Complete relevant sections of the support plan as they relate to the client; blank sections indicate that support is not provided. Make a note to refer to medication plan, clinical/complex care plan or other specific plan.

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| Date of Birth: | 12/07/1954 | Name: | Peter Robinson | | Date: | 23/11/2023 | |
| BACKGROUND | | | | | | | |
| Who am I, summary of life history/story/interests | | | | | | | |
| About me: Peter had a diving accident at the Age of 24, which left him with tetraplegia and he became wheelchair bound following this.  Peter worked on stations in the north of WA in his younger years.  Important People: Peter has two sisters, Kerry and Lesley.  What matters: Peter loves antiques, gardening and going to the beach with his dog Scruffy.  Peter has a close circle of friends whom he remains in regular contact with  It is very important for Peter to maintain his independence and dignity, Peter is able to give instructions for all his care needs and make his own decisions in regards to his needs.  A good day: Pain free  Spending time with friends  Going down to the beach with Scruffy and a cup of tea  Getting out into the community doing things - like fishing  Attending events like concerts, sport events  A bad day: Feeling unwell with sweats and shakes  Experiencing pain  Strenghths: Peter is independent with daily living activities around his house when he is in his wheel chair  Independent with medications  Likes and dislikes: Peter enjoys spending time with his friends and dog Scruffy.  Enjoy watching music videos and Foxtel  Loves sport and is a loyal Carlton supporter  Loves gardening  Loves antiques  Enjoys going down to the beach/boat ramp  Follows AFL Carlton supporter follows car racing | | | | | | | |
| OVERALL HEALTH | | | | | | | |
| Medical History: | | | Identified Health Risks: | Mobility Support: | | | Communication Support: |
| Perianal fistula, external haemorroid,  distal end of femur ight, Pulmonary embolism, UTI, Autonomic dysreflexia, Complete tetraplegia C5-C7 level, Urethral abscess and fistula to skin, Chronic osteomyelitis (L ischial tuberosity, Bladder fistula (base of bladder to L ischium and LEft pubic ramis), depression, migrains, chronic cosntipation, cellulitis | | | Living alone or with an individual with similar or greater level of needs,Unlikely to be able to relocate without assistance,Socially or geographically isolated  Peter has partial tetraplegia which impacts on all aspects of his daily life. |  | | | Vision impaired (glasses),No hearing impairment  Peter is alert and orientated. He is able to communicate effectively verbally, and uses a mobile phone.  Wears reading glasses  Annual nursing review and prompt routine health checks |

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| EMERGENCY RESPONSE PLAN |
| Non-response to a scheduled visit: |
| **Expected outcome: in an event of a possible emergency all Southern Plus Staff will know my wishes.**  If I do not answer the door to a scheduled visit, I want Southern Plus to;  **Call my mobile,Enter through the unlocked door,Use the locked box to gain entry,Call my next of kin** |
| If Southern Plus staff are unable to gain access to my home or contact me or my emergency contact/s they are to: |
| **Contact the emergency services (Police, Ambulance)** |
| If Southern Plus staff find me unwell and needing medical attention they should: |
| **Contact Ambulance services** |
| Specific instructions for me |
| Key safe location: **On wall to left of front door**  Key safe number: **see procura (check)**  My emergency planning preferences (in order): |

