**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

<table>
<thead>
<tr>
<th>Health Concern/Issue *</th>
<th>DIVERTICULOSIS</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? (Provide definition)**

Pockets/pouches/sacs form in the digestive tract. This mainly occurs in the large intestine. When undigested food becomes trapped in these pockets, inflammation occurs (diverticulitis).

**Signs and Symptoms (general)**

Pain in the abdomen, change in bowel habits - changes from constipation to diarrhea.

**Promotion/strategy support required * List very specific steps that the individual and/or caregivers use to support the person's health condition.**

- 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 from the treating physician).* For example, what foods need to be avoided.
- 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, 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.)*