4 Clinical assessment and management

Clinical assessment of adults

Attention

- **If visitor to community** — get permission to call person's clinic/doctor for up to date medical information, or to access their PCEHR
- **Have clinic process for matching the person to the right file notes**. When person arrives check full name, age, date of birth (if able). If English a problem — use other identifying points (eg relatives' names, skin names)
- **Be systematic and thorough** (comprehensive)
  Remember: Person may have more than one thing wrong
- **Use holistic approach** — consider physical, emotional, social, spiritual wellbeing of person, in context of their family and community
- **Explain what you are doing as you go along.** Encourage, reassure, apologise for any discomfort you are causing, ask permission to continue
- **Use opportunity to talk to person about their health problems and risk factors**. Offer advice and education if they are interested — brief intervention (*p138*). If first time you have seen person — consider asking them back to talk about these issues

What you need

Paper work and admin

- Person's file notes
- Clinical protocol/procedures manuals
- Appointment cards

Equipment

- Stethoscope
- BP machine
- Scales and stadiometer (height)
- Tape measure
- Thermometer
- Blood glucose meter, Hb, O_2 sats etc
- Blood collection equipment (*p370*)
- Urine pots, urine dip sticks
- Education materials about condition and/or treatment (eg displays, models, pamphlets)

What you do

Before starting consult

- Consider cultural safety — who is right person to do consult, gender issues, how can person be made comfortable. Is an interpreter needed
- Consider your own safety and the safety of the person
- **Read file notes**. Don't duplicate work already done by colleagues

Starting consult

- **Open consult** — greet person be name, introduce yourself
  - Check that file notes you have belong to the person
- **Start assessment as person walks through door**. Notice their general appearance, speech, gait, posture and body shape, skin, odour, personal details such as clothing
  - If clearly medical emergency or trauma situation — go straight to appropriate protocol/procedure
- Check have following information, ask if anything has changed
  - Allergies — to food, medicine, animals, other things
  - Medicines
    - Prescribed — how long, what, when, where, why, any problems
    - Over the counter, herbal, alternative, traditional/bush
    - Contraceptives
  - Immunisation status
  - Next of kin, address

History taking

Presenting complaint

- Why person has come today
- Listen, encourage, use silence (give person space to consider and talk). Listen for **OLD CARTS**

O nset — when did it start
L ocation — where does it hurt, where is problem
D uration — how long, had it before, what happened then
C haracteristics — description of pain, problem
A ggravating factors — what makes it worse
R elieving factors — what makes it better
T reatments — what have they tried, what they think it is, how it is impacting on them and others, anything else
S igns and symptoms (other) — other problems, quick systems review, last menstrual period, anything else you need to know to look after them

- Have they had contact with someone different, been doing anything different lately (eg travel, work, activities)
- **If you can't work it out** — work backward. What were they doing, what did they eat/drink this morning, last night, yesterday

Review

If new to service or not yet recorded — may take several visits to complete.

- Ongoing health problems
- Screening tests — last health check, pathology results, follow-up
- Current health status — SNAPE

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S moking — how many, how long, quitting experience
N utrition — appetite, weight gain/loss, diet
A lcohol and Drugs — how much, how long, quitting experience
P hysical activity — when, what, how often
E motional wellbeing — motivation, enjoyment, more or less happy, more or less sleep, looking forward to anything, anxiety, self harm, domestic/family violence – 'Do you ever feel unsafe' (*CARPA STM p54*)

- **Past medical history** —from patient, relatives, other clinics, hospital records
  - Illnesses — as child/adult, psychological
  - Accidents, injuries, domestic/family violence (*CARPA STM p54*)
  - Chronic disease
  - Hospitalisation, operations
  - Gynaecological/obstetric — periods, number of pregnancies, number of live births, child spacing, contraception, sterilisation
- **Family medical history** — partner, children, parents, siblings, grandparents
- **Social history** — home situation, education, occupation, income source, marital/defacto status, mobility, environmental issues, cultural supports and responsibilities

Clinical examination

- Use look, listen, feel, discuss
- Temp, pulse, BP, RR
- Other investigations as needed — U/A, pregnancy (*WBM p279*), BGL (*p381*), Hb (*p383*), O_2 sats, ECG, weight, BMI (*p108*), waist circumference (*p111*)
  - Offer appropriate screening tests — Adult Health Check (*p123*), STI check – man (*CARPA STM p272*), woman (*WBM p238*)
- Use history to determine examinations needed
  - Always examine systems associated with presenting complaint, and systems above and below
  - Hands can be non-threatening place to start physical examination

Examining hands

- Hold hands flat, look for deformity of nails
  - Clubbing — F 4.1, spooning — F 4.2
- Check capillary refill by pressing on nail bed and letting go. Pink colour should return in less than 2 seconds
- Ask person to squeeze your hands. Is pressure the same on both sides
- Gently move and rotate hands and elbows, check tone and strength


4.1


4.2

- Follow with the appropriate procedure for each system review needed
  - Skin exam (*p266*)
  - Eye assessment (*CARPA STM p343*)
  - Ear exam (*p158*)

- Mouth, throat, teeth and gums exam (*p172*)
- Lungs and respiratory system exam (*p186*)
- Abdominal exam (*p198*)
- Rectal exam (*p203*)
- Foot exam (*p259*)

Managing care

- **Talk about findings**. Summarise what person said, what you did/didn't find, explain what you think it is/isn't. Use diagrams
- **Consider**
  - Age/place risk — what's common or high risk in this age group, and/or this place
  - What you can't afford to miss — what's most likely, what is clinically important
  - What person is trying to tell you
- Use clinical guidelines to determine best treatment options
  - Consider patient preferences and limiting factors (eg pregnancy, allergies, location, travel needs)
- Talk with person about care options, management plan, further investigations, referrals to other services or specialists
- Offer due/overdue care for ongoing conditions
  - See *Combined checks for chronic diseases* (*CARPA STM p239*)
- Agree on follow-up, when to come back for review, results, next check
  - Offer follow-up even if person doesn't want treatment at this time
- Talk about risk factors and health promotion, record any strategies or changes that person says they will/won't try (eg diet, exercise, quitting smoking)
- Consider public health issues, health promotion, immunisation, screening

Finish consult

Close consult

- Summarise management plan and follow-up for person
- Give appointment card, referrals, prescriptions/medicines as needed
- Check for final questions
- Encourage, reassure, give hand-out on condition and/or treatment

Document consult

- Record straight away
  - In file notes using local system (eg SOODA-F *p117)*
  - In PCEHR
  - On clinic recall system
- Send letters/summaries to other services identified by person

Reflect on consult

- How did it go
- What did you notice about person, about yourself or your reactions

Clinical assessment of children

Attention

- A child's parent or guardian should always be present to provide legal consent, and help with communication and on-going care
- **Prepare for children**
  - Have toys or paper and pencils to occupy child, lets you watch them playing
  - Watch child during whole consultation. Do they look sick, are they in pain or lethargic, are they interacting with parent/carer
  - Keep hands off as long as possible, watch and observe as you listen
  - Keep child development chart on clinic wall for easy reference

Remember: Charter on Rights of Children and Young People in Health Care Settings in Australia.

What you need

- See *Equipment* list (*p94*)

What you do

Starting consult

- **Open consult** — introduce yourself to child and parent/carer
  - Use child's name
  - Record name of parent/carer with child's name
  - Check who is legal guardian of child
- **Find out why child is there**
  - If new problem — start by taking a history
  - If review or follow-up — check file notes for earlier consult, follow-up plan
  - If child has chronic condition —
    - Check file notes for latest letter/s from specialist/s, management plans
    - Check recall register for scheduled follow-up
    - Take history, examine child with focus on chronic disease

History taking

- Ask about problem. When did it start, where, how bad, what makes it worse, what makes it better
- Ask general questions about child. Feeding well, sleeping, waking and playing normally
- Background
  - All file notes — local, from hospitals, other clinics
  - Operations, hospitalisations, accidents, injuries
  - Mother's health in pregnancy, birth, neonatal problems
  - Other family health issues

- For specific questions — see
  - *Breathing problems in children* (*CARPA STM p123*)
  - *Babies under 2 months who are sick or have a fever* (*CARPA STM p121*)
  - *Diarrhoea* (*CARPA STM p165*)
  - *Ear and hearing problems* (*CARPA STM p172*)
  - *Child neglect, abuse, sexual abuse* (*CARPA STM p143*)
  - *Urine problems — 2 months to 12 years* (*CARPA STM p184*)
  - *Infant and child growth and nutrition* (*CARPA STM p154*)
- Immunisation status, medicines, allergies
- Child's diet, what they usually eat and drink
- Concerns about child's development (*CARPA STM p151*) including
  - At school — specific problems, interactions with peers
  - Behaviour — bladder control (enuresis), temper tantrum, thumb sucking, pica, nightmares
- Social issues — who is in the family, income, food supply, washing facilities for child, pets
- Environment — smoke exposure, domestic/family violence, child safety, can they swim, heating and cooling of home, refrigeration, insect screens, dust control

Clinical examination

Note: To assess young child properly you must undress them. Young child may be more comfortable sitting on parent/carer's lap.

- Use a systematic approach
  - If not sure — ask senior colleague to check, or **medical consult**
- **Observe** — before touching
  - Behaviour
  - Conscious state
  - Interaction with parent/carer, with yourself
  - Colour, cough, respiratory distress, looks sick or well
  - If crying — character of cry (eg irritable, high pitched, whimpering)
  - Respiratory rate
- **Examine** from head to toe — do ENT exam last, likely to upset child
  - Fontanelle — sunken, bulging
  - Eyes — colour, discharge
  - Hair
  - Neck — look and feel for lymph nodes
  - Chest — remove shirt completely
    - Look at work of breathing (eg indrawing, nasal flaring)
    - Listen for heart sounds (eg murmur)
    - Listen for breath sounds (eg crackles, wheeze)
  - Abdomen — lie child down. Is it soft, check for tenderness, masses, guarding. Bowel sounds

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  - Genital area — nappy rash, lesions, testes descended in boys
  - Hands and feet
  - Skin — look all over for bruises, sores, other lesions
  - Check hydration/dehydration
  - Look in ears with otoscope (*p158*)
  - Look in mouth at teeth, tongue and throat
- **Measure**
  - Height/length
    - Babies, children under 2 years — lying down (length) with 2 people holding, using fixed board or measuring mat, without nappy
    - 2 years and over — standing up (height) using stadiometer, without shoes. Record to nearest 0.1cm
  - Weight
    - Babies, children under 2 years — on baby scales, naked (no nappy or singlet)
    - 2–3 years — on adult scales, wearing nappy/pull ups only
    - 3–5 years — on adult scales, wearing singlet and underpants/nappy only
  - Head circumference — under 1 year
    - Find and measure widest part of head (horizontally). Use a narrow, non-stretch, flexible tape
  - Temp (*p105*), pulse (*p105*), BP (*p106*)
    - If BP at or above levels in Table 4.1 — needs investigation

Managing care

- After determining the problem, get advice from doctor or more experienced member of health team if needed before making a final management plan
  - See protocols for specific problems
- When management plan decided
  - Talk with child and parent/carer about plan
  - If more than 1 thing — write plan down for parent/carer
  - If referral needed — talk with parent/carer about this
- If giving medicine (*p338*) — get medicine from drug room, show to parent
  - Give or watch parent/carer give first dose if possible. Explain how often and how long to give
  - Advise parent/carer where to store medicine, side effects, warnings

