

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)	Melanoma/ Skin Cancer
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	Uncontrolled growth of abnormal skin cells. Melanoma forms in melanocytes, the skin cells that produce pigment.
Signs and Symptoms (general)	Change in an existing mole – asymmetrical shape, irregular border, change in color, new growth on a mole larger than 6mm; or the development of new pigmented or unusual growth on skin; or sores that don't heal. Most skin cancers occur on areas that have had sun exposure, but can also occur on mucous membranes, soles of the feet, between toes, under fingernails and toe nails, palms, scalp and eyes.
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 and/or treatment as ordered (see Medication Administration Record/Log). If a prn (as needed) medication is given, the result must be documented per agency policy. ➤ If the person has a surgical procedure to remove the melanoma/ skin cancer lesion, specific instructions will be given. <u>(Include any specific instructions from the treating physician here.)</u> ➤ 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) 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.

Frequency of support *	<i>Fill in what physician (e.g. primary care physician, oncologist, dermatologist) treats this condition and how often the person is seen.</i>
Desired outcome *	Any changes in skin will be noted and evaluated by physician immediately.
Person/agency responsible *	<i>(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.)</i>

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* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP