

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 * (Diagnosis)	DOWN SYNDROME (TRISOMY 21)
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic
What is it? (Provide definition)	A genetic disorder which is present at birth. There are many physical characteristics present with someone with Down Syndrome (for example: upward outward slant to the eyes, muscle weakness, small nose and flat bridge of nose) but they vary from person to person. Some health conditions can occur with this syndrome. Level of intelligence can vary; most individuals test within the mild to moderate range of mental retardation.
Signs and Symptoms (general)	Conditions associated with this syndrome include: hypothyroidism (tiredness, weight gain, depressed mood, dry skin, hair loss); atlanto-axial instability (pain in neck area, change in walking, weak extremities, limited neck movement); heart problems (shortness of breath, fainting, gray skin color, swelling in legs); sleep apnea (snoring, unusual sleeping positions, tired during the day); reflux disease (frequent belching, heartburn); muscle weakness; cataracts, lack of depth perception
Signs and Symptoms (specific to the person)	
Promotion/strategy support required * List very specific steps that the individual and/or caregivers use to support the person's health condition. Include information about monitoring health status. Who is called for changes/ problems in this person's health condition? What is tracked, where it can be found, and who follows up on documentation required for this health condition? Who provides what training for the person and staff about the health condition and when?	<ul style="list-style-type: none"> ➤ Watch <u>(name of person)</u> for signs and symptoms listed above and report to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ <u>Include any specific instructions regarding this diagnosis from the treating physician.</u> For example, weight loss plan, exercise plan, recommended screenings for related conditions, etc. ➤ Documentation about this condition can be found in the medical record under <u>(list section here)</u>. ➤ 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.
Frequency of support *	<i>Fill in what physician (e.g. primary care physician) evaluates this condition and how often the person is seen.</i>
Desired outcome *	To recognize symptoms of any associated health issues as soon as possible to obtain treatment.
Person/agency responsible *	<u>(Name of person)</u> , caregivers, agency nurse, primary care physician, <u>(specialist, if applicable)</u> <i>(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