Table 4.1: BP levels that need further investigation, by age and sex

Age (years)	Systolic BP (mmHg) – male	Diastolic BP (mmHg) – male	Systolic BP (mmHg) – female	Diastolic BP (mmHg) – female
3	100	59	100	61
4	102	62	101	64
5	104	65	103	66
6	105	68	104	68
7	106	70	106	69
8	107	71	108	71
9	109	72	110	72
10	111	73	112	73
11	113	74	114	74
12	115	74	116	75
13	117	75	117	76
14	120	75	119	77
15	120	76	120	78
16	120	78	120	78
17	120	80	120	78
18 and over	120	80	120	80

Finishing consult

Close consult

- Summarise management plan and follow-up for child, parent/carer
- Give appointment card, referrals, prescriptions/medicines as needed
- Check for final questions
- Encourage, reassure, give handout on condition, if available

After the consult

- Record straight away
  - In file notes using local system (eg SOODA-F *p117*)
  - In PCEHR
  - On recall system
- Send letters/summaries to other services identified by parent/carer

Providing care for young people

- Key principles for providing care for all young people
  - Young people under 14 years should be accompanied by a parent or guardian
  - Young people 14–16 years may be able to access health care and give consent to treatment if they are assessed to be a 'competent minor'
- Competency
  - For young person 14–16 years to be 'competent' they must understand
    - Health condition
    - Treatment options including side effects
    - What will happen (consequences) if no treatment is given
  - Also consider the type of health issue
    - Young person may be competent to provide consent for relatively minor issue (eg contraception) but not for life threatening issue (eg surgery)
  - If intellectual disability or severe mental illness (eg acute psychosis) — may not be competent, even if over 16 years
  - Young people who can't give consent should still be asked if they agree to treatment (provide assent)

What you do

Confidentiality

- Young people 14–16 years of age who are assessed to be competent should receive confidential health care
  - Builds trust between the adolescent and health care provider
  - Improves the quality of health care
- **Example of confidentiality statement**. "Everything we talk about will be confidential — that means it stays between you and me. But we will have to tell the right people if someone is hurting you, you are hurting yourself, or you are hurting someone else. If I have to break confidentiality, we will do it together"

Mandatory reporting

- Important you understand laws regarding mandatory reporting in your state/territory
- Mandatory to report young person at risk of
  - Suicide, homicide, serious harm to self or others
  - Sexual, physical or emotional abuse, neglect, exposure to violence
    - In NT, mandatory to report 14–15 year old if sexually active with someone more than 2 years older, even if consent

The HEADSS framework for Psychosocial Health Assessment

Use the HEADSS framework to help you engage with young people. Young people are more likely to talk about sensitive issues and seek help if asked directly, and confidentiality has been discussed.

Table 4.2: HEADSS interview guide

Home	• Where do you live • Who do you live with • How do you get along with each member • Who could you go to if you needed help with a problem • Have there been any recent changes
Education & employment Eating Exercise	• What do you like about school/work • What are you good/not good at • How do you get along with teachers/your employer and other students/colleagues • Is there an adult you can talk to at school about how you feel • Have your grades changed recently • Many young people experience bullying at school/work, have you ever had to put up with this • What are your future plans • Do you have meals with your family? How often do you do so • Who cooks at home? What do you have • Is anyone worried about your weight? Are you happy with your weight • Do you worry about your weight • How do you get to school or work • Do you play a sport • How often do you do any form of physical activity
Activities and peers	• What do you like to do for fun • What sort of things do you do in your spare time out of school • Who do you hang out with • What sort of things do you like to do with friends • Tell me about parties • Do you belong to any clubs, groups etc • How much TV do you watch each night • Do you use the computer/tablet/ phone for talking to people
Drugs	• Are you on any regular medicine • Anybody in your family smoke cigarettes/cannabis or drink alcohol frequently • Many young people at your age are starting to experiment with cigarettes or alcohol • Have any of your friends tried these or maybe other drugs like cannabis, IV drugs, amphetamines and ecstasy • How about you, have you tried any • What effects do drug-taking, smoking or alcohol have on them/ you • Do they/you have any regrets about taking drugs • How much are you taking and how often, and has your use increased recently

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Sexuality	• Some young people are getting involved in sexual relationships, have you had a sexual experience with a guy or girl or both • Has anyone touched you in a way that has made you feel uncomfortable or forced you into a sexual relationship • How do you feel about relationships in general and about your own sexuality (sexual feelings toward others)
Suicide	• How do you feel in yourself at the moment on a scale of 1 to 10 — 1 being very bad and 10 being very good • What sort of things do you do if you are feeling sad/angry/hurt • Is there anyone you can talk to • Do you feel this way often • Some people who feel really down often feel like hurting themselves or even killing themselves. Have you ever felt this way • Have you ever tried to hurt yourself • What prevented you from doing so • Do you feel the same now • Do you have a plan
Safety	• Sometimes when young people are drunk or high, they do not think about what they are doing. Have you ever driven a car when you were drunk or high • Have you ever ridden in a car with a driver who was drunk or high • Have you ever felt that you needed to carry a knife or other weapon to protect yourself
Strengths/ spirituality	• How would you describe yourself • What are you best at • How would your best friend describe you • Does your family attend a place of worship? What do you think about that • Do you believe in something outside yourself • Who do you talk to when you feel upset about something/when you feel really happy about something

Normal temperature range

- **Do not** use tympanic thermometer if person has hole in eardrum

Table 4.3: Normal temperature ranges

How taken	Normal temp (°C)
Mouth (oral)	36.5–37.5
Under arm (axillary)	36.0–37.0
Rectal	37.0–37.8
Ear (tympanic)	36.8–37.8

Respiratory rate (RR) and heart rate (pulse)

- Listen to heart sounds in same places as you do an ECG
- If heart sounds unusual or different from other children or adults
  - Get colleague to check
  - Check notes to see if detected before. If new — refer for assessment

Table 4.4: Respiratory rate and pulse rate by age

Age of patient	Respiratory rate range (breaths/min)	Pulse rate range (beats/min)
Newborn	30–60	110–160
3 months	30–50	110–150
6 months	30–50	110–150
1 year	20–40	110–150
2 years	20–30	95–140
4 years	20–25	95–140
6 years	20–25	80–120
8 years	20–25	80–120
10 years	20–25	80–120
12 years	16–20	60–100 *OR* pregnant 80–110
14 years	16–20	60–100 *OR* pregnant 80–110
17 years and over	16–20	60–100 *OR* pregnant 80–110

Taking BP reading — adults

Attention

- To measure BP accurately, must use right sized cuff
  - Depends on length and width (circumference) of upper arm. Inflatable air bladder in cuff must have
    - Width at least 40% of arm circumference
    - Length at least 80% of arm circumference — almost long enough to go all the way around arm

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- Diastolic (last sound you hear) reading is taken from time **sound disappears** — not when it becomes muffled
- Best if person
  - Has not smoked or drunk tea, coffee, caffeine soft drinks for 30 minutes
  - Has been sitting quietly for at least 10 minutes
- If part of cardiovascular examination or no previous recording — check BP on both arms. Note difference (if any) and then use the arm with the higher reading
- **Never** check BP on arm with AV fistula

Normal BP for an adult varies depending on gender, age, levels of fitness etc.

- As a general principle
  - Systolic pressure should be less than 130mmHg
  - Diastolic pressure should be less than 80mmHg

What you do

- Choose right sized cuff for person's arm
- Sit person comfortably with arm resting on table or pillow, just above level of their waist
- Make sure air bladder is flat, fixed firmly, right over artery in upper arm
- Make sure stethoscope bell is put right over brachial artery in elbow crease
- Make sure manometer/mercury needle level on zero when you start to blow up cuff
- If you can't hear systolic or diastolic sounds the first time — make sure you let all the air out of cuff, **wait a minute** before trying again

Taking BP reading — children

Attention

- Try to take BP when child content. If child upset — may need to repeat when settled
- Cuff needs to cover ⅔ of child's upper arm. If cuff too narrow or too wide — reading may be wrong

Remember: Diastolic reading taken at muffling of sounds — not when they disappear (as for adults).

What you do

- Follow same general principles as for adults
- Diagnosis of high BP needs BP to be high on more than 1 occasion
- **BP depends on height** —Tables 4.5 and 4.6 assume child is on 50th percentile for height
  - Adjust target if child is very short or very tall
    - Subtract 5mmHg for children on the 5th percentile height-for-age
    - Add 5mmHg for children on 95th percentile height-for-age

Table 4.5: BP — girls under 18 years (percentiles)

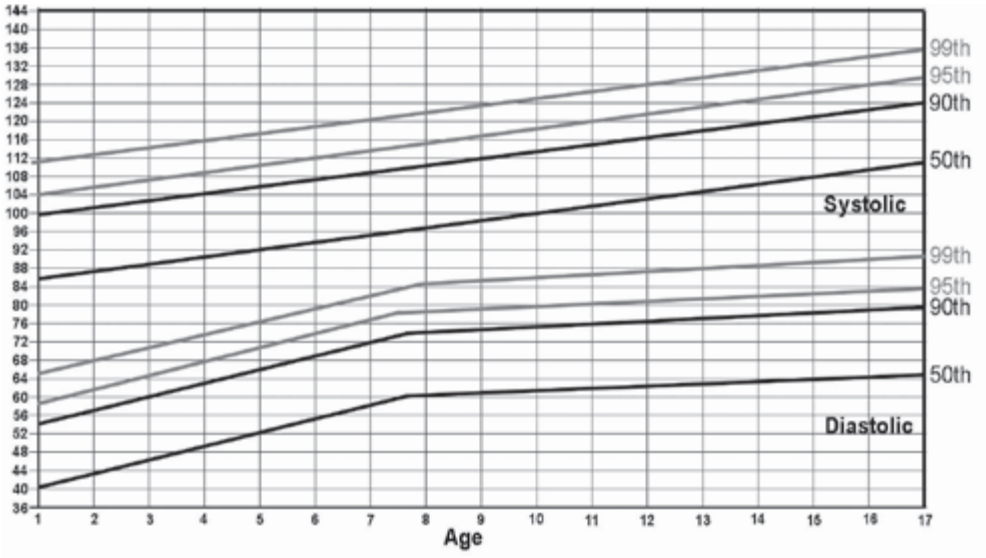
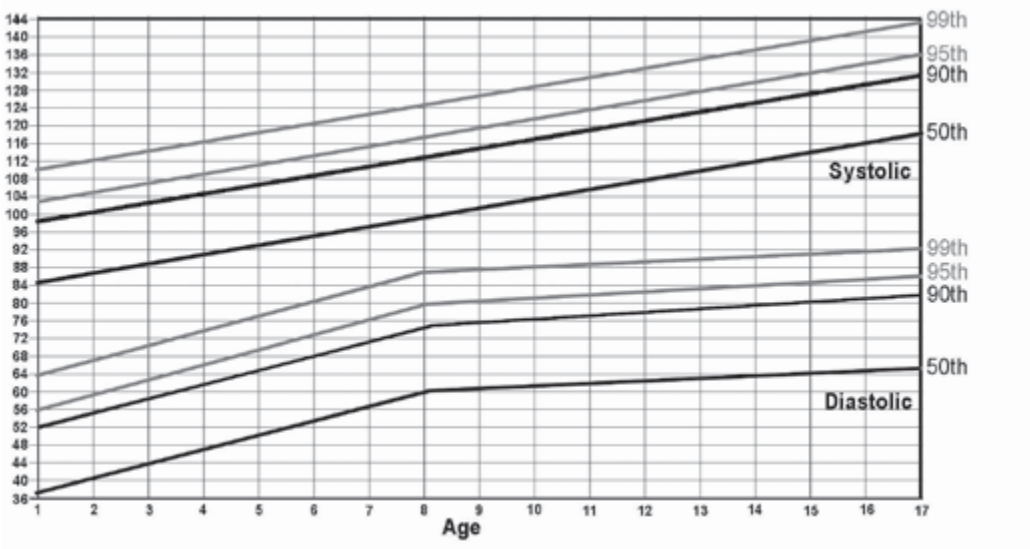


Table 4.6: BP — boys under 18 years (percentiles)



Calculating Body Mass Index (BMI)

Use tables below to work out healthy weight range for adults, children and young people under 20 years.

