

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)	CEREBRAL PALSY
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	A group of disorders that affect a person's control of movement
Signs and Symptoms (general)	Difficulty with fine motor tasks (writing, scissors); difficulty maintaining balance or walking, weakness in the arms and or legs; excessive muscle movements of the face and tongue
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 any changes or increased difficulties they may experience with walking, weakness and muscle movement 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 Log/Record). If a prn (as needed) medication is given, the results must be documented per agency policy. ➤ Observe safety and fall precautions (furniture out of the way, no throw rugs, proper lighting in the home and workshop, use of hand rails on stairs and bathroom). ➤ Encourage Range of Motion Exercises, as ordered by the physician, and located <u>(list location here)</u>. ➤ Ensure any adaptive equipment or durable medical equipment is kept in good working order or that repairs are addressed in a timely fashion. ➤ Encourage <u>(name of person)</u> to follow a healthy lifestyle (diet, movement, social). ➤ 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, medication related information, exercise, adaptive equipment, fall precautions) 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 *	<u>Fill in what physician (e.g. primary care physician) treats this condition and how often the person is seen.</u>
Desired outcome *	<u>(Name of person)</u> will be supported to maintain their present level of mobility.
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