![CareMonkey logo] CareMonkey

How does a User Delete and Replace an Action Plan?

For Community and Group Editions

This article contains instructions on how Profile Owners (i.e., parents, adult club members, adult participants, employees, etc.) can delete and replace an Action Plan.

DELETING AN ACTION PLAN

1. Log in to **Care Central.**

2. Click on the name of the profile.

3. Scroll down and go to **Safety Alerts** section and click the **Edit** box.

4. It will show the **Medical Conditions** page.

Dietary Requirements Further information will be required after saving

Dietary requirements* ○ Yes ● No

Please indicate if Anna Smith has **any** dietary requirements. Indicate below if they pertain to any other medical condition.

Medical Conditions Further information will be required after saving

Allergies (Anaphylactic)*	● Yes	○ No	**Hearing impairment***	○ Yes	● No
Allergies (Non-Anaphylactic)*	○ Yes	● No	**Heart condition***	○ Yes	● No
Anorexia/Eating Disorder*	○ Yes	● No	**Joint/Muscle/Bone Problem***	○ Yes	● No
Asthma*	● Yes	○ No	**Mental Health Issue***	○ Yes	● No
Bleeding disorder*	○ Yes	● No	**Migraines***	○ Yes	● No
Blackouts/Dizziness/Fainting*	○ Yes	● No	**Phobia***	○ Yes	● No
Diabetes*	○ Yes	● No	**Sight impairment***	○ Yes	● No
Eczema/Skin Condition*	○ Yes	● No	**Sleep walking***	○ Yes	● No
Epilepsy/Seizures*	○ Yes	● No	**Travel sickness***	○ Yes	● No

Other Conditions Further information will be required after saving

ADD/ADHD ● Yes ○ No

Add another medical condition

[▼] [**+ Add**]

[**Save and Continue**]

Safety Alerts

Name	Description	Risk level	Medication	Docs		
Allergies (anaphylactic)	Allergic to peanuts	⚠ High	Epipen/Anapen required. Expires on: 2020-10-16	⚘ View Attachment ✖	[Edit]	[Delete]
Asthma	Asthma **Asthma triggers** Smoke, Pollens, Dust **Asthma usual signs** Tight Chest **Signs Asthma is getting worse** Shortness of Breath **Have you been hospitalized due to asthma in the past 12 months?** No	⚠ High		⚘ View Attachment ✖	[Edit]	[Delete]

5. Look for the name of medical condition and click the **X** mark next to the View Attachment link.

Dietary Requirements Further information will be required after saving

Dietary requirements* ○ Yes ◉ No

Please indicate if Anna Smith has **any** dietary requirements. Indicate below if they pertain to any other medical condition.

Medical Conditions Further information will be required after saving

Allergies (Anaphylactic)*	◉ Yes ○ No	Hearing impairment*	○ Yes ◉ No
Allergies (Non-Anaphylactic)*	○ Yes ◉ No	Heart condition*	○ Yes ◉ No
Anorexia/Eating Disorder*	○ Yes ◉ No	Joint/Muscle/Bone Problem*	○ Yes ◉ No
Asthma*	◉ Yes ○ No	Mental Health Issue*	○ Yes ◉ No
Bleeding disorder*	○ Yes ◉ No	Migraines*	○ Yes ◉ No
Blackouts/Dizziness/Fainting*	○ Yes ◉ No	Phobia*	○ Yes ◉ No
Diabetes*	○ Yes ◉ No	Sight impairment*	○ Yes ◉ No
Eczema/Skin Condition*	○ Yes ◉ No	Sleep walking*	○ Yes ◉ No
Epilepsy/Seizures*	○ Yes ◉ No	Travel sickness*	○ Yes ◉ No

Other Conditions Further information will be required after saving

ADD/ADHD ◉ Yes ○ No

Add another medical condition

[▾] **+ Add**

Save and Continue

Safety Alerts

Name	Description	Risk level	Medication	Docs		
Allergies (anaphylactic)	Allergic to peanuts	⚠ High	Epipen/Anapen required. Expires on: 2020-10-16	🔗 View Attachment ✖	Edit	Delete
Asthma	Asthma **Asthma triggers** Smoke, Pollens, Dust **Asthma usual signs** Tight Chest **Signs Asthma is getting worse** Shortness of Breath **Have you been hospitalized due to asthma in the past 12 months?** No	⚠ High		🔗 View Attachment ✖	Edit	Delete

6. You will then be prompted to confirm your action. Click **OK**.

groups.caremonkey.com says:

Are you sure you want to delete the attachment?

