

## 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)	<b>THROMBOCYTOPENIA (medication associated) – also called “Nonimmune Thrombocytopenia”</b>
Related Body System	Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine Cardiovascular      Nervous      Musculoskeletal      Genitourinary <b>Blood</b>
What is it? (Provide definition)	Decrease in normal platelets (cells in blood that help blood to clot) caused by certain drugs
Signs and Symptoms (general)	Easy bruising, abnormal bleeding (heavier, longer), nosebleeds, bleeding into skin
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"> <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>➤ Watch for decreased movement in arms or legs, swollen body part or an area that is warm to the touch. Watch if person favors an arm or leg, limps or refuses to use an arm or leg 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>➤ Treat surface cuts by using first aid – wash cut, apply pressure, then bandage; check wound after five minutes to make sure that bleeding has stopped.</li> <li>➤ Use universal precautions at all times when treating an open wound</li> <li>➤ Call 911 if bleeding is not stopping or bleeding is heavy</li> <li>➤ Use electric razors for shaving and use soft toothbrush for oral hygiene</li> <li>➤ <u>Include any specific instructions regarding this diagnosis from the treating physician.</u></li> <li>➤ Obtain lab work at frequency determined by physician and keep copy in medical record under <u>(list section 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 physician (e.g. primary care physician, hematologist) 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