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):**

<table>
<thead>
<tr>
<th>Related Body System</th>
<th>Vision</th>
<th>Respiratory</th>
<th>Lymphatic</th>
<th>Dental</th>
<th>Hearing</th>
<th>Digestive</th>
<th>Integumentary (Skin)</th>
<th>Endocrine</th>
<th>Cardiovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous</td>
<td></td>
<td>Musculoskeletal</td>
<td>Genitourinary</td>
<td></td>
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</tbody>
</table>

**What is it? (Provide definition):**

On average, flow occurs every 28 days and lasts about 4 days but there can be a wide variation in timing and duration that is still considered normal. Menorrhagia - menstrual periods are heavy, prolonged, or irregular. Endometriosis - the tissue that normally lines the uterus (endometrium) grows on other areas of the body causing pain and irregular bleeding. Dysmenorrhea - painful periods or menstrual cramping; when period is accompanied by either sharp, intermittent pain or dull, aching pain, usually in the pelvis or lower abdomen.

**Signs and Symptoms (general):**

Soaking through sanitary pad or tampon every hour for 6 consecutive hours is considered very heavy period. Prolonged period is one that lasts longer than 7 days. Irregular periods happen more often than every 21 days or less often than every 35 days. Bleeding, pain or discharge between periods might be a sign of a problem or periods have been heavy or prolonged for 3 or more cycles, compared to what is normal for this particular individual.

**Promotion/strategy support required *:**

- Watch *(name of person)* for signs and symptoms listed above and report 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, comfort measures
- Record days of menstruation on a chart indicating flow, pain, 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, gynecologist) treats this condition and how often the person is seen.

**Desired outcome *:**

To recognize symptoms as soon as possible to obtain treatment.

**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