

****This sample is to assist you in developing a health promotion activity plan. The information in it is for training purposes. It is not intended to replace medical advice. Any instructions given by the physician regarding this diagnosis must be included.**

Name of Individual:

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|---|---|
| Health Concern/Issue * (Diagnosis) | TUBEROUS SCLEROSIS |
| Related Body System | Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic |
| What is it? (Provide definition) | Tuberous sclerosis is a group of two genetic disorders characterized by problems with the skin, brain/nervous system, and kidneys, and a predisposition to tumors. The diseases are named after a characteristic abnormal growth in the brain, which takes the shape of a tuber or root. |
| Signs and Symptoms (general) | Ash leaf spots of skin (lack normal skin color); shagreen spots (raised patches of skin with orange-peel texture) if present, likely on the back; red, highly vascular lumps on the face (adenoma sebaceum); mental retardation; seizures; rough growths under or around fingernails and toenails; pitted dental enamel; kidney tumors. Examination of the eyes may show retinal abnormalities; may be indications of heart abnormalities—cardiac rhabdomyoma is caused mainly by tuberous sclerosis; mouth may show rubbery growths in tongue or gingival. |
| 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 symptoms of illness and report immediately to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ <u>Include any specific instructions from the treating physician.</u> ➤ Refer to various health promotion activity plans regarding specific concerns (e.g. seizure disorder, skin care) ➤ 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, cardiologist) 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