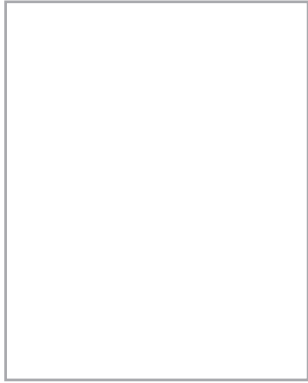




# ACTION PLAN FOR OTHER MEDICAL CONDITIONS



Medical Condition Name: \_\_\_\_\_

Name of any prescribed medication for this condition: \_\_\_\_\_

\_\_\_\_\_

## SIGNS OF MILD TO MODERATE SYMPTOMS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTION FOR MILD TO MODERATE SYMPTOMS

- Phone family/emergency contact
  - Give medication/s (dose & frequency ) \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Confirmed allergens: \_\_\_\_\_

\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_

Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Plan prepared by doctor or nurse practitioner (np): \_\_\_\_\_

**The treating doctor or np hereby authorises:**

- Medications specified on this plan to be administered according to the plan.
- Review of this plan is due by the date

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SIGNS OF SEVERE SYMPTOMS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTION FOR SEVERE SYMPTOMS

- Call Emergency Services
  - Phone family/emergency contact
  - Give medication/s (dose & frequency ) \_\_\_\_\_
- \_\_\_\_\_

Detailed actions to be taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_