

## Health Promotion Activities Plan

**\*\*This sample is to assist you in developing a health promotion activity plan. It is not intended to replace medical advice. Any instructions given by the physician regarding this diagnosis must be included.**

Name of Individual:

|  |  |
|--|--|
| Health Concern/Issue *<br>(Diagnosis)  | <b>ALLERGY - SEASONAL</b>  |
| Related Body System  | Vision <b>Respiratory</b> Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine<br>Cardiovascular      Nervous      Musculoskeletal      Genitourinary      Blood   |
| What is it?<br>(Provide definition)  | Allergic reaction that is seen at the change of seasons.   |
| Signs and Symptoms<br>(general)  | Sneezing, runny nose, itchy eyes, redness around eyes.   |
| Signs and Symptoms<br>(specific to the person):  |  |
| Promotion/strategy support required *<br>List very specific steps that the individual and/or caregivers use to support the person's health condition.<br><br>Include information about monitoring health status. Who is called for changes/ problems in this person's health condition?<br><br>What is tracked, where it can be found, and who follows up on documentation required for this health condition?<br><br>Who provides what training for the person and staff about the health condition and when? | <ul style="list-style-type: none"> <li>➤ Watch (name <u>of person</u>) for signs and symptoms listed above and report to (title <u>of person in agency who is responsible to receive this information</u>). Pay particular attention at the change of seasons as this is known to be a cause of discomfort for (<u>name of person</u>).</li> <li>➤ Give medications as ordered. (See Medication Administration Record / Log). If a prn (as needed) is given, the result must be documented per agency policy.</li> <li>➤ <u>Include any specific instructions from the treating physician.</u></li> <li>➤ Documentation about this condition can be found in the medical record under (<u>list section here</u>).</li> <li>➤ Receive training regarding this diagnosis and plan of care (include when to notify the physician) by (<u>title of person who provides medical training</u>) at least (<u>indicate frequency of training</u>) or as changes occur. This should be documented for all staff in the home.</li> </ul> |
| Frequency of support *   | <i>Fill in what physician (e.g. primary care physician, allergist) treats this condition and how often the person is seen.</i>   |
| Desired outcome *  | <i>(name of person) will be supported to minimize allergy symptoms.</i>  |
| Person/agency responsible *  | <i>(Name of person), caregivers, agency nurse, primary care physician, (specialist, if applicable)<br/>(The responsible parties may vary according to your agency; please place specific roles in this section. Some other examples might be health care coordinator, program specialist, house manager.</i>   |

\* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP