

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)	NEUROFIBROMATOSIS
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic
What is it? (Provide definition)	Genetic disorder that causes tumors to grow on nerve tissue producing skin and bone deformities.
Signs and Symptoms (general)	Can vary according to type. The most common type (NF1) has the following symptoms: light brown spots on skin, tumors that grow on a nerve or nerve tissue, freckling in the armpit or groin area, non-cancerous growths on the iris of the eye, tumor on the optic nerve, and abnormal development of the spine (scoliosis), the temple bone of the skull or the tibia (shin bone). Cardiovascular complications are associated with NF1 including congenital heart defects, high blood pressure, and blood vessel diseases (blocked, damaged). Headache and seizure disorder are also more likely with NF1 than the general population.
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 changes to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ Refer to Health Promotion Activity Plans for specific conditions related to this condition which have been diagnosed for the individual (e.g. seizure disorder, high blood pressure). ➤ <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, neurologist) treats this condition and how often the person is seen.</i>
Desired outcome *	Watch for signs of complication so early intervention can occur.
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