What you need

- Correctly calibrated standing scales
- Something to measure height accurately (eg stadiometer)

What you do

Weight

- Measure and record weight in file notes at each visit
- Babies, children under 2 years — on baby scales, naked (no nappy or singlet)
- 2–3 years — on adult scales, wearing nappy/pull ups only
- 3–5 years — on adult scales, wearing singlet and underpants/nappy only

Length or height

- Measure and record height only once for adults
- Babies, children under 2 years — lying down (length) with 2 people holding, using fixed board or measuring mat, without nappy
- 2 years and over — standing up (height) using stadiometer, without shoes. Record to nearest 0.1cm

BMI

Children

- Calculate BMI — weight (kg) ÷ height^2 (m)
  - For example — 22kg ÷ (1.1 x 1.1m) = 22 ÷ 1.22 = 18
- Plot BMI on chart by age and gender
  - Below 3rd percentile for age and gender — underweight
  - Above 85th percentile for age and gender — overweight (5–19 years), risk of overweight (0–5 years)
  - Above 97th percentile for age and gender — obese (5–19 years), overweight or obese (0–5 years)

- Percentiles and z-scores
  - 3rd percentile = z-score of -2
  - 85th percentile = z-score of +1
  - 97th percentile = z-score of +2
- *OR* use WHO Anthro calculator to work out percentiles or z-scores www.who.int/childgrowth/software/en

Adults

- Calculate BMI — weight (kg) ÷ height^2 (m)
  - For example — 82kg ÷ (1.63 x 1.63m) = 82 ÷ 2.66 = 30.83
  - *OR* see Table 4.11

Table 4.7: BMI-for-age — girls 0–5 years (percentiles)

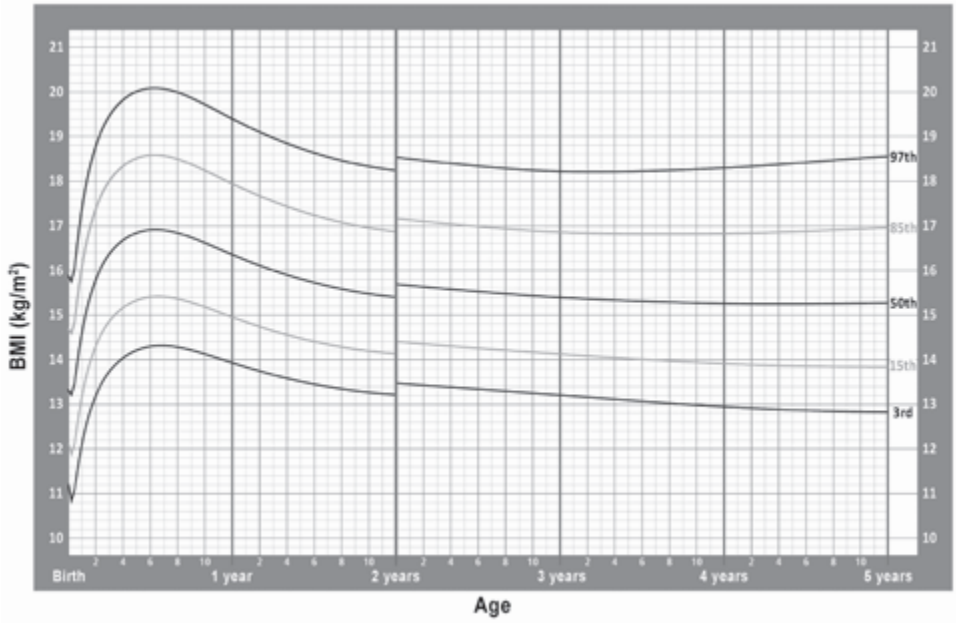


Table 4.8: BMI-for-age — boys 0–5 years (percentiles)

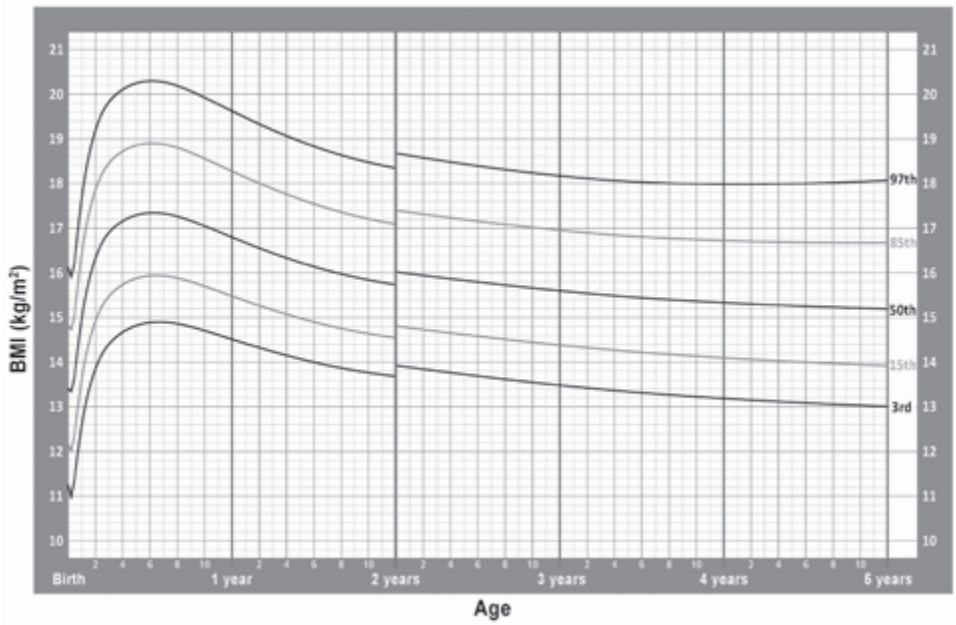


Table 4.9: BMI-for-age — girls 5–19 years (percentiles)

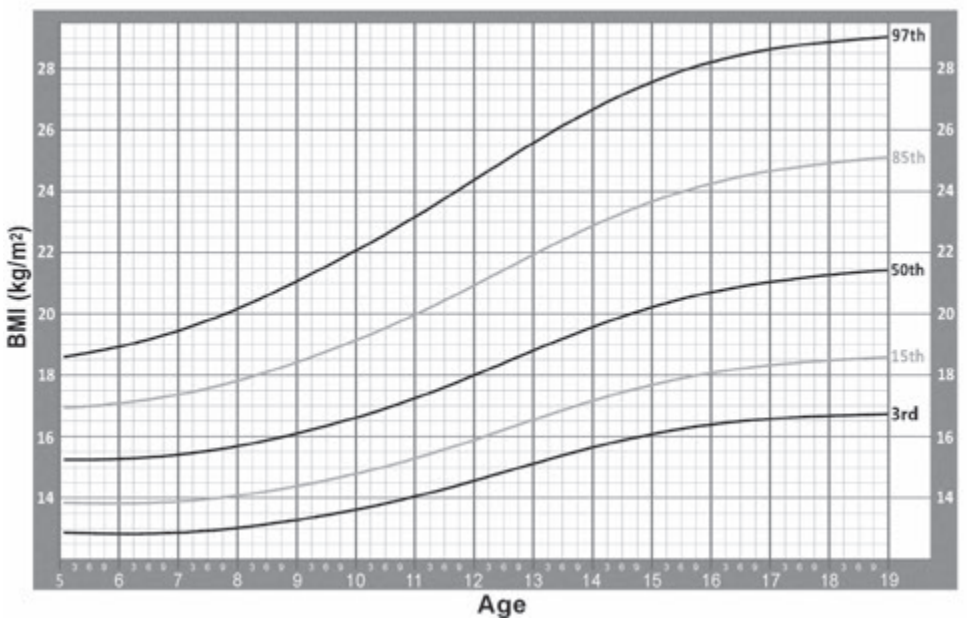


Table 4.10: BMI-for-age — boys 5–19 years (percentiles)

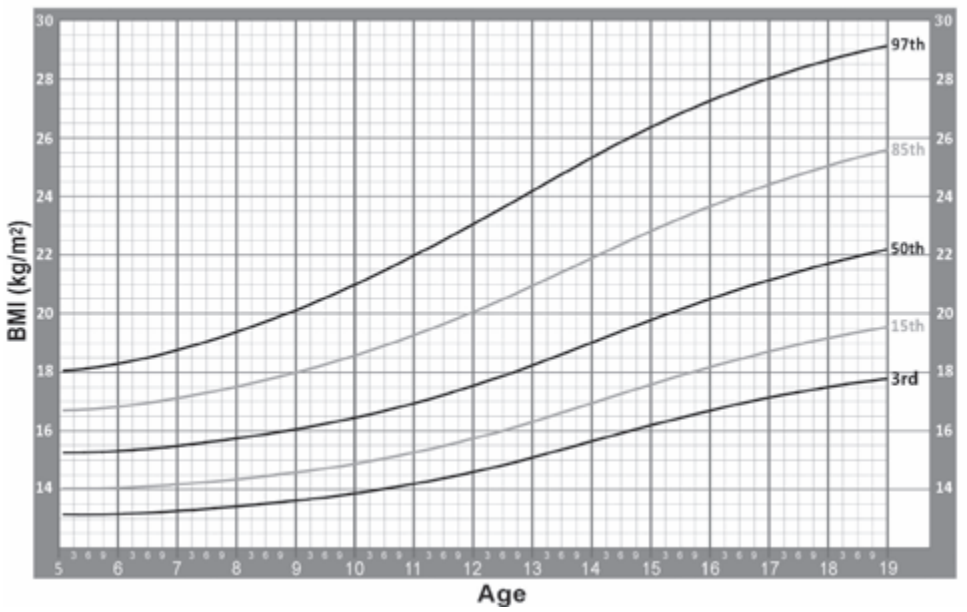
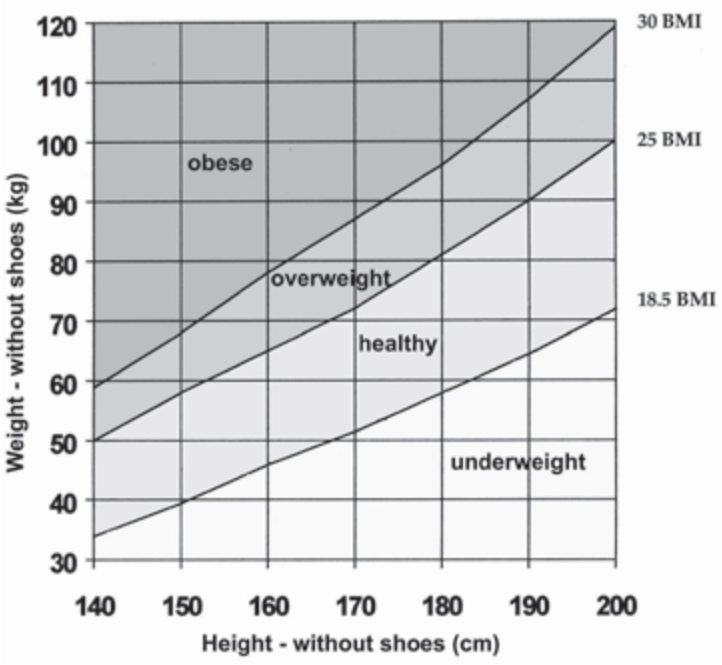


Table 4.11: BMI chart for men and women over 18 years



Note: Also measure waist (*below*). Person can have a normal BMI but still have an unhealthy pot belly (abdominal fat), or have a higher BMI because of muscular build. A higher BMI may be more acceptable for people over 65 years.

Measuring waist

Attention

- Large waist measurement associated with increased risk of some cancers, heart disease, type 2 diabetes

Increased risk — waist more than 94cm men, 80cm women. **Greatly increased risk** — waist more than 102cm men, 88cm women.

- Waist measurement should be half (or less than half) of height measurement
  - Man who is 180cm tall should have waist measurement of 90cm or less
- Hips should be bigger than waist, but not always the case

4.3

What you do

- Put tape between lowest rib and top of hipbone, roughly in line with belly button — F 4.3
- Make sure tape is snug, without pressing into skin. Keep it even, don't let it slope down on one side
- Ask person to breathe out normally, measure against skin

Mental health assessment

Always consider drug or alcohol problems that may be present at same time as mental health issues.

Use this section to decide which *CARPA STM* mental health protocol to use for person you are assessing.

- Talk with family and ATSIHP about person, their behaviour, who is best person to sit with them while you talk with them
- If person violent or seriously disturbed — **first** see *Mental health emergency* (*CARPA STM p192*)
- If person talking about suicide — **first** see *Suicide risk* (*CARPA STM p207*)

Children and young people

- Always consult with child and adolescent mental health team
- Before giving mental health medicines — **medical/child and adolescent mental health team consult**
- Make sure they have family or carers who can support them, check on their safety and wellbeing while care and management being arranged

The interview

- **Consider your safety first** (*CARPA STM p192*)
  - In some circumstances you may need to involve police
- Talk with person in quiet place with lots of light — speak calmly and clearly, use simple language, listen carefully
  - Use interpreter if needed and available
  - May help to have another person of same culture present
  - Allow enough time for person to tell their story
- Be aware of non-verbal cues — be calm and non-threatening, with open relaxed body posture
- Develop relationship and trust by talking about familiar things (eg family, country) and person's strengths, before talking about problems
- Explain what you are doing, what is happening, that you need to ask a lot of questions to work out how to help and what to do
- Work with person to solve problems. Mental health problems are very common and most people recover — encourage positive outlook
- Work on strengths that you find in/around person's life
  - Stay Strong Plan — brief intervention style tool for talking about what keeps them strong, what takes away their strength, staying in balance. Can introduce goal setting
    - See AIMhi NT — www.menzies.edu.au/page/Resources/

Ask — take full history

- Why they have come — ask person, family, other people for their parts of the story

- Personal, family, community problems
- Ask screening questions for anxiety (*CARPA STM p196*), psychosis (*CARPA STM p205*), depression (*CARPA STM p201*)
  - Don't forget to ask about sleep, appetite
- Any mental health problems or treatment in the past — what helped
- Any medical sickness, current treatments
- Alcohol (grog) or other drug use — see *Alcohol assessment* (*CARPA STM p209*)
- Is there a cultural reason/explanation
  - Is this presentation outside what is culturally appropriate now

Check

- Do clinical assessment to exclude physical causes
  - Temp, pulse, RR, BP, O_2 sats, BGL, weight, waist measurement
  - U/A, send urine for drug screen
  - Consider head injury (*CARPA STM p72*), infection (eg chest [*CARPA STM p309*], ear [*CARPA STM p172*], UTI [*CARPA STM p411*]), epilepsy (fits), encephalitis, medicine toxicity, hearing impairment, electrolyte imbalance, thyroid dysfunction, anaemia
- **Mental status examination** (*below*)
  - How does person seem to you — use these prompts to help you to describe person's presentation
- **Cognitive assessment** — if worried that person is not thinking clearly. Screens for whether brain is working properly (cognition)
  - Kimberley Indigenous Cognitive Assessment – cognitive component (KICA-COG)
  - Mini Mental State Examination (MMSE)
- Risk assessment (*p114*)

Mental status examination

Consider how person usually is (or ask someone who knows them) and cultural context, how are they different now. Most of this will be observed during consultation, rather than needing a separate assessment.

- Useful headings and examples to consider include
  - **Appearance** (as if looking at a photo) — facial expression, clothes, jewellery, make-up, sunglasses, personal care, skin condition, body size
  - **Behaviour** (as if looking at a video with sound off) — how are they acting — normal or bizarre, calm, agitated, cooperative, distracted, withdrawn, restless, overactive, posture, movements including walking
  - **Mood** (what person describes) — sad, worried, nervous, cranky, happy, angry/wild
  - **Affect** (what you describe) — flat, crying, irritable, mood swings, angry, too happy, frightened, unconcerned, excited, aroused. Comment on whether mood and affect match (are congruent)

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- **Speech** (as if listening to tape recorder) — absent, faster or slower than usual, unstoppable, pressured, slurred, loud or soft
- **Thoughts**
  - Form — lose track of conversation, mixed up talk, not making sense
  - Content — suicide talk, talking about hurting self or others, overly suspicious (paranoia), excessively grand or believing things that are not true (delusions)
- **Perception** — does person hear (auditory), see (visual), taste, smell or feel (sensory) things that are not really present (hallucinations). Consider cultural context
- **Cognition** — can person remember things, recognise people. Are they confused about who they are, where they are, why they are there
- **Insight/judgement** — does person realise there is a problem, do they understand what the problem is, are they doing silly or dangerous things

Risk assessment

Use to help decide if person can be safely managed in community or needs to be sent to hospital for further mental health assessment and treatment.

- **Consider**
  - Risk to self
    - Suicide (*CARPA STM p207*) or self-harm
    - Vulnerability — financial or sexual exploitation, neglect, accidents, physical deterioration, victim of violence (eg domestic/family violence *CARPA STM p54*)
    - Absconding, wandering
    - Reputation, poor judgement, unrestrained spending, poor decisions (manic behaviour)
  - Risk to others
    - Especially children — can't make themselves safe
    - Violence, intimidation, sexual risk
  - Serious or unstable medical condition
  - Protective factors (things that keep person safe in community)
    - Responsible person or carer they will respect, listen to
    - Level of insight, ability to accept help, support, treatment
    - No history of significant violence, self-harm, suicide attempts
    - Community capacity to support and care for person

Remember: If issue of public safety — police must be contacted.

Mental health crisis lines in each state/territory can help with risk assessment (eg NT Mental Health Access Team).

Interpretation

- Talking about suicide or self harm — see *Suicide risk* (*CARPA STM p207*)
- Hallucinations, delusions (*CARPA STM p198*), bizarre behaviour — may have schizophrenia or drug induced psychosis. See *Psychosis* (*CARPA STM p205*)
- Withdrawn and sad, not eating or drinking, not talking, not getting out of bed, poor hygiene — may have depression (*CARPA STM p201*)
- Edgy, worried, restless — may have anxiety (*CARPA STM p196*)
- Recently confused, unable to concentrate, poor orientation — may have delirium (*CARPA STM p198*). **Potential medical emergency**
- Poor orientation, poor memory, slowly getting worse — may have dementia (*CARPA STM p198*)
- Overactive, grand ideas, not sleeping, pressured speech — may be manic phase of bipolar disorder. See *Psychosis* (*CARPA STM p205*)
- Consider effect of alcohol (*CARPA STM p209*), cannabis (*CARPA STM p218*), kava (*CARPA STM p220*), volatile substances (*CARPA STM p226*), amphetamines (*CARPA STM p214*), prescribed medicines

Recording in the file notes

These are principles only. Always check and use local documentation style and system already in place.

Attention

- Patient file notes must always be clear and complete. Written documents must be signed and dated. Electronic records have inbuilt signatures. ***Remember:*** They are **legal documents** and may be needed later
- **Accurate records** make sure you and your colleagues can properly and safely care for patients. Encourage sharing of best practice within remote health care team, across settings and services
- Make sure you have **right file notes** for **right person**
- Always record information in file notes **as soon as you can** after seeing person. Work as if you may not be there in the next few minutes/hours
- Always record full name and title of practitioners you consult with
- If you make a mistake or put entry in wrong record — cross it out neatly with a single line (it should still be clear). Explain your error and sign
- **Do not** suggest a number of diagnoses and then treat only one of them. Record plan for each, including health promotion
- **Do not** create confusion by using medical symbols or shorthand terms (eg '0 wheeze' should be 'no wheeze')

What you need

- Pen. Black ink is best — **do not** use pencil or red pen
- *OR* access to electronic system used by service

What you do

- Use your clinical guidelines (record manual used)
- Record what you **do** and **don't** find, consultations, person's experiences, your decisions and actions

Written file notes

- Record date and time of each consult
- Record notes in dot points, keep writing on page lines
- Use next empty line below last entry, **do not** leave any spaces
- If you need to add details later —
  - Use new entry. Relate back to previous relevant entry by date/time
  - **Do not** write between lines of previous entry
- Finish entry with signature, your name printed in capital letters, role title (designation — eg RAN, RN, RM, ATSIHP, Dr)

Example of documentation format — SOODA-F

26 year old man with no previous major illnesses, accidents or injuries, no allergies, walks into clinic.

S – Story (OLDCARTS *p95*): 13/6/2017, 4.30pm

- History of fever, cough, tight persistent dull pain on right side of chest when breathing in for past two days, made worse by exercise, not radiating anywhere else, sleeping on 2 pillows, had pneumonia (for 4 weeks) 6 months ago
- Coughing green sputum since this morning
- Appetite OK, walked to clinic slowly
- Relieved by paracetamol

O – Ongoing health problems

- Type 2 diabetes, hypertension, taking prescription meds, no other drugs
- Non-smoker, occasional alcohol, works as mechanic, usually active
- Family history diabetes

O – Observations/clinical examination

- Usually fit young man, looks unwell, sitting up
- No clinical signs of dehydration. Teeth and throat OK, no nodes, sputum green, no blood. Crackles on right side, no wheeze heard. Heart sounds normal. Chest dull to percussion right side. Talking in sentences. Abdo soft
- T = 37.9, P = 110, RR = 26, BP = 130/90, O_2 sats on air 98% (REWS = 2)
- BGL = 14.1, ECG normal, troponin normal

D – Diagnosis

- Moderate pneumonia
- Diabetes, hypertension

A – Actions/management plans

- *CARPA STM* treatment options discussed
- Decided 3 days of IM procaine 1.5g (3.3mL) — then review. 1st given 5.15pm
- Paracetamol 500mg x 2 tablets every 6 hours, if needed
- Bloods taken for chronic disease review
- Continue chronic medicines
- Family support good, advised rest and plenty of fluids

F – Follow-up

- Asked to return at any time if no improvement, or gets worse
- Otherwise to return at same time tomorrow for 2nd procaine injection, review BP, BGL, repeat ECG. Appointment card given
- Path results due 1 week. For chronic disease review post results

Child health check (0–5 years)

Encourage all parents/carers to bring children for regular health checks. At every session also check immunisations, ask parents/carers about child's health and development, if they have any worries.

- Examine whole child — especially ears, teeth and gums, skin
- Do age appropriate health promotion, education

If you or parents/carers concerned about child's development — refer to child health nurse, allied health, doctor or paediatrician.

If disability identified — ensure child has care plan or management plan (*p128*), refer to allied health.

Note: Care plans for child health checks may be available on your clinic patient information system.

