

Health Promotion Activities Plan

**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:

Health Concern/Issue * (Diagnosis)	Chronic Pain
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	Chronic pain is longstanding pain that persists beyond the usual recovery period or occurs with a chronic health condition.
Signs and Symptoms (general)	Symptoms may include tightness, throbbing, aching, or stabbing feeling in the affected area(s), fatigue, sleeping difficulties, decreased mobility, poor appetite, changes in mood, anxiety, and decreased range of motion or flexibility.
Signs and Symptoms (specific to the person):	(Name of person)'s current symptoms include, (list current symptoms that are a result of diagnosis listed above).
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 the documentation required for this health condition? Who provides what training for the person and staff about the health condition and when?	Staff will follow the physician's orders, including medication, treatment, activities, and diet. Staff will monitor (name of person receiving services) for changes in current health status. Staff will follow the medication regimen as ordered by the physician. Staff will ensure (name of person receiving services) attend medical appointments as scheduled. Staff will keep a log of (enter what is being tracked- examples include vital signs, pain level, bowel movements, sleep) Staff will monitor (name of person) as ordered by the provider. Staff will follow medication and treatment orders as written. If (name of person) has a change in medical status, staff will immediately contact (enter who should be contacted. Examples: on-call supervisor, nurse, 911) Staff will monitor and log (enter what is being tracked- examples include: vital signs, bowel movements, sleep, menstruation, seizure) (Insert title of log) will be reviewed by (insert provider's name and/or specialty) at every appointment. Logs are kept in the medical binder under (insert name of medical section). Ex:: Vital sign log will be reviewed by Dr. Jones, Pain Management at every appointment. Ex: Vital sign log, including pain assessment will be reviewed by cardiology at every appointment. Staff will receive training regarding this diagnosis and plan of care (including when to notify the physician) by <u>(title of person who provides medical training)</u> at least <u>(indicate the frequency of training)</u> or as changes occur. This should be documented for all staff in the home.
Frequency of support *	(Name of person) will be reassessed by (provider's name and/or specialty) every (enter frequency of appointments), or as scheduled for care related to diagnosis.
Desired outcome *	Name of person) will not experience an exacerbation of symptoms related to (enter diagnosis listed above).
Person/agency responsible *	(Name of person or agency) will ensure care plan and provider's orders are followed. **The responsible parties may vary according to your agency. Please place a specific role in this section**