

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 OBSTRUCTIVE PULMONARY DISORDER (COPD)
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	Large group of lung diseases that interfere with normal breathing
Signs and Symptoms (general)	Chronic cough, increased sputum (mucus coughed up from airway), wheezing, shortness of breath (especially with activity), gasping for air, unable to speak, sweating heavily, changes in skin color, chest tightness
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><i>name of person</i></u>) for signs and symptoms listed above and report immediately to (<u><i>title of person in agency who is responsible to receive this information</i></u>). ➤ Watch for signs and symptoms of upper respiratory infection such as fever, cough, sputum and report to (<u><i>title of person in agency who is responsible to receive this information</i></u>). ➤ Give medication as ordered (see Medication Administration Log/Record). If a prn (as needed is given, the results must be documented per agency policy. ➤ <u><i>Include any specific instructions regarding this diagnosis from the treating physician.</i></u> ➤ Encourage (<u><i>name of person</i></u>) to pace his activities and encourage rest periods during the day to prevent being tired. ➤ Encourage (<u><i>name of person</i></u>) to maintain adequate fluid intake, as ordered by the physician. ➤ Encourage (<u><i>name of person</i></u>) to limit contact with people who have colds or infections. ➤ Encourage a smoke-free environment. ➤ Listen for weather advisory regarding respiratory advisory and follow as indicated. ➤ If oxygen is ordered, ensure safety precautions and on-hand supply. ➤ Documentation about this condition can be found in the medical record under (<u><i>list section here</i></u>). ➤ Receive training on this diagnosis and plan of care (include when to notify the physician, medication related information) by (<u><i>title of person who provides medical training</i></u>) at least (indicate <u><i>frequency of training</i></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 *	Support (<u><i>name of person</i></u>) to minimize episodes of difficult breathing
Person/agency responsible *	<u><i>(Name of person)</i></u> , caregivers, agency nurse, primary care physician, (<u><i>specialist, if applicable</i></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