Table 4.15: Child health checks

Visit	Check or Do	Promote
Birth	• Newborn examination • Neonatal screening test (heel prick) • Neonatal hearing screening — must be done before 3 months	• Breastfeeding • SIDS prevention ◦ Sleep baby on back ◦ Sleep baby in carer's room in own safe sleeping place, not sharing a bed ◦ **Do not** smoke near baby ◦ **Do not** wrap baby too tightly • Hygiene ◦ Wash hands with soap ◦ Keep face clean ◦ Change nappies regularly and wipe skin well to avoid nappy rash ◦ Bath baby at least every second day • Safety ◦ Car restraint • Play with and talk to baby
First visit on arrival home	• Check antenatal and birth records. Note any medical problems, or history of smoking, alcohol or drug use, domestic/family violence • Feeding • Measure, plot, assess growth (*CARPA STM p156*) • If no neonatal hearing test — arrange	
6–8 weeks	• 6–8 week postnatal check (*WBM p231* or local protocol) • Mother's postnatal check (*WBM p219*) • Measure, plot, assess growth (*CARPA STM p156*) • Check skin, ears (*CARPA STM p172*) • Interaction between mother and child • Development ◦ Looking at mother ◦ Starting to smile, vocalising	
4 months	• Measure, plot, assess growth (*CARPA STM p156*) • Check skin, ears (*CARPA STM p172*) • Interaction between carer and child	

►

Visit	Check or Do	Promote
6 months	• Measure, plot, assess growth (*CARPA STM p156*) • Check skin, ears (*CARPA STM p172*), Hb, for cough • Lift the lip to check teeth (*CARPA STM p164*) • Interaction between carer and child • Development ◦ Laughs, coos, squeals, coughs ◦ Looks for adult who is talking ◦ Reaches for objects ◦ Sits with support	• Breastfeeding • Start food and offer water at around 6 months (*CARPA STM p154*) • Strong Teeth for Little Kids (*CARPA STM p164*) • Hygiene ◦ Wash hands with soap ◦ Keep face clean ◦ Change nappies regularly and wipe skin well to avoid nappy rash ◦ Bath baby at least every second day • Safety ◦ Car restraint ◦ Fall risks ◦ Poisoning risks • Play with and talk to baby, read books
9 months	• Measure, plot, assess growth (*CARPA STM p156*) ◦ Address growth faltering (*CARPA STM p158*) if present • Check skin, ears (*CARPA STM p172*), for cough • Lift the lip to check teeth (*CARPA STM p164*) • Interaction between carer and child	
12 months	• Measure, plot, assess growth (*CARPA STM p156*) ◦ Address growth faltering if present • Check skin, ears (*CARPA STM p172*), Hb, for cough • Lift the lip to check teeth (*CARPA STM p164*) • Interaction between carer and child • Development ◦ Listens and understands simple words, starting to say some words ◦ Interested in people ◦ Points to and picks up objects ◦ Moves around on own, starting to walk with support	• Age appropriate food and drinks (*CARPA STM p154*) • Strong Teeth for Little Kids (*CARPA STM p164*) • Hygiene ◦ Wash hands with soap ◦ Keep face clean ◦ Bath or shower at least every second day ◦ Change nappies regularly and wipe skin well to avoid nappy rash ◦ Brush all teeth • Avoid exposure to smoke • Safety ◦ Car seats ◦ Near water and fire ◦ Poisoning risks • Play and stimulation ◦ Stories, talking, singing in language and English ◦ Looking at books and pictures
18 months	• Measure, plot, assess growth (*CARPA STM p156*) • Check skin, ears (*CARPA STM p172*), Hb, for cough • Lift the lip to check teeth (*CARPA STM p164*) • Interaction between carer and child • Development ◦ Talking, saying several words. If not — refer for hearing test ◦ Points to familiar items when asked ◦ Holds cup and drinks from it ◦ Starting to feed self with spoon ◦ Walking. If not — medical review	

▶

<table>
<tr><th>Visit</th><th>Check or Do</th><th>Promote</th></tr>
<tr><td>2 years</td><td>• Measure, plot, assess growth (CARPA STM p156)
• Check skin, ears (CARPA STM p172), Hb, for cough
• Lift the lip to check teeth (CARPA STM p164)
• Interaction between carer and child
• Development
◦ Understands many words in language and English, uses 2 words together
◦ Developing fine motor skills (eg helping to dress and undress)
• Very mobile — can run, jump, kick and catch a ball</td><td rowspan="4">• Age appropriate food and drinks (CARPA STM p154)
• Strong Teeth for Little Kids (CARPA STM p164)
• Hygiene
◦ Wash hands with soap
◦ Keep face clean
◦ Use toilet
◦ Blow nose
◦ Brush all teeth
• Avoid exposure to smoke
• Safety
◦ Car seats, seat belts
◦ Near water and fire
◦ Poisons out of reach
• Play and stimulation
◦ Stories, talking, singing in language and English
◦ Looking at pictures, reading to child
◦ Count and compare objects, colours
◦ Encourage to attend child programs (eg playgroups)
• Give Get Set 4 Life — habits for healthy kids guide
• Prepare for school</td></tr>
<tr><td>3 years</td><td>• Measure, plot, assess growth (CARPA STM p156)
• Check skin, ears (CARPA STM p172), Hb, for cough
• Lift the lip to check teeth (CARPA STM p164)
• Interaction between carer and child
• Development
◦ Understands a lot, asks questions, 3 word sentences, follows instructions
◦ Plays with others
◦ Copies a line and circle
◦ Kicks ball</td></tr>
<tr><td>4–5 years – before school</td><td>• Measure, plot, assess growth (CARPA STM p156)
• Check skin, ears (CARPA STM p172), Hb, for cough
• Lift the lip to check teeth (CARPA STM p164)
• Check vision (p148) — refer if
◦ Visual acuity worse than 6/9
◦ Lazy eye (amblyopia) — best with Lea chart
• Interaction between carer and child
• Development
◦ Speech can be understood, asks questions
◦ Listens to and tells stories
◦ Takes turns and plays with others
◦ Dresses self
◦ Plays ball games</td></tr>
</table>

School-aged health check (6–14 years)

- Do yearly or when you get the opportunity
  - Young people under 14 years should be accompanied by a parent or guardian
  - Young people 14–16 years may be able to access health care and give consent to treatment if they are assessed to be a competent minor (*p102*)
- Make sure you understand issues of consent, child protection, mandatory reporting
  - Sexual activity in children under 14 years is always notifiable

Do first

- Decide who is able to give consent, then obtain and document consent
- Ask about appropriate adult support even if competent minor
  - Helps identify responsible adult to talk with about their health — parent, other family member, ATSIHP, trusted adult in community
- Review previous history — medical including medicines, social issues
  - Hearing — audiology reports, surgery
  - Respiratory (*CARPA STM p131*) — persistent wet cough, repeated chest infections especially if admitted to hospital
  - Acute rheumatic fever, heart disease
- Allergies and immunisations
- See *HEADSS framework for Psychosocial Health Assessment* (*p102*) for examples of questions that will help you complete checklist

Follow-up

- Arrange time for follow-up to talk about results, treatment, management
- If problems found — make sure person added to recall system
- If obese child 10–14 years (BMI for age and gender [*p108*] above 97th percentile) —
  - U/A for protein — if protein 1+ or more do ACR
  - BP — cuff needs to cover ⅔ of child's upper arm. If cuff too narrow or too wide — reading may be wrong
  - Take blood for random BGL, HbA1c, FBC, UEC, eGFR
    - Do POC test if available
  - Medical review
- Team approach needed to manage complex problems
  - Team could include the young person, family, clinic staff, doctor, paediatrician, dentist, physio, OT, speech therapist, hearing, eye team, nutritionist, mental health team, support services, council, housing associations, education system services

Note: Care plans for school-aged health checks may be available on your clinic patient information system.

Table: 4.14: School-aged health check — checklist

	6–9 years	10–14 years
Ask		
Home situation – carer, living arrangements, overcrowding	✓	✓
Hygiene – hand washing, clean face, tooth brushing	✓	✓Menstruation
Sleep – how much, when (day/night)	✓	✓
Education – school attendance/problems	✓	✓
Nutrition – how much, what kind	✓	✓
Physical activity/sport/ screen time	✓	✓
Social group – friends/peers/bullying	✓	✓
Smoking, smoke exposure (including camp fires)	✓	✓
Alcohol	–	✓
Other drugs	–	✓
Safety – seat belts, water safety, bike helmets, domestic/family violence	✓	✓
Gambling – how much, owing money (debt), missing school, parents	–	✓
Talk about safe sex and contraception • If sexual activity identified – see Flowchart 2.4: *Guidelines for suspected sexual assault, abuse or maltreatment of any person under 18 years* (*CARPA STM p149*)	–	✓
Self harm, suicidal thoughts	–	✓
Check		
Weight, height	✓	✓
BMI for age	✓	✓
Hb	✓	✓
Teeth and gums (lift the lip)	✓	✓
Visual acuity	✓	✓
Ears	✓	✓
Skin exam	✓	✓
If sexually active — consider offering STI check. See *STI checks for young people* first (*CARPA STM p276*)	–	✓
Do		
Due or overdue immunisations	✓	✓

Adult Health Check

Indigenous adults 15 years and over — aim for health check **every 2 years** to

- Find problems before they get serious
- Get appropriate health education and brief interventions
- Get care to promote a long healthy life

- Offer health check **every year** for individual assessment if
  - Women — diabetes in pregnancy (*WBM p118*), polycystic ovary syndrome (*WBM p307*)
  - First degree relative with diabetes or early onset (under 50 years) kidney failure or heart attack
  - Impaired glucose tolerance (IGT) (*CARPA STM p256*), microalbuminuria (*CARPA STM p237*)
  - Changes in BP or blood fats but low cardiovascular risk that don't need medicine but need regular review

Doing an Adult Health Check

Screening health check — different recommendations for Indigenous and non-Indigenous people based on prevalence of common diseases.

Remember: Results need to be followed-up.

- **Risk factors and problems assessed**
  - Chronic diseases, cardiovascular risk, STIs
  - Lifestyle risk factors, issues for older people
  - Cancers — cervical, breast, bowel
  - Common conditions often missed in routine health care delivery

Adult Health Checks can be provided 2 different ways

- Population health screen
  - Smaller number of strongly evidence based checks to find significant health problems. Allows maximum community coverage
  - Options to deliver this include
    - Community screening at health weeks
    - Opportunistic screening of individuals
    - Targeted screening of certain groups (eg by age group or disease)
- Population health screen plus individual assessment
  - Larger number of checks
  - Can then be claimed as Medicare Health Assessment
    - All Aboriginal or Torres Strait Islander patients – Item 715
    - Non-Indigenous adults meeting criteria – Item 701, 703, 705, 707

Always check

- Does person have known chronic disease. Checks in usual management plan will cover chronic disease part of Adult Health Check

Note: Care plans for Adult Health Checks may be available on your clinic patient information system.

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Adult Health Check checklist — population health screening component

Aim to screen everyone who is eligible with this checklist.

