**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 * *(Diagnosis)</th>
<th>FRACTURES, SPRAINS, STRAINS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Body System</td>
<td>Vision</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>What is it? <em>(Provide definition)</em></td>
<td>Fracture - A break or crack in the bone. Treatment depends on the type and location of the fracture, the person's age and medical history. Sprain – Stretching or tearing of a ligament (tissue that connects bones at a joint). Strain – Stretching or tearing of a muscle or a tendon (tissue that connects muscle to bone).</td>
</tr>
<tr>
<td>Signs and Symptoms (general)</td>
<td>Pain, swelling, sometimes bruising from internal bleeding, pressure or moving affected area causes severe pain. You may see person stop using the limb (for example, stop walking).</td>
</tr>
</tbody>
</table>

Promotion/strategy support required *

- Watch *(name of person)* for signs and symptoms listed above and report immediately to *(title of person in agency who is responsible to receive this information)*.
- Give medication as ordered (see Medication Administration Log/Record as ordered). 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, if affected area should be elevated, instructions for bathing, physical activity, etc.
- Inspect the area around the cast, elastic wrap, special boot, air cast and splint. If skin becomes red or raw, report to *(title of person in agency who is responsible to receive this information)*.
- Do not use powder or stick objects into cast to relieve itching. If itching persists, report to *(title of person in agency who is responsible to receive this information)*.
- Encourage *(name of person)* to move uninjured but swollen fingers or toes gently and frequently, as ordered by the physician.
- Encourage a well balanced diet to help promote healing.
- 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, medication related information, cast care, exercises) by *(title of person who provides medical training)* at least *(indicate frequency of training)* or as changes occur.

Frequency of support*

Desired outcome *

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.)*

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP