Melbourne Archdiocese Catholic Schools

Medical Management Plan – for student requiring oral eating and drinking support

MARYMEDE CATHOLIC COLLEGE
In the way of Mary

This plan is to be completed by the student's medical or health practitioner, such as a Speech Pathologist, providing a description of the health condition, medical and health management, and first aid requirements for a student requiring support with oral eating and drinking. 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/health practitioner reports and/or 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.	
Level of Support Required	
Information is needed about how closely this student needs to be supervised and for how long. Staff will routinely allow 15 minutes per meal , however, if additional supervised eating time is required, please stipulate the additional time in this plan for the negotiation through the PSG process. *Level of supervision* ☐ Requires constant supervision: high risk of choking/aspiration ☐ Requires close supervision *(eg in small group)* ☐ Requires some assistance ☐ Independent **Time required for mealtime** (less for snacks) ☐ Less than 15 minutes ☐ About 15 minutes ☐ Negotiation if longer time recommended	
Type of support needed	
Preparation ☐ Additional hygiene/safety measures ☐ Positioning for comfort and safety ☐ Facilitation techniques *(eg jaw support)* ☐ Stimulation *(eg facial tapping/stroking)* ☐ Other *Environmental changes* ☐ Calm, consistent approach ☐ Positive reinforcement ☐ Minimal distractions ☐ Social settings ☐ Other *Equipment* ☐ Clothes protector ☐ Modified utensils *(eg spoons)* ☐ Modified cup/plate etc ☐ Mirror ☐ Positioning equipment *(eg special chair/bolster)* ☐ Other *Positioning and care after mealtimes* ☐ Need to remain upright for _____ minutes ☐ Need to check no food is left in the mouth/palate ☐ Teeth brushing ☐ Other	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Communication	
Communication by student ☐ Language ☐ Gesture ☐ Behaviour ☐ ***Other*** *Communication by supporting staff* ☐ Offer choice (indicate how many) ☐ Simplify instructions/use key words ☐ Use picture cues ☐ ***Other***	
Preparation and presentation of food	
The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated through the PSG process. For further understanding of food and drink consistencies, please refer to the IDDSI website: https://iddsi.org/ *Food consistency* ☐ No restriction on consistency ☐ Modified Please describe type of consistency (e.g. liquidised, puree, minced and moist, soft) *Food portions* ☐ No restriction on amount taken at a time ☐ Modified ☐ Quantity consumed to be documented *Quantity* ☐ Self-directed ☐ Minimum amounts required (please specify) *Rate and order of intake* ☐ Self-directed ☐ Direction/assistance required (please specify)	

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Preparation and presentation of drink	
Drink consistency ☐ No restriction on consistency ☐ Modified (Slightly thick, mildly thick, moderately thick, extremely thick) *Drink portions* ☐ No restriction on amount taken at each sip ☐ Modified ☐ Quantity consumed to be documented *Specific strategies required* ☐ Spoon fed ☐ Finger food ☐ Drinking ☐ General (including behaviour management issues) ☐ Other	
Potential learning targets	
Mealtimes are considered a time for socialisation and enjoyment. Any specific learning targets (e.g., in relation to trying new foods and textures) are generally addressed at home. If some experimenting and promotion of new foods and tastes are requested, this should be documented and negotiated with staff. ☐ Increasing independence *(eg collects lunchbox, manages spoon)* ☐ Behaviour targets *(eg remains in seat for five spoonfuls)* ☐ Increasing intake *(eg eats half a sandwich at lunchtime)*	
Documented observations	
Upon negotiation, the school may assist the medical/health practitioner by documenting mealtime observations for the student. If this is required, please indicate what information is needed from the oral eating and drinking observations.	
General supervision for safety or emergency escalation	
Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs: • Self-reported distress or show other signs of distress • Tried and unable to manage • Gagging or coughing with unusual frequency • Pale and sweaty • Watery/glassy eyes • Unusual change of voice • Gurgling wet rattle in the throat • Unable to cough, stops breathing (choking)	

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If these signs are repeatedly observed, the student's medical/health practitioner should review this form and provide updated information.	

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	

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