POPULATION HEALTH SCREENING	Indigenous adult 15–35 years	Indigenous adult 36–54 years	Indigenous adult 55+ years	Non-Indigenous adult 45–74 years	Non-Indigenous adult 75+ years
Ask					
Safer sex (*CARPA STM p285*)	✓	✓	✓	✓	✓
Lifestyle risk factors – SNAPE† (check file notes – don't do if done recently)	✓	✓	✓	✓	✓
Check					
U/A (protein)	✓	✓	✓	✓	✓
Urine ACR	✓30+ years 15–29 years – if protein 1+ or more	✓	✓	✓If protein 1+ or more	✓If protein 1+ or more
BP	✓	✓	✓	✓	✓
HbA1c, BGL (random/fasting)	✓	✓	✓	✓	✓
Lipids (random/fasting)	✓	✓	✓	✓	✓
FBC, UEC, eGFR	✓	✓	✓	✓	✓
Full STI check – man (*CARPA STM p272*), woman (*WBM p238*)	✓	–	–	–	–
Immunisation status	✓	✓	✓	✓	✓
Hepatitis B status (*CARPA STM p368*)	✓	✓	✓	–	–
Faecal occult blood test (FOBT) – every 2 years*	–	✓50+ years	✓	✓50+ years	✓
Cervical screening if due (*WBM p289*)	✓25+ years	✓	✓Stop at 74 years	✓Stop at 74 years	–
Mammogram – every 2 years (*WBM p285*)	–	✓50+ years	✓Stop at 74 years	✓50–74 years	–
Do					
Cardiovascular risk assessment (*CARPA STM p230*)	✓20+ years	✓	✓	✓	✓
Brief interventions (*p138*)	✓	✓	✓	✓	✓

* As part of the National Bowel Cancer Screening Program

Adult Health Check checklist — individual assessment component

Extra assessment items if resources/capacity, or plan to claim Medicare item.

INDIVIDUAL ASSESSMENT Complete to claim Medicare health assessment	Indigenous adult 15–35 years	Indigenous adult 36–54 years	Indigenous adult 55+ years	Non-Indigenous adult 45–74 years	Non-Indigenous adult 75+ years
Ask					
General health	✓	✓	✓	✓	✓
Social situation	✓	✓	✓	✓	✓
Family health history	✓	✓	✓	✓	✓
Hearing – hearing aids	✓	✓	✓	✓	✓
Vision – glasses, contact lenses	✓	✓	✓	✓	✓
Dental and oral problems – pain (*CARPA STM p335*)	✓	✓	✓	✓	✓
Menopause problems (*WBM p321*)	–	✓45+ years	✓	✓	–
Contraception (*WBM p334*)	✓	✓	–	–	–
Erectile dysfunction	✓	✓	✓	✓	✓
Osteoporosis risk factors††	–	–	✓	✓	✓
Physical function, falls, home accidents Social supports, nutrition Memory, dementia (*CARPA STM p199*)	–	–	✓If frail	–	✓If frail
Check					
BMI (*p108*), waist circumference (*p111*)	✓	✓	✓	✓	✓
Pulse	✓	✓	✓	✓	✓
PHQ2‡	✓	✓	✓	✓	✓
Mouth, throat, teeth, gums (*p172*)	✓	✓	✓	✓	✓
Vision (*p148*)	✓	✓	✓	✓	✓
Trichiasis (*CARPA STM p352*)	–	✓	✓	✓	–
Hearing – tuning forks (*p162*)	✓	✓	✓	✓	✓
Ears – wax, perforations	–	–	✓	–	✓
Breast exam (*WBM p270*)	–	✓50+ years	✓	✓50+ years	–
Skin exam (*p266*) – look for scabies (*CARPA STM p394*), sores, tinea	✓	✓	✓	✓	✓
Do					
Medical review	✓	✓	✓	✓	✓

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Follow-up

- Arrange time to talk about results, treatment, management
- Population screen
  - Review pathology results
    - Offer treatment if positive STI results
  - **Medical consult** if
    - Abnormal pathology result/s
    - Absolute cardiovascular risk more than 15%
- Individual assessment
  - **Medical consult** if any abnormal findings
  - **Dental consult** if oral or dental problems
  - Refer to other agencies as needed

† **Lifestyle risk factors (SNAPE)**

- **S** moking — ask how much, how long, tried to stop, want to stop
  Remember: Quitting is the most important lifestyle change
- **N** utrition — ask about fruit and vegetables, takeaways, sugary/soft drinks. Give information on healthy diet
- **A** lcohol — work out how much alcohol (grog) person drinks, provide information on safe drinking and cutting down. Ask about other drugs — cannabis (gunja), inhalants/sniffing, kava, party drugs
- **P** hysical activity — ask how much physical activity/exercise they get, give advice on recommended levels of physical activity
- **E** motional and social wellbeing — ask how they are feeling, how they are coping with everyday activities, loss and grief issues

See *Tobacco* (*CARPA STM p223*), *Healthy lifestyle choices* (*p143*), *Brief interventions (p138*).

Do a full review at least once a year. At other visits make relevant to person's behaviour — focus on agreed changes or highest risk.

†† **Osteoporosis risk factors**

- Bones — fracture with minimal trauma, poor bone density on x-ray
- Long-term use of glucocorticoid therapy (eg prednisolone)
- Early menopause (before 45 years)
- Too much caffeine — more than 4 cups of coffee, tea, cola most days
- Too much alcohol — more than 2 standard drinks most days
- Low calcium intake
- Not enough sunlight (vitamin D)
- Not enough weight bearing exercise

‡ Patient Health Questionnaire 2 (PHQ2)

Over the past 2 weeks how often have you been feeling the following?	None (Score 0)	A little bit (Score 1)	Most of the time (Score 2)	All of the time (Score 3)
Have you been feeling slack, not wanting to do anything?				
Have you been feeling unhappy, depressed, really no good, that your spirit was bad?				
Total score (0–6)				

Interpreting scores

- 0–2 — likely to be well
- 3 or more — complete Patient Health Questionnaire 9 (PHQ9) (*CARPA STM p202*)

Management plan

These are general principles. Individualise plan to person's needs and circumstances.

- Ensure person or guardian consents to plan
- Needs to be reviewed regularly and updated as needs are met or change
- If you need help making plan — consult with and refer to multiprofessional team for advice as needed
  - OT, physio, speech therapist, social worker, psychologist, rehabilitation services, disability liaison officer, paediatrician, dietician, mental health team, alcohol and other drugs
- Consider access to non-government and Aboriginal organisations — disability services, respite services, childcare, domestic/family violence support service
- Record all services and carers in person's file notes

Check file notes

- Previous management plan
- Specialist letters

Ask

- What person thinks might help
- About person's own resources — family, community, clinic, other services (eg mental health, drug and alcohol)
- About triggers for distress, dysfunction (eg relationship, money problems)

Do

- Make management plan. Consider
  - Physical health (*below*), psychological health (*p129*), social and environmental health (*p129*)
  - Support for carers (*p130*)
  - Legal considerations (*p130*)
- Provide education about condition
- Set achievable goals (*p129*), provide brief interventions (*p138*)
- Relapse prevention strategies
  - Identify early warning signs of illness returning and plan for what to do
  - Help person and family lessen possible triggers — smoking, cannabis, volatile substance misuse, stress and worries. See *Brief interventions* (*p138*)

Physical health

- Check person is on appropriate recall registers
  - Adult Health Check (*p123*), school-aged health check (*p121*), child health check (*p118*)
  - Combined check for chronic disease (*CARPA STM p239*)

- Current treatments (eg prescription medicines, over the counter)
  - Check they are working, monitor side effects
  - Give tips for helping to remember to take medicines — take at same time of day, use dose aid, identify support people

Psychological health

- Supportive therapy
  - Develop supportive caring relationship with person
  - Allow them to talk about their worries/distress
- Problem solving and goal setting
  - Work toward some resolution of their immediate concern
  - Break down all the pressures the person is feeling
    - Address each one, start with ones that are easily resolved
  - Listen to what person has to say — take them seriously, respect them
  - Give them power over their situation — focus on their strengths
  - Encourage them to find things to do, people who can help
  - Talk about the future
- Consider involving traditional healers. Family can advise and arrange
- Healthy sleep — cool wash before bed, regular sleep times, no smoking or drinks with caffeine (eg coffee, tea, cola) before bed
- Self-help strategies — use family/friends for support and rest, cultural activities (eg hunting, painting, spending time on country, bush medicines)
- Regular exercise and healthy diet
- Mental status examination (*p113*), as needed
- Psychotherapy (eg CBT, narrative, interpersonal) — psychologist if needed
- Consider specialised programs if available — anger management, alcohol/drug rehabilitation, problem gambling

Social and environmental health

- Make sure person is getting money (eg Centrelink)
- Access to transport
- Safe place to sleep, enough food
- Home assistance
  - Access to required equipment (eg wheelchair, shower chair)
  - Personal care and laundry
  - Home modifications
- Identify family support — partner, significant others
- If carer needed — make sure enough carers to keep person safe, see what support they can provide (eg housing, food, childcare, time on country)
- What community programs would they benefit from — art centre, school, sport and recreation program, home care services (eg HACC)
- Encourage employment, further training, school — identify barriers

Support for carers

- Record carers' contact details in patient file notes
- Consider Centrelink (eg carer pension)
- Plan respite for person and/or carers in town or other community

Legal considerations

- Advocacy — Children's Commissioner, Ombudsman, domestic/family violence support service
- Guardianship, power of attorney
- Advance care planning, will, accessing superannuation
- Legal advice

Follow-up

- Address issues identified
- Review management plan schedule
  - Time of next review should be based on individual needs
  - Record progress, any problems

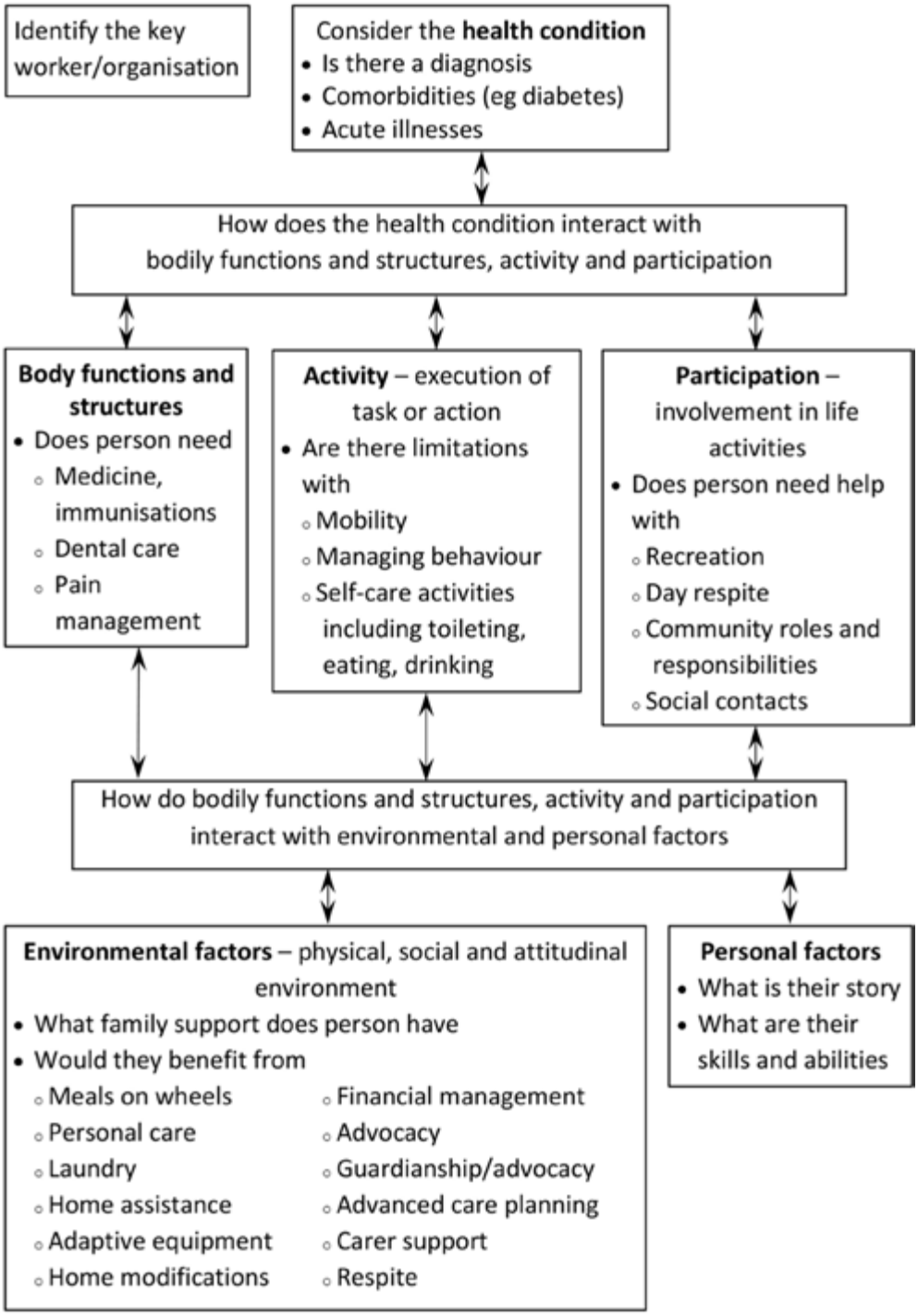
Disability

- People with a disability can get better or worse over time
- Help is best when given early — but it is never too late to start
- Problems can include
  - Communication, getting on with others
  - Mobility, looking after themselves
  - Home, school, work, community activities
  - 'Shame', depression
- May be eligible for individualised disability funding (eg NDIS)
- If you suspect a child has a disability — do age-appropriate developmental assessment. If under 5 — see *Child health check (0-5 years)* (*p118*)

