

## 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)	<b>SICKLE CELL ANEMIA</b>
Related Body System	Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine Cardiovascular      Nervous      Musculoskeletal      Genitourinary <b>Blood</b>
What is it? (Provide definition)	Abnormal, inherited condition of red blood cells, by which they are shaped like crescents and therefore can't easily travel through blood vessels thus blocking the flow of blood and causing pain, damage and a low red blood cell count.
Signs and Symptoms (general)	Pain, pale skin (pallor), tiredness (fatigue), fever, abdominal pain, yellow eyes / skin (jaundice), infections
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"> <li>➤ 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>.</li> <li>➤ 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.</li> <li>➤ <u>Include any specific instructions from the treating physician.</u> For example, increased fluids, level of physical activity</li> <li>➤ Avoid excess exposure to the sun.</li> <li>➤ Obtain lab work at frequency determined by physician and keep copy in medical record under <u>(list section here)</u>.</li> <li>➤ Documentation about this condition can be found in the medical record under <u>(list section here)</u>.</li> <li>➤ Receive training regarding this condition and plan of care (include when to notify physician, medication related information, sun protection, adequate fluids, skin care, chest pain) 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.</li> </ul>
Frequency of support *	<i>Fill in what physician (e.g. primary care physician, hematologist) treats this condition and how often the person is seen.</i>
Desired outcome *	Manage and control symptoms to limit frequency of crisis
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