

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)	SINUS DISEASE (Also known as Chronic Sinusitis)
Related Body System	Vision Respiratory Lymphatic Dental Hearing Digestive Integumentary (Skin) Endocrine Cardiovascular Nervous Musculoskeletal Genitourinary Blood
What is it? (Provide definition)	A prolonged or recurrent infection and/or inflammation of one or more of the nasal sinuses.
Signs and Symptoms (general)	Headache, facial pain, pain in the roof of the mouth or teeth, thick yellow or yellow-green nasal drainage, cough, stuffiness, decreased sense of taste or smell. Fever may be present. Symptoms may worsen for the first 3-4 hours after arising.
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 changes in 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) medication is given, the result must be documented per agency policy. ➤ <u>Include any specific instructions from the treating physician.</u> For example, increasing fluids, using a cool air humidifier ➤ 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 by all staff in the home.
Frequency of support *	<i>Fill in what physician (e.g. primary care physician, ENT) treats this condition and how often the person is seen.</i>
Desired outcome *	To recognize symptoms as soon as possible to obtain treatment.
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