MCI or Dementia GP Management Plan: Recommended Components

Health issues, care needs, relevant conditions	How often	Treatment and services required, including actions to be taken by the patient	Arrangements for providing treatment/services (eg who, contact details, etc)
SEWB including quality of life, anxiety, depression and other BPSD	3-6 months		Mental health Dementia Support Australia for BPSD Geriatrician/ Psychiatrist
Cognitive assessment	3-6 months	Use assessment tool eg KICA Regular review to monitor for cognitive decline	AHW/Nurse/GP
Risk assessments: • falls • incontinence • pain • nutrition • Elder abuse	At each visit or 3-6 months	Consider using standardised tools	OT Physio/ Podiatry Community Dietician Dental review Home visits: care team; Referral MAC Continence Foundation Australia referral
Track function: • ADLs including self-care • driving • management of finances	3-6 months	Consider assessment of fitness to drive. Resources available at https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive Consider capacity re financial matters, appointment of power of attorney	GP/Nurse/AHW Allied health: OT, physio including home visits Consider referral to geriatrician for assessment of capacity
Medication review	3 months (dementia medications) 3-6 months (non-dementia medication	General review of adherence, efficacy and adverse effects of medications. Identify anticholinergic load, including antipsychotics, antidepressants, anticonvulsants, hypnotics. Monitor therapeutic response to dementia medications. Consider referral for home medication review (HMR)	GP Pharmacist

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Healthy lifestyle advice • physical activity • healthy diet • healthy weight • smoking cessation • safe alcohol	3-6 months	Provide advice including patient information resources	AHW/Nurse/GP Dietician Physio Exercise physiologist
Immunisation	Annual	Annual influenza Review need for pneumococcal, shingles	GP/Nurse/AHW
Dental and oral care	Annual	Monitor for poor oral health and problems swallowing, particularly in setting of weight loss	GP/Nurse/AHW Dentist
Vision	Annual		GP/Nurse/AHW Optometrist
Hearing	Annual	Refer to audiology annually if hearing impairment identified. Otherwise, 5-yearly.	GP/Nurse/AHW Audiologist
Planning	6-12 months	Clarify who is involved in decision-making, formalise medical decision making process, consider need for power of attorney for financial and other affairs, consider advanced care plan.	Consider case conference Consider family meeting
Clinical and support services	3-6 months or as required	Review all services involved in care including; • clinical services - geriatrician, allied health practitioners, palliative care, case manager, care coordinator, etc • support services - My Aged Care, social work, day programs, home support, etc Make sure communication/documentation is current in patient record.	Consider case conference Consider family meeting Refer to My Aged Care Refer to local ACAT Refer to local supports including Dementia Australia or Dementia Support Australia Consider referral to Palliative Care
Carer health and well being	3-6 months	Review general health including screening for mental health issues in carers	Mental health review for carers Refer to Carers Australia Refer to Dementia Australia for education Refer to dementia Support Australia for assistance of management of BPSD Consider carers allowance
General health care review	6-12 months	Review of care plan Annual Indigenous health incentive PIP registration Consider annual MBS 715 health check or other health assessment (75+ or resident of aged care home)	AHW/Nurse/GP Assist patient to attend (e.g. reminder call). (Admin) Travel assistance