Do

- Check file notes for previous management plan and specialist letters
- Encourage person to bring family member, friend, carer with them to clinic
  - Consent may be needed from parent, guardian, adult guardian
- Refer to multiprofessional team as needed for treatment or advice — OT, physio, speech therapist, social worker, psychologist, rehabilitation services, disability liaison officer, paediatrician, dietician, mental health team. Consider telehealth
- Develop management plan (*p128*) — include issues in Flowchart 4.1 (*p132*)
  - Consider local conditions, services and support available
  - Support people to do as much as they can for themselves
  - Goals — find out what person would like to work on, who can help
    - Activities will change as person gets better or worse
- Arrange more than 1 appointment if visiting regional centre
- If returning from hospital, rehabilitation unit, respite — start discharge planning early
  - Family meeting and updated management plan (*p128*)

Flowchart 4.1: Developing a community-based management plan for person with disability or older person living in Indigenous community



Palliative care

Palliative care in the remote setting is delivered by primary health care providers, community organisations, and family. Palliative care team (telehealth) can support person to die on country. Early care planning important.

Communication and planning

- **Family meetings important**. Consider
  - Cultural advice from ATSIHPs — taboos around death
  - Is interpreter needed
  - Are the right people involved — key family members or decision makers
  - What do person and family want to know. Allow enough time to tell whole story, family may not fully understand diagnosis, past treatment
  - Tell person and family about changes and what to expect, especially toward the end — person will get sicker, condition can change quickly
- Talk to local palliative care team/specialist about
  - Advance Care Plan or Advance Health Directive records person's decisions about where they want to finish up, care and treatment — what they do or don't want
  - Many very sick people don't want lots of tests or extra trips to hospital — only do if needed to make decisions about care and treatment
- Plan ahead
  - Coordinated primary and specialist care, dedicated family carers, home care supports, medicines and equipment (local delivery options)
  - A plan to get home again if they are in hospital
  - Respite
  - Needs of carer/s — respite, appropriate Centrelink income
- Review management plans often, change as needed

Whole person care

Spiritual

- Cultural business and religious needs

Social

- Respite options. Supports for person, family, community
- Housing and equipment needs. Referral to OT for modifications and aids
- Centrelink, superannuation entitlements, wills
- If not culturally appropriate for person to die at home — other shelter will be needed. Talk with ATSIHP, family elder

Emotional/Psychological

- Allow time and space to talk to person and family about worries
- Deal with problems identified — may not be what you think problems are

Physical

- Consider medical and non-medical methods for managing symptoms
- Non-medicine treatments can help — massage, music, listening, company
- Involve other health professionals to improve comfort for person and family — traditional healers, physio for mobility, OT for daily activities, speech pathologist for swallowing, nutritionist for dietary advice
- Check medicines for side effects or interactions, if still needed
  - Only give medicines most important for palliative care

Pain management

- Assess pain by asking how bad it is, how they look, how they move around, what they can or can't do
- Chronic pain needs regular medicines at same time each day, and extra for when pain breaks through usual pain control. Palliative care team will advise
- Information for carer/family
  - Record what medicine person takes daily and how well it helps
  - Person and carer/family need to know how to use both regular and rescue/breakthrough pain medicines
  - Keep strong medicine safe in home, out of reach of children (eg locked tucker box)

Medicines

- Don't use repeated IM injections — they hurt
  - Put in butterfly needle (*p86*) or subcut cannula (*p348*), preferably in upper part of arm. Can be used for injections and continuous medicines with syringe and battery-driven pump
  - In most cases, several medicines can be mixed together in same syringe — check if unsure

Pain relief

- May start with simple medicines (eg paracetamol, codeine)
- Talk to palliative care team about dose for stronger pain medicines
  - Give regular **short-acting opioids** (eg 4 hourly morphine mixture) and extra 'rescue' doses for 'breakthrough' pain for 1–2 days to work out total amount of pain relief needed
  - Starting dose for **morphine** oral mixture for adults is 2.5mg every 4 hours, if not already using opioids
  - Convert amount of pain relief needed to equivalent doses of **long-acting opioids** (eg *Kapanol* – once or twice a day, *MS Contin* or oxycodone – twice a day, fentanyl patches – every 3 days)
- Always have extra short-acting rescue medicine available for breakthrough pain (eg morphine mixture or oxycodone tablets)
  - If person needs more than 3 times a day — review doses of regular medicines

- Pain medicine can cause constipation — always give regular bowel medicines (eg docusate and senna)

Other medicines

- Medical/palliative care team consult about other medicines to ease symptoms — see Table 4.12

Table 4.12: Treating common symptoms at the end of life

Symptom	Medicine — as directed
Respiratory secretions	• Hyoscine hydrobromide subcut • Glycopyrrolate subcut
Confusion	• Haloperidol subcut hourly • Midazolam subcut • Olanzapine wafers • Clonazepam drops
Nausea or vomiting	• Metoclopramide subcut • Haloperidol subcut

At the end — practical matters

- Important to prepare family — see *Loss and grief* (*p136*)
- Toward the end person gets weaker, stays in bed, stops eating and drinking, passes less urine. This is a natural process
  - Usually no need to give IV fluids or feed through nasogastric tube
  - May have same level or increase in pain. If person can't speak — look for physical signs they are in pain, talk with family
  - Will get new symptoms (eg confusion, noisy breathing, sleeping more)
  - May see or hear deceased relatives — sign that person close to the end
- Physical comfort is important (eg mouth care, pressure care)
- If can't swallow — can give medicines subcut or under tongue
- If family very distressed — someone else or clinician can give medicines
- Check with doctor and family about plans for death certificate, before person dies
- Consider removal of body — refer to local community protocol

Loss and grief

Grief is a normal response to loss. Loss may be a death or other things such as someone going/being away, loss of culture or identity, job or home. Can be a series of large or small losses over time.

Indigenous communities have high levels of grief because of many deaths from illness and injury. Deaths that are sudden, violent, or involve young people often cause worse grief reactions. People at greater risk of grief reactions if also other stressors or worries, socially isolated, problems with depression, drug or alcohol misuse.

Be sensitive to local culture. All communities are different. Aboriginal communities may follow some or all of these practices after a death

- Deceased person's name should not be spoken
- Deceased person's house is smoked, painted or vacated
- Special rituals undertaken
- Certain relatives of deceased have to be silent
- Relatives of the deceased may live outside the community to mourn. May need special clinic visits
- In some communities 'sorry business' (grieving) involves self-inflicted injury (sorry cuts) and family fighting
- Payback may be part of grieving/healing process

Cultural way

Hearing voice or spirit of deceased person is not evidence of psychosis or mental illness unless family or cultural informant tells you it is outside normal cultural grief experience.

Do not

- **Do not** interfere in 'sorry business' unless asked
- **Do not** tell person to 'get over it', 'get on with it' or things like that

Do

- Explain that grief is normal, but time frame different for different people and situations
- Allow person to express their grief. Listen, be caring
- Talk with people involved in sorry business about using clean tools (eg rocks, razors) to reduce risk of infection
- Get advice from senior Indigenous person, ATSIHP about how to behave in culturally appropriate way
- Respect person's own way of deciding blame and cause of death — even if very different from your own
- Help explain health information if needed (eg from hospital, coronial reports)
- Ask person what would help them feel better (eg smoking clinic)

Clinical

- Grief may result in physical symptoms including
  - Trouble concentrating
  - Trouble sleeping
  - Not feeling hungry, losing weight
  - Constipation, diarrhoea
  - Sometimes bereaved person feels pain or other symptoms where a deceased relative had their illness
- Symptoms usually settle by themselves, don't need medicine
  - Talking about issue may help
- Sleeping tablets for short period (up to 3–4 nights) may help — **medical consult**
- If person remains very upset for a long time, can't function — see *Mental health assessment* (*p112*)

Remember

- Look after yourself — you might also be grieving for person, or memories of an old grief might be restarted for you
- Attending funeral of person you looked after can be sign of respect, help you to heal
- Talk with someone about your feelings — trusted senior worker, outside counsellor, Bush Support Services — 1800 805 391

Brief interventions

Every time a person is at the clinic, talk with them about issues or concerns they have about healthy lifestyle, or other health business. These short chances (as little as a couple of minutes) are 'brief interventions'.

- Brief interventions work — people are more likely to consider changing if health care workers talk with them about their issues and concerns
- Talk about any behaviour (good or bad) that affects health
  - Eating well, being more active
  - Drug use (eg smoking, marijuana, alcohol)
  - Looking after a chronic disease
  - Home problems (eg domestic/family violence)
- Can't force people to change — person needs to want to change before any steps will be taken. But you can raise awareness, share information, get person thinking about making changes, and support good choices and attempts to change
- Type of brief intervention depends on how ready person is to change (*p140*)
- Have printed material to support what you talked about — they may look at this at home as well
- If problem is severe — probably need more than a brief intervention, may need specialist services (eg counselling)

Remember: The way that practitioners communicate with their clients is an important part of brief interventions and helping people change behaviour.

- Try to gain the person's trust and establish a relationship. Particularly important when working with pregnant women as this is a very sensitive time
- Conversational approach is best as lecturing and telling people what to do will not help to get the message across
- Important not to judge person — makes it harder to talk with them

Stages of change

Determining stage of change

4 steps to use when doing a brief intervention about any issue.

