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 *
(诊断)

<table>
<thead>
<tr>
<th>Related Body System</th>
<th>Vision</th>
<th>Respiratory</th>
<th>Lymphatic</th>
<th>Dental</th>
<th>Hearing</th>
<th>Digestive</th>
<th>Integumentary (Skin)</th>
<th>Endocrine</th>
<th>Cardiovascular</th>
<th>Nervous</th>
<th>Musculoskeletal</th>
<th>Genitourinary</th>
<th>Blood</th>
<th>(please specify related body system)</th>
</tr>
</thead>
</table>

What is it?
(提供定义)

Abnormal cells grow uncontrollably and this interferes with normal body function

Signs and Symptoms
(一般)

Early cancers may not have many symptoms. **Please list signs and symptoms specific to the type of cancer identified.**

Signs and Symptoms
(具体到个人):

- Watch *(name of person)* for signs and symptoms listed above and report to *(title of person in agency who is responsible to receive this information)*.
- **Actions taken would be specific to the type of cancer; please obtain instructions from the treating physician/oncologist and list actions here.**
- Ensure that *(name of person)* receives diet recommended by physician *(list diet here)*.
- Documentation about this condition can be found in the medical record under *(list section here)*.
- Receive training regarding this diagnosis and plan of care (include when to notify the physician) by *(title of person who provides medical training)* at least *(indicate frequency of training)* 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, oncologist) 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 *

*(Name of person), caregivers, agency nurse, primary care physician, (specialist, if applicable)*

*(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.)*

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP