

Osteogenesis imperfecta (OI) care plan

for education, childcare and community support services

CONFIDENTIAL

To be completed by the TREATING HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client

Family name (please print)

First name (please print)

Date of birth

MedicAlert Number (if relevant)

Date for next review

Routine care needs	Recommended care
<p>Please indicate education and child/care issues.</p>	<p>Please describe recommended care.</p>
Overall wellness	
<p>Fluctuations in wellness/hospitalisation Mental health issues (eg has there been a recent history of hospitalisation/ treatment which may affect this person's learning and participation? Are there any psychological health issues to be addressed by staff?).</p>	
Curriculum participation	
<p>Restrictions on activities Self-management/assessment of risk Other</p> <p>Children/student/clients are routinely encouraged to participate in a wide range of individual and group physical activity. Please be specific about any restrictions to be placed on activities indoors, outside and on camps, excursions and outings – and the nature and extent of physical activity to be encouraged.</p> <p>Please indicate the degree to which this person is able to assess the potential risk of an activity and to indicate whether he or she will participate.</p>	
Routine care	
<p>Special provisions for load carrying in activities Other</p> <p>Please specify the nature and extent of assistance for which staff need to plan (eg assistance with carrying loads such as books and equipment).</p>	



Potential emergency situations

Staff members have been trained in basic first aid. If they suspect, for example, a fracture they will inform the person's nominated emergency contacts and call an ambulance if they consider it necessary.

Please detail below any individual first aid management required by this person.

Observable sign/reaction	Action required



If staff or the child/student/client remains concerned, the parent/emergency contact will be contacted.
A health professional may be nominated by the family as the emergency contact person as relevant.

Please nominate emergency contact and any different/additional steps in relation to this child/student/client's management.

If no-one can be contacted, an ambulance may be called to transport the person to medical assistance.



Additional information attached to this care plan

- Medication authority
- Individual emergency plan (if different to standard first aid)
- General information about this person's condition
- Other (please specify)

*This plan has been developed for the following services/settings:			
School/education Child/care Respite/accommodation Transport	Outings/camps/holidays/aquatics Work Home Other <i>(please specify)</i>		
AUTHORISATION AND RELEASE			
Health professional	Professional role		
Name of agency/address			
	Telephone		
Signature	Date		
<i>I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.</i>			
Parent/guardian or adult student/client	Signature	Date	
Family name (please print)	First name (please print)		