

**\*\*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 instructions given by the physician regarding this diagnosis must be included.**

Name of Individual:

Health Concern/Issue * (Diagnosis)	<b>TURNER SYNDROME</b>
Related Body System	Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine Cardiovascular      Nervous      Musculoskeletal      Genitourinary      Blood <b>Genetic</b>
What is it? (Provide definition)	Turner syndrome is a genetic condition that occurs only in females. Female cells normally have two X chromosomes. In Turner syndrome, the girl's cells are missing an X chromosome, or part of an X chromosome.
Signs and Symptoms (general)	May include a combination of: short height, webbed neck, drooping eyelids, a "shield-shaped"-broad-flat chest, absent or incomplete development at puberty (including sparse pubic hair and small breasts), infertility, dry eyes, absent menstruation, absent normal moisture in vagina. May develop complications of heart defects, kidney abnormalities, high blood pressure, obesity, diabetes, Hashimoto's thyroiditis, cataracts, arthritis, and middle ear infections.
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 of the conditions listed above and report to <u>(title of person in agency who is responsible to receive this information)</u>.</li> <li>➤ <u>Include any specific instructions from the treating physician.</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) treats this condition and how often the person is seen.</i>
Desired outcome *	To recognize symptoms of associated conditions 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