

Health Promotion Activities Plan

Name of Individual:

Health Concern/Issue * (Diagnosis)	Aphasia: this plan is for someone who has aphasia. If any of the symptoms listed below happen suddenly, call 911.
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	A language disorder that affects an individual's ability to communicate, often the result of a stroke or injury to the brain.
Signs and Symptoms (general)	Symptoms are dependent on the area of the brain affected but may include the following: difficulty speaking, difficulty understanding verbal or written communication, difficulty with writing, loss of ability to write or draw
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 immediately 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 a prn (as needed) 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> For example, stop smoking, weight loss plan, exercise plan, therapies (occupational, speech, physical) ➤ 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 *	Fill in what physician (e.g. primary care physician, cardiologist, vascular specialist) treats this condition and how often the person is seen.
Desired outcome *	To recognize symptoms as soon as possible to obtain treatment
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