

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)	RHEUMATOID ARTHRITIS
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	A chronic (ongoing) disease causing inflammation in the joints and other organs in the body.
Signs and Symptoms (general)	Feeling of being tired and weak, morning stiffness (lasting more than one hour), muscle aches, loss of appetite, pain, warmth, redness, swelling and stiffness in the joints, deformed hands and feet.
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><i>name of person</i></u>) for any signs or symptoms listed above and report to (<u><i>title of person in agency who is responsible to receive this information.</i></u>) ➤ Give medication as ordered (see Medication Administration Log/Record). If a prn (as needed) medication is given, the results must be documented per agency policy. ➤ <u><i>Include any specific instructions from the treating physician.</i></u> ➤ Due to joint pain and stiffness, allow extra time for (<u><i>name of person</i></u>) to complete activities of daily living, especially in the morning. ➤ Allow time for rest during the day to help prevent tiredness. ➤ Encourage Range of Motion Exercises located (<u><i>list location here.</i></u>) ➤ Receive training regarding this diagnosis and plan of care (including when to notify the physician, medication related information) by (<u><i>title of person who provides medical training</i></u>) at least (<u><i>indicate frequency of training</i></u>) or as changes occur. This will be documented for all caregivers in the home.
Frequency of support*	<i>Fill in what physician (e.g. primary care physician, rheumatologist) treats this condition and how often the person is seen.</i>
Desired outcome *	Maintain movement in joints and decrease pain
Person/agency responsible *	<u><i>(Name of person)</i></u> , caregivers, agency nurse, primary care physician, (<u><i>specialist, if applicable.</i></u>) <small>(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.)</small>

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP