

### Health Promotion Activities Plan

Name of Individual:

Health Concern/Issue * (Diagnosis)	<b>OBESITY</b>
Related Body System	Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine Cardiovascular      Nervous      Musculoskeletal      Genitourinary      Blood
What is it? (Provide definition)	A disorder involving excessive body fat that increases the risk of health problems. People who have a body mass index (BMI) of 30 or higher are considered to be in the obese range of weight.
Signs and Symptoms (general)	Body mass index (BMI) of 30 or higher; excessive body fat
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"> <li>▪ Watch (<i>name of person</i>) for signs and symptoms listed above and report to (<i>title of person in agency who is responsible to receive this information</i>).</li> <li>▪ Obtain specific instructions from the treating physician on:               <ul style="list-style-type: none"> <li>○ Weight - what is the person's ideal body weight range and how often should their weight be checked</li> <li>○ Diet – what is the specific diet recommended; are there foods to increase or foods to avoid</li> <li>○ Physical activity – what is recommended for the person</li> </ul> </li> <li>▪ Ensure that (<i>name of person</i>) receives the diet recommended by the physician (<i>list diet here</i>) in all settings (home, work, vacation, etc.)</li> <li>▪ Documentation about this condition can be found in the medical record under (<i>list section here</i>).</li> <li>▪ Receive training regarding this diagnosis and plan of care by (<i>title of person who provides medical training</i>) at least (<i>indicate frequency of training</i>) or as changes occur. This should be documented for all staff in the home.</li> </ul>
Frequency of support	Fill in what physician (e.g. primary care physician, gastroenterologist) treats this condition and how often the person is seen.
Desired outcome *	To recognize symptoms as soon as possible and obtain treatment.
Person/agency responsible *	( <i>Name of person</i> ), caregivers, agency nurse, primary care physician, (specialist, if applicable). ( <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