

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)	CHRONIC BRONCHITIS
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	Inflammation of the main air passages in the lung.
Signs and Symptoms (general)	Cough that produces mucus (may be streaked with blood), shortness of breath made worse by physical activity, frequent respiratory infection, wheezing, tiredness, headaches
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 to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ Give medication as ordered (see Medication Administration Log / Record). If a prn (as needed) medication is given, the results must be documented per agency policy. ➤ Encourage a smoke free environment. ➤ Encourage participation in physical exercise program, as ordered by the physician, and located <u>(list location here)</u>. ➤ <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 on this diagnosis and plan of care (include when to notify the Physician, medication related information, signs and symptoms of respiratory infections, and exercises) 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 caregivers in the home.
Frequency of support *	<i>Fill in what physician (e.g. primary care physician, pulmonary specialist) treats this condition and how often the person is seen.</i>
Desired outcome *	Early reporting of symptoms to ensure fast 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