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:

<table>
<thead>
<tr>
<th>Health Concern/Issue * (Diagnosis)</th>
<th>HYDROCEPHALUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related Body System</td>
<td>Vision</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Nervous</td>
</tr>
</tbody>
</table>

What is it? *(Provide definition)*

An abnormal accumulation of cerebrospinal fluid in the head causing a larger than normal head size.

Signs and Symptoms *(general)*

Severely enlarged head size, vomiting, seizures, change in level of consciousness, decreased pulse, changes in pupil size/reactivity, strabismus (cross-eyed), alteration of muscle tone in extremities.

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 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, shunt care (if present), elevation of head of bed, positioning of head, etc.
- 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, neurologist)* treats this condition and how often the person is seen.

Desired outcome *

Manage hydrocephalus effectively to prevent complications form this health condition.

Person/agency responsible *

*(Name of person), caregivers, agency nurse, primary care physician, *(specialist, if applicable)*

* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP