**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:

**SINUS DISEASE (Also known as Chronic Sinusitis)**

<table>
<thead>
<tr>
<th>Health Concern/Issue * (Diagnosis)</th>
<th>Vision</th>
<th>Respiratory</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?**

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.

**Promotion/strategy support required ***

- Watch *(name of person)* for changes in signs and symptoms listed above and report 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, increasing fluids, using a cool air humidifier.
- 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 by all staff in the home.

**Frequency of support ***

Fill in what physician *(e.g. primary care physician, ENT)* treats this condition and how often the person is seen.

**Desired outcome ***

To recognize symptoms as soon as possible to obtain treatment.

**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.)*

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* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP