kind regards,

Manager, RACF

Encl. Draft agenda for case conference

Draft agenda for case conference

Participants:

- ❖ GP
- ❖ *Relatives*
- ❖ *Manager/DON (RN Div 1)*
- ❖ *Pharmacist*
- ❖ *Personal Care Attendant*
- ❖ *Other service providers*
- ❖ *Care Co-ordinator*

Meeting Information:

Date:

Time:

Venue: *RACF, meeting room*

Residents to be reviewed:

- ❖ *Joe Blow (relatives unable to attend)*
- ❖ *Sue Snow (daughter to attend)*
- ❖ *John Smith (wife and son to attend)*

Time:

- 10:00 – 10:30*
- 10:30 – 11:00*
- 11:00 – 11:30*

Any queries/changes to times can be directed to at the RACF on ph: 1234 4321

Note: Documentation can be provided by the RACF to allow GPs to claim the Case Conference MBS item numbers.

Items to be discussed for each resident:

Item No.	Description	By Whom:
1.	Confirm consent received	All
2.	Update of resident general well being by Direct Care Staff	Personal Care Attendant
3.	Update of any resident issues eg: Blood Sugar Levels, behaviour, mobility, continence, etc	Care Co-ordinator
4.	Consider input from the resident/relatives (if present)	Relatives
5.	Review test findings and/or results of investigations and discuss any changes in resident's care	GP, Pharmacist, RACF staff, Relatives
6.	Review medications by the GP, Pharmacist and update the residents medication chart	GP, Pharmacist, RN Div. 1
7.	Review Advance Care Plan for end of life care	All
8.	Update the care plan for signature by relatives (if present)	RN Div. 1, Relatives