

## 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)  | <b>FIBROIDS (UTERINE)</b>  |
| Related Body System  | Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine<br>Cardiovascular      Nervous      Musculoskeletal <b>Genitourinary</b> Blood   |
| What is it?<br>(Provide definition)  | Uterine fibroids are benign (not malignant, not progressive) tumors of muscle and connective tissue that develop within, or are attached to, the uterine wall.   |
| Signs and Symptoms<br>(general)  | Sensation of fullness or pressure in lower abdomen, pelvic cramping or pain with periods, abdominal fullness and gas, increase in urinary frequency, heavy menstrual bleeding-sometimes with the passage of blood clots, may have sudden-severe pain depending on fibroid. THERE ARE OFTEN NO SYMPTOMS.  |
| 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>➤ 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>➤ <u>Include any specific instructions regarding this diagnosis from the treating physician.</u></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, gynecologist) treats this condition and how often the person is seen.</i>  |
| Desired outcome *  | To recognize symptoms as soon as possible to relieve pain or obtain treatment.   |
| 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