

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)	ATRIOVENTRICULAR BLOCKS (AV BLOCK)							
Related Body System	Vision Cardiovascular	Respiratory	Lymphatic	Dental	Hearing	Digestive	Integumentary (Skin)	Endocrine
What is it? (Provide definition)	A disorder that may show prolonged, intermittent or absent electrical conduction between the upper and lower chambers of the heart. It is described by degree depending on location and behavior of conduction problem.							
Signs and Symptoms (general)	Symptoms are dependent on degree of block, but can include dizziness, fainting, low blood pressure, fatigue, shortness of breath, activity intolerance, low pulse rate or there may be no symptoms							
Signs and Symptoms (demonstrated by the individual):								
Promotion/strategy support required *	<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 (e.g. weight loss plan, exercise plan)</u>. ➤ Provide periods of rest as needed ➤ 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, cardiologist) treats this condition and how often the person is seen</i>							
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> <small>(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.)</small>							

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP