

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)	ALZHEIMER'S DISEASE/DEMENTIA
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	A chronic (long-term), progressive (worsens over time), terminal (eventually results in death) illness that involves the death of brain tissue.
Signs and Symptoms (general)	Confusion, memory failure, inability to perform familiar tasks/Adult Daily Living Skills (ADLS), usually has a behavioral health component (loss of orientation to time, place, person, anxiety, paranoia, and psychosis may be present as disease progresses), loss of appetite, incontinence, and dysphagia usually present in later stage of disease.
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 changes 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 an 'as needed" (PRN) medication is given, the result must be documented per agency policy. ➤ Ensure that <u>(name of person)</u> receives diet recommended by physician <u>(list diet here)</u>. ➤ <u>Include any specific instructions regarding this diagnosis from the treating physician.</u> ➤ Keep <u>(name of person)</u> safe. <u>List what steps are taken to ensure safety.</u> ➤ Encourage use of Medic-Alert/Safe Return identification. ➤ Provide reminders/help with ADLS and cues to help with orientation - pictures, labels, consistent staffing, etc. ➤ Provide activities that interest <u>(name of person)</u> ➤ Work closely with PCP/psychiatrist reporting any physical/behavioral health changes ➤ 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) treats this condition and how often the person is seen.</i>
Desired outcome *	Keep person safe. Support highest level of functioning as possible.
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