<<Miscellaneous:Practice Letterhead>>

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| **GP MANAGEMENT PLAN - MBS ITEM No 721 (ATRIAL FIBRILLATION)** |

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| **Patient’s Name:** <<Patient Demographics:Full Name>> | **Date of Birth:** <<Patient Demographics:DOB>> |

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| **Contact Details:** | **Medicare or Private Health Insurance Details:** |
| <<Patient Demographics:Full Address>> | <<Patient Demographics:Medicare Number>>  <<Patient Demographics:Health Insurance>> |

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| **Details of Patient’s Usual GP:** | **Details of Patient’s Carer (if applicable):** |
| <<Doctor:Name>>  <<Doctor:Full Address>> |  |

**Date of last Care Plan/GP Management Plan (if done):** [<<Date of last Care Plan/GPMP>>](##CUSTOM#|D|||10|  /  /    )

**Other notes or comments relevant to the patient’s management plan:**

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**PAST MEDICAL HISTORY**

[<<Clinical Details:History List>>](A)

**FAMILY HISTORY**

<<Clinical Details:Family History>>

**MEDICATIONS**

<<Clinical Details:Medication List>>

**ALLERGIES**

**Patient’s Name:** <<Patient Demographics:Full Name>>

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| **GP MANAGEMENT PLAN - MBS ITEM No 721 (Atrial Fibrillation AF)** |

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| **Patient problems / needs / relevant conditions** | **Goals - changes to be achieved (if possible)** | **Required treatments and services including patient actions** | **Arrangements for treatments/services (when, who, and contact details)** |
| **1. General** |  |  |  |
| Patient's understanding of atrial fibrillation | Patient to have a clear understanding of atrial fibrillation, long term health implications and the patient's role in managing the condition | Patient education | GP/Cardiologist /nurse/ e-tools |
| Stroke prevention plan- review of CHA2DS2-VASc score | Patient to have a clear understanding of personal risk of stroke and the patient's role in prevention | Patient education – annual reassessment if not on anticoagulant | GP/Cardiologist / e-tools |
| Strategy of rate control vs rhythm control (aim to maintain sinus rhythm) | Patient to have a clear understanding of long term strategy for AF rhythm treatment / options | Referral and regular review by Cardiologist / Electrophysiologist for rhythm control options | GP / Cardiologist |
| Episodic AF action plan | Develop action plan for patients with intermittent episodes of AF | GP/ Cardiologist and patient agree on written action plan on management of individual episodes of AF including use of antiarrhythmic/ rate-slowing medication and when to seek medical review | GP/ Cardiologist  Patient |
| **2. Lifestyle** |  |  |  |
| Nutrition | Healthy eating pattern | Patient education  OR  As per Lifescripts action plan | GP/nurse to advise  Patient to implement  Dietician |
| Weight | Your target:  BMI £ \_\_  Waist £ \_\_ cm  Ideal:  BMI £ 25  Men waist £ 94 cm  Women waist £ 80 cm | Monitor  Review 6 monthly  OR  As per Lifescripts action plan | Patient to monitor  GP/nurse to review |
| Physical Activity | Your target:  Ideal:  At least 30 minutes walking or equivalent 5 or more days per week | Patient exercise routine  OR  As per Lifescripts action plan | Patient to implement  GP/nurse to review |
| Smoking | Complete cessation | Smoking cessation strategy  Consider  -Quit  -Medication  OR  As per Lifescripts action plan | Patient to manage  GP/nurse to monitor |
| Alcohol | Your target:  £ \_\_ standard drinks per day  Ideal:  £ 2 standard drinks per day (men)  £ 1 standard drinks per day (women) | Reduce alcohol intake  Patient education  OR  As per Lifescripts action plan | Patient to manage  GP to monitor |
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| **3. Biomedical** |  |  |  |
| ECG | Assess rhythm/ rate control / detect conduction changes / monitor effects of antiarrhythmic drugs | Annual ECG- more frequent if antiarrhythmic drugs used/ doses varied or condition changed  Home ECG (Kardia Alivecor) – patient to sample own ECGs for symptoms / monitoring of rhythm | GP /  Cardiologist to monitor AAD use  Patient (if chooses to use Kardia Alivecor home monitoring) |
| Echocardiogram | Monitor cardiac / valvular function | Annual test if history LV dysfunction, CCF, >moderate valvular disease; 2 to 3 yearly if none of above but >65 years | GP / Cardiologist |
| Cholesterol / Lipids for stroke prevention | Your target:  Cholesterol £ \_\_ mmols/L  Triglycerides £ \_\_ mmol/L  LDL-C £ \_\_ mmol/L  HDL-C ³ \_\_ mmol/L  Ideal:  Cholesterol £ 4.0 mmols/L  Triglycerides £ 2.0 mmol/L  LDL-C £ 2.5 mmol/L  HDL-C ³ 1.0 mmol/L | Annual check | GP |
| Blood pressure | Your target: <  Ideal: < 135/85 | Home BP monitor or  Check with GP every 6 months | Patient  GP / nurse |
| Sleep Apnoea Treatment where applicable | CPAP therapy or as recommended by Sleep Physician | Annual check | Sleep Physician / Nurse |
| **4. Medication** |  |  |  |
| Medication review | Correct use of medications, minimise side effects | Patient education  Review medications | GP /Pharmacist to review and provide education |
| Medication management | Use of Anticoagulants | NOACs first line, renal/ age dosing- annual renal function test | GP to monitor |
|  | Use of antiarrhythmic drugs for rhythm control | Review efficacy and dose – annual ECG or as required by dose changes | Cardiologist to monitor |
|  | Use of Beta-blockers/ Diltiazem / Verapamil | For rate control | GP to monitor |
|  | Use of Digoxin | When prescribed for rate control – annual serum digoxin level and renal function | GP to monitor |
| **5. Psychosocial** |  |  |  |
| Depression | Manage depression | Assessment.  Medication or cognitive behaviour therapy | GP to assess and initiate management |
| Social isolation | Reduce social isolation | Improve social support  eg referral to support group | GP to advise and monitor |

**Copy of GP Management Plan offered to patient?** [<<Copy of GPMP offered to patient?>>](##CUSTOM#|B|||1|N)

**Copy / relevant parts of the GP Management Plan supplied to other providers?** [<<Copy of GPMP supplied to other providers?>>](##CUSTOM#|L|||19|Yes|No|Not Required)

**GP Management Plan added to the patient’s records?** [<<GPMP added to patient's records?>>](##CUSTOM#|B|||1|N)

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| **Date service was completed:** [<<Date service completed>>](##CUSTOM#|D|||10|  /  /    ) | **Proposed Review Date:** [<<Proposed review date (recommended 6 months)>>](##CUSTOM#|D|||10|  /  /    ) |

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| **I have explained the steps and any costs involved, and the patient has agreed to proceed with the plan.** [<<Steps and costs explained, patient agreed>>](CUSTOM#|B|||1|N)  GP’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |