

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)	OSTEOARTHRITIS (Degenerative Joint Disease)
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	Cartilage allows bones to slide over one another. In osteoarthritis, cartilage breaks down and wears away causing bones under the cartilage to rub together. This causes pain, swelling and loss of motion of the joint.
Signs and Symptoms (general)	Swelling or tenderness in one or more joints, especially before or during a change in weather; loss of flexibility in a joint; stiffness getting in or out of bed; a crunching feeling or sound of bone rubbing on bone; bony lumps on the joints of the fingers or at the base of the thumb; steady or intermittent pain in a joint.
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 to (<u>title of person in agency who is responsible to receive this information</u>). ➤ Give medication as ordered (see Medication Administration Record / Log). If a prn (as needed) is given, the results must be documented per agency policy. ➤ <u>Include any specific instructions from the treating physician.</u> For example, strengthening exercises, pain control methods (heat/cold therapies, hydrotherapy, relaxation therapy), use of assistive devices to support weakened joints ➤ Encourage (<u>name of person</u>) to follow a well- balanced diet to manage body weight and reduce pressure on the joints. ➤ Allow extra time for morning activities. ➤ 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, orthopedist) treats this condition and how often the person is seen.</i>
Desired outcome *	Episodes of pain and stiffness will be minimized
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