

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)	FRAGILE X SYNDROME
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic
What is it? (Provide definition)	Birth defect caused by a problem on the X chromosome. Affects men more often and more seriously than women. Women may be carriers. It is the most common inherited form of mental retardation.
Signs and Symptoms (general)	Level of mental retardation varies. Physical characteristics can include facial deformities and tall stature. Frequent mental health and/or behavioral problems such as depression, anxiety, obsessive-compulsive disorder, antisocial behaviors, aggression, and hyperactivity may be present as well as biting, self- stimulation, repeating words. There is an increased risk of seizures, heart, and digestive problems.
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"> ➤ Observe for an increase in, or a change in signs and symptoms as above. Report any changes to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ <u>Include any specific instructions from the treating physician.</u> ➤ 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 *	Any changes in physical or mental status will be noted and evaluated
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