**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>Nervous</th>
<th>Lymphatic</th>
<th>Dental</th>
<th>Hearing</th>
<th>Digestive</th>
<th>Integumentary (Skin)</th>
<th>Endocrine</th>
<th>Cardiovascular</th>
<th>Nervous</th>
<th>Musculoskeletal</th>
<th>Genitourinary</th>
<th>Blood</th>
</tr>
</thead>
</table>

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

- **Osteoporosis** is a condition that results in decreased bone density. The bones become porous (have openings) instead of being solid.
- **Osteopenia** – Process where the amount of bone is getting smaller. Bone is being broken down more than it is being rebuilt.

### Signs and Symptoms *(General)*

There are no obvious signs or symptoms of osteoporosis or osteopenia. Both can result in bone fractures/breaks. Careful attention should be given to watch for signs or symptoms of a fracture or broken bone. These would include redness, swelling, tenderness, or pain at the site of the fracture/break.

### Signs and Symptoms *(specific to the person)*

- **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, exercise plan
- **Use safety and fall precautions** (furniture out of the way, no throw rugs, proper lighting in the home and day program, use of hand rails on stairs and bathroom).
- **Ensure that** *(name of person)* receives diet recommended by physician *(list diet here)*.
- **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)* treats this condition and how often the person is seen.

### Desired outcome *

- Avoid bone fracture/breaks and pain as a result of osteoporosis

### 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.)*