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| **Shared Risk Plan** | | **Purpose: Develop an agreed shared risk plan to support the client’s dignity of risk, quality of life and care by engaging collaboratively with clients and their nominated representatives, regarding choices that impact on safety.**  **Actions: Clarify risk(s) consider options and mitigation strategies.**  **Goal: Support individual preference and dignity of risk, maximise quality of life and care and reduce potential for harm.** | | | |
| **Client Nominated Activity:  What I (or client name) would like to do/not do** | |  | | | |
| **Client Goal:**  **Why I have chosen this and what I hope to achieve** | |  | | | |
| **Possible Associated Risk/s of Choice or Activity** | | | **Actions/Mitigation Strategies  (The examples below can be considered/adapted, along with client specific interventions)** | | |
|  | | |  | | |
| Shared Risk Plan Review Date 6 monthly review (unless concerns raised/changes noted before) | | | Next date: | | |
| This Shared Risk Plan has been discussed and agreed to with the (tick as appropriate)  Client  Representative/Carer | | | | | |
| Client/Carer/Client Representative Name: | | | Signature: | | Date: |
| Wellness Partner Name: Jon Morrell | | | Signature: | | Date: |
| Clinical Coordinator/RN Name: Jon Morrell | | | Signature: | | Date: |
| IDENTIFIED NEED | GOAL  What does client want to achieve? | | CLIENT/CARER IS ABLE TO / WHAT WILL THEY DO | WHAT WILL SOUTHERN PLUS STAFF OR CONTRACTORS DO | WHAT WILL WELLNESS PARTNER DO |
| **COGNITION:**  Peter is able to manage his day to day expenses and arrange medical appointments when required. Peter makes decisions about his day to day activities health and lifestyle choices. |  | |  |  |  |
| **PERSONAL SAFETY:**  Peter is more vulnerable to acute illness and the impacts of these (i.e potential for infection and autonomic hypereflexia) | Peter will have the ability to gain timely access to emergency services as needed. | | Peter is aware of his care needs and is able to communicate these.  Peter is aware of the benefits of having a dedicated personal alarm however prefers to and will utilise mobile phone communications in the event of an emergency.  Peter has support worker visits three times per day for welfare checks. |  |  |
| **PERSONAL CARE:**  Peter requires physical assistance to complete his personal care activities including drying, grooming and dressing. | To complete personal care tasks daily | | Peter receives support for all aspects of his personal care from his NDIS provider. |  |  |
| Continence: Self care deficit related to the physical aspects of managing his SPC and bowel management routine | Continence: Prevent infection and complication from Supra Pubic Catheter  Maintain urinary output  Maintain regular bowel habits (pass "normal" stools every second day.) | | Continence: Peter will access support via his NDIS provider and support coordinator to access supports for bowel management. | Continence: Southern Plus RN will change catheter once every four week.  Southern Plus will facilitate utilisation of HCP funds for the supply of catheter and catheter care products as required |  |
| **MEDICATION MANAGEMENT:**  Peter manages his own medication using a Webster pack system | Safe appropriate and effective use of medications | | Peter will continue to manage and self administer his own medication in consultation with his GP and pharmacist. |  |  |
| **NUTRITION:**  Peter requires support to do his shopping as he is not able to push a shopping trolley, reach some items in the shops etc. without support. Going shopping is an important aspect of accessing the community and socializing for him.  Peter requires support to complete food preparation and set up. Although Peter is capable of doing most things independently the amount of extra effort and time it takes him due to his impairments is a disabling factor. |  | | Peter receives support via his NDIS provider to attend to shopping and meal preparation needs.  Peter will contribute to the set up, cost of the food portion of and ongoing ordering of home delivered meals. | Southern Plus will facilitate the provision of prepared and home delivered meals through Light and Easy. |  |
| **DOMESTIC ASSISTANCE:**  Self care deficit related to household cleaning secondary to tetraplegia  Peter requires assistance with maintaining safety around his home and to attend general house and garden maintenance.  Peter has experienced age related functional decline which has impacted his ability to manage his day to tasks including home and garden maintenance. | Peters home environment will be maintained in a clean and tidy state.  Peter will be able to use his wood fire  General household home and garden maintenance will be maintained. | | Peter receives cleaning and DA support via his NDIS provider. | Southern Plus will provide services for Gardening and Home maintenance  Southern plus will provide brokered support for Peter to have his wood cut to a size he can manage with his impairment as required |  |
| **FUNCTIONAL SAFETY IN THE HOME ENVIRONMENT:**  Peter requires extensive home modifications and utilises specialised equipment for mobility and to complete ADLS to safely function independently in his home secondary to tetraplegia and age related factors/deterioration.  Peter does not live in a high fire risk area.  Peter is at increased risk of heat related illness secondary to age related physiological and functional decline. | Environmental risks will be identified, reduced/mitigated.  Peters home environment will be conducive to him maintaining independence and the ability to live at home safely and participate in activities that are of value to him  Peter will be able to explain what strategies he plans to employ to stay cool and hydrated during extreme hot weather conditions. | | Peter will access Occupational Therapy and Physiotherapy services through his NDIS service provider.  Peter will take precautions to prevent overheating and dehydration during extreme heat weather conditions. | Southern plus will contribute to the purchase/hire/servicing of equipment and home modifications as required, recommended by his allied health providers.  Southern Plus support workers will prompt and support Peter to action strategies to keep cool and hydrated during extreme heat weather conditions. |  |
| **PSYCOSOCIAL SUPPORT:**  Peter requires assistance to access the community beyond the range of his powered wheelchair | Peter will maintain access and engage with community and health care activities | | Peter currently receives support through his NDIS provider for social supports |  |  |
| **TRANSPORT:**  Peter is not able to drive and requires support to access the community. |  | | Peter will access transport services via his NDIS service provider  Peter utilises a PWC to travel short distances in the community - supplied by NDIS | Southern Plus will facilitate taxi services for Peter to access the community as required. |  |
| **MAINTAINING PHYSICAL ACTIVITY & FUNCTION:**  Peter is unable to stand secondary to Spinal injury and tetraplegia. Peter is able to participate with hoist transfers as the second person. He is able to mobilise independently using his scripted wheel chairs. Peter is able to roll from side to side and make minor changes to his position. | Peter will be able to maintain maximum mobility to do the things that are of value to him. | |  | Peter recieves mobility support from the NDIS including equipment and allied health services.  Peter is able to use HCP funds to purchase and service mobility equipment as needed.  Support workers will assist Peter with repositioning in his wheelchair as per service schedule. |  |
| **RESPITE:** |  | |  |  |  |
| **CLINICAL CARE**  **ALLIED HEALTH SUPPORT** |  | |  |  |  |

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| **WELLNESS PARTNER RESPONSIBILITIES** | An individualised home care budget and care plan will be provided and discussed with the client / representative on each occasion there is a change in ongoing care and support services.  Co-ordinating care and services, including external contractors, processing invoices for payment.  Ensure care and services are culturally appropriate.  Complete a formal review of services being provided at least every 6 months, (sooner if client circumstances change) to ensure that directed and responsive services are delivered to meet the ongoing care needs of the client.  Address identified risks to client safety |

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| SERVICE PLAN | | | | | | | |
|  | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
| MORNING |  |  |  |  |  |  |  |
| AFTERNOON | Half hour repostioning service | Half hour repostioning service (currently on hold) | Half hour repostioning service | Half hour repostioning service (currently on hold) | Half hour repostioning service | Half hour repostioning service | Half hour repostioning service |
| EVENING |  |  |  |  |  |  |  |

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| PARTICIPANTS INVOLVED IN DEVELOPMENT OF SUPPORT PLAN | |
| Client/Carer/Client Representative Name: |  |
| Signature: |  |
| Wellness Partner Name: | Jon Morrell |
|  | |
| This Support Plan has been discussed and agreed to with the (tick as appropriate)  Client  Representative/Carer | |
| Client agrees to the service provider contacting their nominated emergency contact if required  Yes  No | |