

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)	PHENYLKETONURIA (PKU)
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic
What is it? (Provide definition)	The body does not produce a necessary enzyme (phenylalanine) allowing toxins to build in the body. Babies born with this disorder are missing the enzyme necessary to process protein. Left untreated, brain damage develops which results in mental retardation, increased muscle tone, seizures, vomiting and irritability.
Signs and Symptoms (general)	Physical characteristics may include: usually fair-haired with blue eyes, small heads, small bodies, poorly developed teeth, skin rashes, and may have musty odor to urine
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 vomiting, seizure activity, and changes to health condition and report immediately to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ Ensure that <u>(name of person)</u> receives diet recommended by physician <u>(list diet here)</u>. ➤ Ensure <u>(name of person)</u> receives periodic blood level measurement for phenylalanine, as ordered by the physician. ➤ <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, seizure and diet training) 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 caregivers 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 *	Support <u>(name of person)</u> in maintaining recommended diet
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