

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 *<br>(Diagnosis)  | ECZEMA   |
| Related Body System  | Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive <b>Integumentary (Skin)</b> Endocrine<br>Cardiovascular      Nervous      Musculoskeletal      Genitourinary      Blood   |
| What is it?<br>(Provide definition)  | A chronic skin disorder characterized by scaling, itchy rashes, and/or blisters.   |
| Signs and Symptoms<br>(general)  | Itching, redness, oozing blisters, rashes, dry, leathery skin.   |
| Signs and Symptoms<br>(specific to the person)   |  |
| Promotion/strategy support required *<br>List very specific steps that the individual and/or caregivers use to support the person's health condition.<br><br>Include information about monitoring health status. Who is called for changes/ problems in this person's health condition?<br><br>What is tracked, where it can be found, and who follows up on documentation required for this health condition?<br><br>Who provides what training for the person and staff about the health condition and when? | <ul style="list-style-type: none"> <li>➤ Watch <u>(name of person)</u> for signs and symptoms listed above and report to <u>(title of person in agency who is responsible to receive this information)</u>.</li> <li>➤ <u>Include any specific instructions regarding this diagnosis from the treating physician.</u> For example, special bathing instructions, etc.</li> <li>➤ 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.</li> <li>➤ Documentation about this condition can be found in the medical record under <u>(list section here)</u>.</li> <li>➤ Receive training regarding this diagnosis and plan of care (include when to notify the physician) 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 staff in the home.</li> </ul> |
| Frequency of support *   | <i>Fill in what physician (e.g. primary care physician, dermatologist) treats this condition and how often the person is seen.</i>   |
| Desired outcome *  | Any new skin outbreaks will be treated promptly.   |
| Person/agency responsible *  | <u>(Name of person)</u> , caregivers, agency nurse, primary care physician, <u>(specialist, if applicable)</u><br><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