Cancel | OK

REPLACING AN ACTION PLAN

1. Log in to Care Central.

2. Click on the name of the profile.

3. Scroll down and go to Safety Alerts section, and then click the Edit box.

4. It will show the Medical Conditions page.

5. Look for the name of the medical condition and click the Edit button.

Dietary Requirements Further information will be required after saving

Dietary requirements* ○ Yes ● No

Please indicate if Anna Smith has **any** dietary requirements. Indicate below if they pertain to any other medical condition.

Medical Conditions Further information will be required after saving

Allergies (Anaphylactic)*	● Yes ○ No	Hearing impairment*	○ Yes ● No
Allergies (Non-Anaphylactic)*	○ Yes ● No	Heart condition*	○ Yes ● No
Anorexia/Eating Disorder*	○ Yes ● No	Joint/Muscle/Bone Problem*	○ Yes ● No
Asthma*	● Yes ○ No	Mental Health Issue*	○ Yes ● No
Bleeding disorder*	○ Yes ● No	Migraines*	○ Yes ● No
Blackouts/Dizziness/Fainting*	○ Yes ● No	Phobia*	○ Yes ● No
Diabetes*	○ Yes ● No	Sight impairment*	○ Yes ● No
Eczema/Skin Condition*	○ Yes ● No	Sleep walking*	○ Yes ● No
Epilepsy/Seizures*	○ Yes ● No	Travel sickness*	○ Yes ● No

Other Conditions Further information will be required after saving

ADD/ADHD ● Yes ○ No

Add another medical condition

[▾] [**+ Add**]

[**Save and Continue**]

Safety Alerts

Name	Description	Risk level	Medication	Docs		
Allergies (anaphylactic)	Allergic to peanuts	⚠ High	Epipen/Anapen required. Expires on: 2020-10-16	🔗 View Attachment ✖	Edit	Delete
Asthma	Asthma **Asthma triggers** Smoke, Pollens, Dust **Asthma usual signs** Tight Chest **Signs Asthma is getting worse** Shortness of Breath **Have you been hospitalized due to asthma in the past 12 months?** No	⚠ High		🔗 View Attachment ✖	Edit	Delete

6. It will bring you to a page where the details of the medical condition can be found. Go to the **Upload an Action Plan** section and then click **Choose File**. If the action plan needs to be updated after a specific date, please choose a date for the **Review Date/Expiry date for Action Plan**.

Name*

Asthma

Risk level*

High ▾

Description*

Suffers severe asthma

☐ Medication required for this condition

Asthma triggers

☑ Cold/Flu   ☑ Exercise   ☑ Smoke   ☑ Pollens, Dust   ☐ Other

Asthma usual signs

☑ Wheeze   ☐ Tight Chest   ☐ Cough   ☐ Shortness of Breath   ☐ Other

Signs Asthma is getting worse

☐ Wheeze   ☑ Tight Chest   ☐ Cough   ☑ Shortness of Breath   ☐ Other

Have you been hospitalised due to asthma in the past 12 months?

◯ Yes

◉ No

☑ These are my approved care instructions*

Upload an attachment (PDF file or Picture)

Choose File

Review date/Expiry date for Action Plan

06 March 2018

Update   Delete

7. Look for the file in your computer and click **Open** to add the file.

8. Click **Update.**

☑ These are my approved care instructions.*

Upload an attachment (PDF file or Picture)

Choose File   No file chosen

Review date/Expiry date for Action Plan

06 March 2018

Update   Delete

9. Since changes were made to the profile, it needs to consent again.

https://desk.zoho.com/portal/caremonkey/kb/articles/how-does-a-user-delete-and-replace-an-action-plan