**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.*

<table>
<thead>
<tr>
<th>Name of Individual:</th>
<th>CIRRHOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Body System</td>
<td>Vision</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular</td>
</tr>
</tbody>
</table>

**What is it?**
A chronic condition of the liver resulting in the loss of functioning liver cells and increased resistance to flow of blood through the liver.

**Signs and Symptoms (general)**
- Change in appetite, nausea/vomiting, abdominal pain, fatigue (tired), jaundice (yellow appearance of skin and/or whites of the eyes); swelling on right side below rib cage; change in bowel habits, swelling in abdomen; itching of skin; frequent nosebleeds, easy bruising and/or bleeding gums.

**Signs and Symptoms (specific to the person)**
- 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).*
- 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.
- Include any specific instructions regarding this diagnosis from the treating physician. For example, frequency of weights, amount of rest needed, amount of fluids, frequency and type of skin care.
- 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.

**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?

**Frequency of support**
*Fill in what physician (e.g. primary care physician, gastroenterologist) treats this condition and how often the person is seen.*

**Desired outcome**
To recognize symptoms as soon as possible and 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.)*