

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)	SEIZURE DISORDER
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	Episodes of abnormal electrical discharges in the brain that causes abnormal motor or sensory activity.
Signs and Symptoms (general)	There are many different types of seizure activity. Generalized seizures have the following signs/symptoms: loss of consciousness, body stiffens; rhythmic jerking of arms and legs, possible incontinence of urine/feces, individual is usually tired after it is over.
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 immediately to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ Give medication as ordered (see Medication Administration Record/Log). If a prn (as needed) medication is given, the result must be documented per agency policy. ➤ <u>Include any specific instructions from the treating physician.</u> ➤ Observe safety precautions at all times (never leave unattended during bathing or swimming). ➤ Call "911" if a seizure lasts longer than 5 minutes, if the person seems to have any breathing difficulty, or if the person suffers an injury during the seizure that requires emergency intervention. ➤ Antiepileptic medication levels will be checked at the frequency determined by the physician but at least every six months. Copies of these laboratory tests will be filed in the Medical Record under <u>(list section here)</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 *	<u>Fill in what physician (e.g. primary care physician, neurologist) treats this condition and how often the person is seen.</u>
Desired outcome *	<u>(Name of person) will be seizure free or not suffer injury during a seizure.</u>
Person/agency responsible *	<u>(Name of person), caregivers, agency nurse, primary care physician, (specialist, if applicable)</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