

## 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 *<br>(Diagnosis)  | <b>PRESSURE SORES (Pressure Ulcers) – known as decubitus ulcers in past</b>   |
| Related Body System  | Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive <b>Integumentary (Skin)</b> Endocrine<br>Cardiovascular      Nervous      Musculoskeletal      Genitourinary      Blood  |
| What is it?<br>(Provide definition)  | An area where skin becomes reddened, then may break open. It usually happens in bony areas of the body when a person lies or sits in one place for too long.  |
| Signs and Symptoms<br>(general)  | Dark or reddened area of the skin that does not go away when pressure is removed from the area. If it gets worse, the skin may break open and small or large holes may form. They may become infected.  |
| Signs and Symptoms<br>(specific to the person):  |   |
| Promotion/strategy support required *<br>List very specific steps that the individual and/or caregivers use to support the person's health condition.<br><br>Include information about monitoring health status. Who is called for changes/ problems in this person's health condition?<br><br>What is tracked, where it can be found, and who follows up on documentation required for this health condition?<br><br>Who provides what training for the person and staff about the health condition and when? | <ul style="list-style-type: none"> <li>➤ Watch <u>(name of person)</u> for signs and symptoms listed above and report immediately to <u>(title of person in agency who is responsible to receive this information)</u>.</li> <li>➤ 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.</li> <li>➤ Give treatments and/or dressings as ordered by the doctor and document per agency policy.</li> <li>➤ <u>Include any specific instructions from the treating physician.</u></li> <li>➤ Turn in bed, or change position at least every two hours, or as ordered by the doctor, using pillows or cushions to pad bony areas and/or keep <u>(name of person)</u> in the correct position. Document date, time, and position per agency policy.</li> <li>➤ Do not rub (or touch more than you need to) areas of redness or skin breakdown.</li> <li>➤ Ensure that <u>(name of person)</u> receives diet recommended by physician to promote wound healing <u>(list diet here)</u>.</li> <li>➤ Documentation about this condition can be found in the medical record under <u>(list section here)</u>.</li> <li>➤ 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.</li> </ul> |
| Frequency of support *   | <i>Fill in what health care professional (e.g. primary care physician, wound care specialist) treats this condition and how often the person is seen.</i>   |
| Desired outcome *  | Area will heal with treatment. No other pressure sores will occur.  |
| Person/agency responsible *  | <u>(Name of person)</u> , caregivers, agency nurse, primary care physician, <u>(specialist, if applicable)</u><br><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