Melbourne Archdiocese Catholic Schools

Medical Management Plan – for students with Cystic Fibrosis

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 diagnosed with Cystic Fibrosis. 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 Management 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 relevant information in relation to any issues to the student's attendance and learning as well as support required at school.	
Overall wellness	
☐ Fluctuations in wellness/hospitalisation ☐ Baseline cough ☐ Port-o-cath ☐ Gastrostomy button ☐ Other: (*please specify*) _____ **Please provide advice about:** • Contact controls between this student and others with CF *(eg. need to use standard precautions for infection control; socialisation issues).* • Cough management in classroom • Action needed if gastrostomy button becomes dislodged	
Diet and digestion	
☐ Access to toilets ☐ Enzyme supplements ☐ Other: (*please specify*) _____ **Please provide advice about any need to support enzyme management/ is the student independent?**	
Therapy and Care	
☐ Chest physiotherapy ☐ Nebuliser treatments ☐ Hospital/other appointments ☐ Oral medication ☐ Aerobic exercise ☐ Other: (*please specify*) _____ **Please provide advice about the timing of therapy, equipment and facilities issues**	
Prevention of dehydration	
☐ Fluid intake ☐ Salt tablets/powder ☐ Other **Please document special measures required (e.g. access to additional salt and fluid as required)**	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Curriculum Participation	
☐ Tiredness ☐ Shortness of breath ☐ Fluctuating capabilities (eg pre/post-hospitalisation) ☐ Need to plan for episodic absence **Note: the school can develop a curriculum plan to minimise disruption to the student's learning. Please provide advice to assist in the development of this plan**	

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, with meals 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