



Hamilton Special Developmental School

Continence Medical Advice Form

for a student who requires continence support whilst at school

This form is to be completed by the student's medical/health practitioner, such as a continence specialist providing a description of the personal care requirements. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete those sections in this form which are relevant to the student's health support needs.

Student's Name: _____ Date of Birth: _____

MediAlert Number(if relevant): _____ Review date for this form: _____

Routine personal care/supervision for safety	Recommended support Please describe recommended care																										
<p>Support time needed</p> <p>Information is needed about how frequently support is needed and for how long. The school will endeavour to minimise disruption to the student's socialization and participation:</p> <table border="0"><tr><td><input type="checkbox"/> Indicates when toilet is needed</td><td><input type="checkbox"/> Will always need to be changed/assisted</td></tr><tr><td><input type="checkbox"/> May need to be changed</td><td><input type="checkbox"/> Has continence aids (eg wears nappies or has catheter)</td></tr><tr><td><input type="checkbox"/> Needs timing support</td><td></td></tr></table>	<input type="checkbox"/> Indicates when toilet is needed	<input type="checkbox"/> Will always need to be changed/assisted	<input type="checkbox"/> May need to be changed	<input type="checkbox"/> Has continence aids (eg wears nappies or has catheter)	<input type="checkbox"/> Needs timing support		<p>Generally support will take about _____ minutes</p> <p>_____ times each day</p>																				
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<p>Nature of support</p> <p>This student is likely to need support related to:</p> <table border="0"><tr><td>Self-managed toileting (please describe):</td><td>Assisted toileting (please describe):</td></tr><tr><td><input type="checkbox"/> Reminders</td><td><input type="checkbox"/> Verbal prompts</td></tr><tr><td><input type="checkbox"/> Timing</td><td><input type="checkbox"/> Supervision</td></tr><tr><td><input type="checkbox"/> Encouragement with fluid intake</td><td><input type="checkbox"/> Encouragement with fluid intake</td></tr><tr><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> Assistance with clothing</td></tr><tr><td></td><td><input type="checkbox"/> Support to weight-bear</td></tr><tr><td></td><td><input type="checkbox"/> Lifting onto toilet</td></tr><tr><td></td><td><input type="checkbox"/> Assistance with washing hands</td></tr><tr><td></td><td><input type="checkbox"/> Support for transfer</td></tr><tr><td></td><td><input type="checkbox"/> Assistance with hygiene (eg cleaning body, menstruation management)</td></tr><tr><td></td><td><input type="checkbox"/> Other</td></tr></table> <p>Catheterisation (please describe)</p> <table border="0"><tr><td><input type="checkbox"/> Allow for catheterisation at (<i>specify preferred times</i>) _____</td></tr><tr><td><input type="checkbox"/> Self-managed</td></tr><tr><td><input type="checkbox"/> Self-catheterises with supervision</td></tr><tr><td><input type="checkbox"/> Other (assisted catheterisation by trained school staff)</td></tr></table>	Self-managed toileting (please describe):	Assisted toileting (please describe):	<input type="checkbox"/> Reminders	<input type="checkbox"/> Verbal prompts	<input type="checkbox"/> Timing	<input type="checkbox"/> Supervision	<input type="checkbox"/> Encouragement with fluid intake	<input type="checkbox"/> Encouragement with fluid intake	<input type="checkbox"/> Other	<input type="checkbox"/> Assistance with clothing		<input type="checkbox"/> Support to weight-bear		<input type="checkbox"/> Lifting onto toilet		<input type="checkbox"/> Assistance with washing hands		<input type="checkbox"/> Support for transfer		<input type="checkbox"/> Assistance with hygiene (eg cleaning body, menstruation management)		<input type="checkbox"/> Other	<input type="checkbox"/> Allow for catheterisation at (<i>specify preferred times</i>) _____	<input type="checkbox"/> Self-managed	<input type="checkbox"/> Self-catheterises with supervision	<input type="checkbox"/> Other (assisted catheterisation by trained school staff)	
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<p>Continence Supplies</p> <p>Equipment/continence aids that are required _____</p> <p>Emergency contact for supplies _____</p>																											
<p>Unplanned events</p> <p>Are there any events, not covered in this form, which could happen infrequently? If so, please give details of what could be expected and how it could be managed (e.g. student is usually continent but could wet or soil occasionally; can change and clean up independently but will need reassurance)</p>																											



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Routine personal care/supervision for safety	Recommended support Please describe recommended care
<p>Catheter management</p> <p>If a person is self-managing his or her catheter and has difficulty, the relevant school staff will routinely:</p> <ul style="list-style-type: none"> reassure the person and encourage him or her to relax and try again suggest the person wait for half an hour and come back and try again <p>If the student is still not successful, the parent/emergency contact will be informed.</p> <p>A medical / health professional can be nominated by the family as the emergency contact person in this case.</p> <p>Staff will also contact the parent/emergency contact if the person displays signs of possible difficulties such as sweating, discomfort, is flushed or pale, or has a headache.</p> <p>If no-one can be contacted, an ambulance may be called to transport the person to medical assistance.</p>	<p>If required, outline different/additional steps in relation to the student's catheter management:</p>
<p>Additional information</p> <p>Is there additional information required, such as further information regarding this student's continence care, general information about the student's health care needs:</p>	

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<u>Authorisation:</u>
Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:
Name of Parent/Carer or adult/independent student**:
Signature:
Date:

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).