- **Step 1** — Raise issue you want to talk about
- **Step 2** — Ask if they have thought about changing
- **Step 3** — Decide on their stage of change based on what they tell you in step 2 — do brief intervention to suit. Record in file notes — stage of change and advice given
- **Step 4** — Next time you see them, ask how they are doing. Reinforce positive changes, do another brief intervention if you think stage of change different

Using alcohol as example

Step 1

- Ask questions like
  - How do you feel about your drinking
  - How do your family/friends feel about your drinking
  - Do you get hassled about your drinking
  - Does your drinking make it hard to get to work or other activities

Step 2

- Ask questions like
  - Do you want to change or cut down your drinking

Step 3

- Decide on person's stage of change and strategy to try — see Table 4.13

Step 4

- Each time you see person
  - Ask how they are going — check file notes for other discussions, activities
  - Assess stage of change — may be different from last time
  - Offer ongoing support based on stage of change
- If not enough time that day — organise follow-up for another time

Relapse

- Going back to drinking (relapse) is common
- Help person not to be down on themself, not to see this as a big failure
- Encourage person to learn from setback and get back to not drinking again

Special groups

- Some people are more important to talk to about their alcohol (grog) use
  - People sick because of alcohol — they are more likely to listen to message
  - Young women who are pregnant — to stop babies from being born with damage from alcohol. See *Fetal alcohol spectrum disorder* (*CARPA STM p152*)
  - Families of young women who might get pregnant. Family drinking patterns can affect whether young women drink in pregnancy

Table 4.13: Stages of change and brief interventions to suit

Stage of change	Type of brief intervention
Not ready to change ***OR*** **Not worried**	Strategies to try • I won't hassle you, but if you want to talk about it, I'm here • Can we talk about making sure you're safe when you drink
Thinking about changing	Strategies to try • Talk with person about ◦ What they see as good things about drinking ◦ What they see as 'not so good' things about drinking ◦ What happens when they drink, when they don't drink • While they think about it some more, maybe they could try cutting down a bit, or drinking light beer
Ready to change ***OR*** **Doing it**	Strategies to try • So you've decided to give up/cut down on alcohol (grog) — can we talk about your ideas ◦ Reinforce small steps • Talk about choices, support available ◦ Promote local groups (eg quit smoking, walking, exercise) • Help develop a plan. Find out about concerns, give information and any support you can • Invite them to come back
Sticking to it	Strategies to try • Ask how they are going. Check file notes for earlier discussions and activities • Find out what is going well • How are they avoiding triggers • Talk about benefits of change — congratulate • Offer support, invite them back

FRAMES

FRAMES is a set of 6 elements shown to make brief interventions more effective. FRAMES provides a useful checklist for planning how to do brief interventions better. Elements are

- **F** eedback — provide assessment results to person in positive way
- **R** esponsibility — talk about person's responsibility for making changes
- **A** dvice — give clear relevant advice about reducing harm, improving health and wellbeing
- **M** enu — work with person to create range of alternatives, options
- **E** mpathy — use empathy as a counselling style
- **S** upport self-efficacy — encourage person to be optimistic, and to believe that they can change

Other important ways of supporting change

- **Goal setting** — need to set realistic goals for changing problem behaviour
- **Follow-up** — reinforce behaviour change, make sure strategies are appropriate
- **Timing** — very important. Motivation is there when person thinking about change. People make changes when time is right for them

5As approach — Ask, Assess, Advise, Assist, Arrange

Using smoking as example

Ask

- About smoking
  - If smokes or ever smoked — ask how many, how long
  - If ex-smoker — when they stopped
- If smoker — ask about quitting
  - Tried to stop, want to stop, quitting now, thinking about it, previous attempts

Remember: Check file notes to see what has been talked about or happened recently so you know what to ask. Record what you ask, are told, offer them materials.

- If non-smoker — remind them about passive smoking and the need to keep smoke away from children, adults and pregnant women

Assess

- Readiness to quit. See *Stages of change* (*p138*)
- Level of nicotine dependence
  - Ask
    - How long after waking do you have your first cigarette
    - How many cigarettes do you smoke a day
    - If tried to quit — did you have cravings or withdrawal symptoms
  - Smoking within 30 minutes of waking, smoking more than 10 cigarettes a day, history of withdrawal symptoms in previous quit attempts are all markers of nicotine dependence
    - If first cigarette less than 30 minutes after waking — moderate to high dependence
    - If first cigarette 30 minutes or more after waking — low to moderate dependence

Advise

- Give advice in a positive way to all people who smoke
  - "Stopping smoking is the most important thing you can do to protect your health now and in the future — I know it's hard to quit, but if you want to, I can help"

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- Give advice that means something to person — talk about how it makes their health problems worse, how it affects their children
- Use additional information such as flip charts, pamphlets, other written or pictorial materials
- Let person know that giving up smoking may cause cravings or nicotine withdrawal symptoms — but that these usually stop in a couple of weeks
  - Symptoms can include feeling anxious, edgy, restless, down, hungry, trouble concentrating or sleeping
  - Tell them to drink more water as it helps to lessen withdrawal symptoms
- Talk about what symptoms they had last time and then brainstorm ways to address these if they happen again

Remember: People often try to quit a few times before stopping for good.

Assist

- Offer support and treatment based on readiness to quit and level of nicotine dependence
- Offer all people trying to quit
  - Quit plan
  - Counselling and support (eg Quitline)
- If dependent — also offer medicine to help quit
  - Nicotine replacement therapy (NRT) (*CARPA STM p223*)
  - Urge reduction medicines (eg varenicline) (*CARPA STM p225*)

Arrange follow-up

- Congratulate and be positive about decision to quit, remind them of good things about not smoking
- Review progress, problems, medicine use, and encourage to them continue to be smoke free
- Talk about strategies to deal with situations where there would be pressure to smoke
- If they do have a cigarette, don't treat it as a failure. Talk about reasons and what they can learn from it. Encourage them to keep trying

Getting messages across in other ways

- Display information about healthy lifestyles in clinic. Try to use local language in displays
- Keep and display useful phone numbers and/or addresses for people to find help for themselves
- Consider clinic policies that promote healthy lifestyle — smoke-free areas, dog-free clinics
- Consider example you set for people you work with and in community

Healthy lifestyle choices

Counselling at-risk individuals in the primary care setting is very effective. See *Brief interventions* (*p138*).

Healthy food choices

Ask

- How much fruit and vegetables they eat each day
- How food is cooked
- How often they buy food from the take-away
- How much soft drink they have in a day
- How often they have bush tucker
- Do they know how to read labels on packaged food — nutritionists can help

Do

Encourage people to

- **Eat more bush foods and locally grown food**
  - Plant and animal bush foods are fresh and have plenty of nutrients
  - Most are low in fat, salt and sugar
  - Fruit and vegetables grown in the community are often cheaper, fresher
- **Eat fruit and lots of different types and colours of vegetables every day**
  - Add mixed vegetables to meals when cooking
  - Vegetables can be fresh, frozen, canned, dried
  - Try different types and colours of vegetables, as they provide different nutrients that help prevent some cancers and heart disease
  - Eat legumes — baked beans, bean mix, soup mix, lentils
  - Choose fruit and raw vegetables as a snack
- **Eat wholegrain and wholemeal breads, cereals, rice, pasta**
  - Eat some of these foods with each meal
- **Choose water when thirsty**
- **Eat less fatty food and fried food**
  - Eating too much fatty or fried food can make people put on too much weight, increases risk of diseases like diabetes, heart disease
  - Eat more lean meat and bush foods
  - Eat up to 2–3 serves of fish a week. Use fresh or canned in water (not in oil or brine)
  - Eat less fatty foods like fatty meat, tinned corned beef, sausages, pizzas, pies
  - Eat less fried foods like chips, fried chicken or meat, hamburgers
  - Eat less snack food like potato crisps, ice cream, chocolate, cakes
  - Choose low fat snacks like fruit, vegetables, boiled eggs, yoghurt
  - If buying take away food — choose salad, sandwich/roll, meat and vegetable dish
  - Cut all fat off meat before cooking, take skin off chicken

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  - Adults should choose reduced fat milk, cheese, yoghurt
  - Use canola or olive oil, polyunsaturated/monounsaturated oils or margarine. These are better fats, but still fats — only use small amounts
- **Eat and drink less sugar**
  - A lot of sugar is hidden in foods and drinks
  - Too much sugar can cause tooth decay, weight gain
  - Brown sugar, raw sugar, honey, golden syrup — same as white sugar
  - Drink plain water instead of soft drink, cordial, other sweet drinks
  - Choose diet drinks instead of ordinary soft drinks, flavoured mineral water, high energy drinks, sports drinks, cordial
  - Add less sugar to tea or coffee
  - Choose fruit juice with 'no added sugar' — only 1 small glass, small bottle or popper (125mL), not every day
  - Eat less biscuits, cakes, chocolate, lollies, ice cream
  - Choose low sugar breakfast cereals (eg porridge, wheat biscuits)
- **Eat less salt and salty foods**
  - Australians consume around 9 times more salt than needed
  - Too much salt can cause high BP, increase risk of stroke and heart attack
  - Up to 80% of salt we eat is already in our food — read food labels to buy better foods when shopping
  - Choose 'low salt' options when available — 120mg or less of sodium per 100g of food is low salt food
  - Avoid foods with lots of salt added — tinned meats, sausages, hams, sauces, gravies, pies, sausage rolls, crisps, instant noodles
  - Try not to add salt to your food

Regular physical activity

Ask

- How often they exercise or are physically active, and for how long
- What sort of physical activity they enjoy. How can they do it more often
- Who they could exercise/be active with on a regular basis

Do

Explain

- **Doing any physical activity is better than doing none**
  - If not doing anything now — start by doing a little bit, build up over time to recommended amount
- Be active on **most**, **preferably all**, **days** to reduce risk of diabetes, stroke, heart disease and some cancers. Can also help with emotional wellbeing
  - To reduce risk of diabetes, heart disease or stroke — do at least **30 minutes** of moderate activity (like walking) **5 days a week**
    - "That's like walking to [place 1 in community] and back"
    - Moderate means you can talk but not sing while exercising

    - To prevent weight gain and avoid some cancers — increase moderate activity to **1 hour a day**
        - "That's like walking to [place 2 in community] and back"
    - For best results do a mixture of moderate and vigorous activity
        - Vigorous means you can only say a few words while exercising
- Also do some activity to **keep your muscles strong**, **at least twice a week** (eg weights, push-ups, carrying heavy loads)
- Exercise helps control blood glucose. People with diabetes or IGT should
    - Exercise for 30 minutes a day at least 3 days a week, with no more than 2 days in a row without aerobic physical activity (eg walking)
    - Also do some resistance training (eg with weights), if possible
- Lots of ways to keep physically active — walking, dancing, hunting, gardening, swimming, cleaning
    - Pick something that they like doing
    - Keep playing sport, if possible
- Set achievable goals with person for more daily physical activity
    - Consider using an action plan, review at next health check

Sitting less

- Sitting down for a long time (eg for painting, storytelling, playing cards, watching TV) can lead to increased risk of diabetes and other diseases
    - Break up long periods of sitting as often as possible
    - Stand up and walk around at least every 20 minutes

Healthy weight

- Advise people with healthy weight to avoid weight gain by
    - Staying active — aim to exercise at moderate intensity for about 1 hour a day
    - Eating well

Losing weight

- For overweight or obese adults, even a small weight loss (3–5kg) can have health benefits. It can
    - Prevent, delay progression, or improve management of Type 2 diabetes
    - Reduce risk of high blood pressure, heart disease, stroke
    - Improve sleep apneoa, kidney disease, quality of life, self-esteem, depression
- The best way to lose weight is to reduce energy intake **and** exercise more. Advise to
    - Cut back on food and drinks that have no nutrients (eg soft drinks) or high energy foods (eg deep fried foods)
    - Start some moderate intensity exercise (eg walking). Progressively increase to about 1 hour a day, at least five days a week
    - Sit less

►

- Refer overweight/obese adults with a chronic disease to visiting dietician to help with nutrition information and develop a weight management plan
  - Include weight management in self-management plans
  - Set realistic targets for weight loss — if target too hard to reach the person may not try
- Weight loss can be quite slow — 0.5kg/week is good progress. Even stopping more weight gain is a step in the right direction
- Overweight pregnant women should exercise and eat healthy foods, but not try to lose weight until after the baby is born