

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)	ANGELMAN'S SYNDROME
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic
What is it? (Provide definition)	A genetic abnormality involving the 15 th chromosome. Also known as "Happy Puppet Syndrome" due to excessive inappropriate laughter.
Signs and Symptoms (general)	Severe mental retardation, PICA behavior (eating non-food items, e.g. cigarette butts, dirt), autistic-like behavior, increased risk of seizures, hypopigmented (very pale) skin and eyes, toe walking
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"> ➤ Be aware and educated about conditions associated with this syndrome; watch <u>(name of person)</u> for signs and symptoms of illness) and report immediately to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ Use guidelines for sun exposure and protection of eyes and skin as per the doctor. ➤ Follow guidelines and precautions as needed for seizures, PICA behavior, toe walking or other behavior/symptoms that are present. ➤ 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 regarding this diagnosis from the treating physician.</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 *	<i>Fill in what physician (e.g. primary care physician) treats this condition and how often the person is seen.</i>
Desired outcome *	Any changes in physical or mental status will be noted and evaluated
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