

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 * (Diagnosis)	FRACTURES, SPRAINS, STRAINS
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	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).
Signs and Symptoms(general)	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).
Signs and Symptoms (specific to the person):	
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?	<ul style="list-style-type: none"> ➤ Watch (<u>name of person</u>) for signs and symptoms listed above and report immediately to (<u>title of person in agency who is responsible to receive this information</u>). ➤ 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. ➤ <u>Include any specific instructions regarding this diagnosis from the treating physician.</u> 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 (<u>title of person in agency who is responsible to receive this information</u>). ➤ Do not use powder or stick objects into cast to relieve itching. If itching persists, report to (<u>title of person in agency who is responsible to receive this information</u>). ➤ Encourage (<u>name of person</u>) 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 (<u>list section here</u>). ➤ Receive training regarding this diagnosis and plan of care (include when to notify the physician, medication related information, cast care, exercises) by (<u>title of person who provides medical training</u>) at least (<u>indicate frequency of training</u>) or as changes occur.
Frequency of support*	<i>Fill in what physician (e.g.: primary care physician, orthopedist) treats this condition and how often the person is seen.</i>
Desired outcome *	Promote comfort, decrease swelling, maintain strength in muscles and movement in joints
Person/agency responsible*	<u>(Name of person)</u> , caregivers, agency nurse, primary care physician, (<u>specialist, if applicable</u>) <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