Melbourne Archdiocese Catholic Schools

Medical Management Plan – for students with an Acquired Brain Injury (ABI)

MARYMEDE CATHOLIC COLLEGE
In the way of Mary

This plan is to be completed by the student's medical practitioner providing a description of the health condition, medical and health management, and first aid requirements for a student with an Acquired Brain Injury. This plan will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs. **A separate Medical Management Plan is not required.**

Please only complete those sections in this plan which are relevant to the student's health support needs and are not outlined in current specialist reports/letters.

[insert school name] Medical Advice Plan	
Student Name	Insert photo of student
Student's Date of Birth	
Year level	
Class cohort	
MedicAlert Number (if relevant)	
Date of this Plan	Date for review (minimum annual review)

Is an interpreter required? ☐ Yes ☐ No

Has cultural safety and/or cultural support been considered and offered if relevant? ☐ Yes ☐ No

Comment (if required):

Parent/Guardian/Carer Contact 1	Parent/Guardian/Carer Contact 2
Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Background information	
Please provide brief information about the injury/illness, length of time in intensive care, major area(s) of brain affected, details of recovery, hospital admission and discharge date (*e.g. David was hit by a car on (date) when he was aged … years … months and sustained a brain injury. He was in a coma for a period of … days and spent a total of … days in Paediatric Intensive Care Unit. He then transferred to the neurosurgery ward)*	
Rehabilitation summary reports	
Please attach reports from hospital/rehabilitation personnel (most recent reports only) ☐ Neurosurgeon Date of report: _____ ☐ Speech pathologist Date of report: _____ ☐ Psychologist Date of report: _____ ☐ Social worker Date of report: _____ ☐ Occupational therapist Date of report: _____ ☐ Nursing case manager Date of report: _____ ☐ Hospital teacher/ Education advisor Date of report: _____ ☐ Physiotherapist Date of report: _____ ☐ Rehabilitation consultant Date of report: _____ ☐ Other (dated) reports and/or attachments Date(s) of report(s): _____	
General progress summary – Physical	
☐ Tiredness ☐ Headaches ☐ Limitations ☐ Safety ☐ Other Please provide details for each:	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
General progress summary – Cognitive	
☐ Memory ☐ Concentration ☐ Comprehension ☐ Reasoning ☐ Other Please provide details for each:	
General progress summary – Social	
Example: related to friendships, significant others. Please provide details.	
General progress summary – Behavioural	
Example: changes, coping strategies Please provide details.	
Most likely effects of injury on learning and behaviour –Short Term	
Please provide details on short-term effects including timeframe, if possible and outline support required. Is the student likely to require adjustments to support their participation, learning, and attendance in the school environment? ☐ Yes ☐ No If yes, please expand.	
Most likely effects of injury on learning and behaviour – Long Term	
Please provide details on long-term effects including timeframe, if possible and outline support required. Is the student likely to require adjustments to support their participation, learning, and attendance in the school environment? ☐ Yes ☐ No If yes, please expand.	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Most likely effects of injury on learning and behaviour – Ongoing Rehab/therapy	
Please provide details about ongoing or anticipated rehabilitation/therapy program(s) with rehabilitation personnel. Is the student likely to require adjustments to support their participation, learning, and attendance in the school environment? ☐ Yes ☐ No If yes, please expand.	
Most likely effects of injury on learning and behaviour – Student's understanding	
Please provide details about the student's understanding of injury and its impact. Is the student likely to require adjustments to support their participation, learning, and attendance in the school environment? ☐ Yes ☐ No If yes, please expand.	

Check	Implications for education and care (indicate all applicable)
	Impact on attendance onsite at school
	Impact on capacity to maintain attention or participate in routine educational activities
	Limitations on mobility or physical activity, requires mobility support
	Personalised care and support needs (e.g., toileting, feeding, suctioning etc.)
	Requires a Behaviour Support Plan, Safety Plan, or additional supervision, e.g., flight risk, scalability assessment
	Requires communication support or Augmentative and/or Alternative Communication
	Requires complex care (e.g., catherisation, STOMA care, tracheostomy care, etc)
	Consideration for camps, excursions, incursions and/or other activities of the school
	Consideration for transportation
	Other – please specify (e.g., work experience / education placement)

List any current medication(s) prescribed for the student. Please note that for the administration of any prescribed or over-the-counter medication required at school, a Medication Authority Form must also be completed and updated as required.

List:

- any medication required to be administered at school
- any medication to be administered for an acute episode or in an emergency
- the response required if the student does not respond to initial treatment
- when to call an ambulance for assistance.

Name of medication	**Medication information/effect/administration advice (nightly, daily etc)**
Name of medication	**Instructions for administration for an acute episode in response to specific symptoms**
Name of medication	**Instructions for emergency administration**

First Aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance, if necessary, as per the school's First Aid Policy informed by the First Aid Policy for MACS Schools (link). If you anticipate the student will require anything other than a standard first aid response, please provide details below to be considered as part of the response.

Observable signs/reactions	First aid response (Please describe actions, external support, and potential tools e.g. medications, etc)

Declaration	
This Medical Advice Plan has been developed with my knowledge and input.	
Date	
Name of treating AHPRA** registered health practitioner	
Hospital URL	
AHPRA registration number	
Medical practitioner contact details	
Address	
Email	
Telephone	
Signature of practitioner	
Date	
Parent/Guardian/Carer details or Mature minor*	
Name of parent/guardian/carer	
Signature	
Date	
Name of parent/guardian/carer	
Signature	
Date	
Principal details	
Name of principal (or nominee)	
Signature	
Date	

Approving authority	Director, Learning and Regional Services
Approval date	24 August 2023
Next review	Feb 2026