

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)	PRADER - WILLI SYNDROME
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood Genetic
What is it? (Provide definition)	Genetic disorder characterized by obesity as a result of uncontrollable hunger, decreased muscle tone, decreased mental capacity, and hypogonadism (small sexual organs)
Signs and Symptoms (general)	Adults and older children – behavior problems often related to the need to eat, skin picking, short attention span, short term hearing memory, problems with speech, thick saliva, increased body fat, curvature of the spine, fragile bones, sleep apnea (periods of not breathing during sleep)
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 any changes in condition or signs of illness and report to <u>(title of person in agency who is responsible to receive this information)</u>. ➤ Follow plan to ensure adequate nutrition with controlled access to food. ➤ 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. ➤ <u>Include any specific instructions from the treating physician.</u> For example, weight loss plan, exercise plan, frequency of taking weights ➤ Ensure that <u>(name of person)</u> receives diet recommended by physician <u>(list diet here)</u>. Support person in maintaining this diet. ➤ 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) evaluates this condition and how often the person is seen.</i>
Desired outcome *	Support <u>(name of person)</u> in maintaining normal weight, assisting with communication support, support with behavioral issues.
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