

Health Promotion Activities Plan

This **sample is to assist you in developing a health promotion activity plan. The information in it is for training purposes. It is not intended to replace medical advice. Any and all instructions given by the physician regarding this diagnosis must be included.

Name of Individual: _____

Health Concern/Issue * (Diagnosis)	SARCOMA
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	A rare type of cancer that develops in connective tissue.
Signs and symptoms (general)	Early signs of sarcoma may be a painless lump or swelling and most often found in the arms, legs, chest or abdomen. Depending on the location, there may be no symptoms until the tumor has grown large enough to press against nerves, muscles or organs, and causes pain or a disruption in the body's normal functions.
Signs and Symptoms (specific to the individual)	
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 individual)</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> ➤ 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. ➤ Ensure that <u>(name of individual)</u> receives diet recommended by physician. <u>(List diet here)</u> ➤ Include any specific instructions from the treating physician: ➤ 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 <u>(by title of person who provides medical training)</u> at least <u>(frequency of training)</u> or as changes occur. Include when to notify the physician. This should be documented by all staff in the home.
Frequency of support *	Fill in what physician (primary care, oncologist, etc.) treats this condition and how often the individual is seen.
Desired outcome *	To recognize symptoms as soon as possible to obtain treatment.
Person/agency responsible *	<u>(Name of individual)</u> , caretakers, agency nurse, primary care physician, <u>(specialist, if applicable)</u> . The responsible parties may vary according to your agency. Please place specific roles in this section. Some other examples are health care coordinator, program specialist, house manager.