

ACTION PLAN

Name: _____

Date: _____

GREEN LIGHT

Doing Well:

Here are the ways you can tell you are doing well:

- _____
- _____

These are things you need to do every day to stay well.

Follow this plan every day:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YELLOW LIGHT

Getting Worse:

These are signs of new problems:

- _____
- _____

You need to notice when your health is getting worse with the usual plan.

Add these to your daily routine:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RED LIGHT

Medical Alert!

These are urgent problems to solve right now:

- _____
- _____

If your attempts to help the problem don't work, you need to act now and get help.

Do this immediately:

_____	_____	Call the Doctor's office NOW. Tell them you have an urgent problem and you need help today! Doctor: _____ Phone: _____
_____	_____	
_____	_____	
_____	_____	

Reasons to get emergency medical help:

- _____
- _____
- _____

Go to the hospital or call an ambulance (Call 911):

Who else do you need to tell? _____

Activated Patient: Visit Preparation and Summary

- Use the first half of this form to prepare for an office visit.
- Use the second half of this form to review the plans made at the visit.

Patient's Name _____

Caregiver Name, if applicable _____

Date/Time of Visit _____

Patient Goals for visit:

Reasons for Visit: _____

Health concerns since last visit: _____

Other providers seen or tests performed since last visit: _____

Test results to discuss: _____

Medication refill needs: _____

Equipment needs: _____

Physician Plans at visit:

Labs/Testing planned: _____

Medication/Treatment changes: _____

Referrals recommended: _____

FOR THE PCP—Caring for Young Adults who enter Your Adult Practice: Encouraging Young Adults to be Activated Patients

- Young adults are defined as ages 18 to 25. When young adults with chronic medical conditions transition to adult providers, they must adapt to the new **adult model of care**. They must learn self-management skills, rather than relying on their parents or caregivers.
- Among all patients, there are varying levels of self-management skill or “activation”. **Activated patients** have improved health outcomes and more appropriate health care utilization. (Hibbard JH. Health Affairs, Feb 2013).
- Providers should assess self-management and patient activation as part of transition readiness. Direct patients to **self-management supports** (systematic education and interventions to increase patients’ skills and confidence in managing their health problems—IOM, 2003).

Using a Transition Readiness Tool

- The TRAQ is a validated transition readiness tool. <http://hscj.ufl.edu/jaxhats/traq>. Sample questions:
 - **Do you call the doctor’s office to make an appointment?**
 - **Do you follow up on any referral for tests or check ups or labs?**
 - **Do you arrange for your ride to medical appointments?**
 - **Do you call the doctor about unusual changes in your health?**
 - **Do you know what your health insurance covers?**
 - **Do you fill out the medical history form, including a list of your allergies?**
 - **Do you keep a calendar or list of medical and other appointments?**
 - **Do you answer questions that are asked by the doctor, nurse or clinic staff?**
 - **Do you ask questions of the doctor, nurse or clinic staff?**
 - **Do you take medications correctly and on your own?**
 - **Do you know what to do if you are having a bad reaction to your medications?**
 - **Do you reorder medications before they run out?**

Working on Self-Management Skills Building

- **Assess:** find out about the patient’s health-related beliefs, behavior and knowledge.
 - **What do you know about... (the condition)?**
 - **What would you like to know about...(the condition)?**
 - **What do you know about the medicines used for... (the condition)?**
- **Advise:** Encourage patients to actively manage their condition. Give patients information about their conditions and treatment. Review their history to help them learn what they don’t know about their medical history. Use medication reconciliation and “repeat back” techniques to verify understanding. Identify health coaches from the team or community to provide education to help patients self-care.
 - **What would you like to make sure we discuss today?**
 - **Please tell me in your own words how you will take your medicine?**
 - **What side effects will you look for, and what will you do if have any of them?**
- **Agree:** Review and reach agree on treatment plans, patient goals and action plans. “**What would you like to do in the next few weeks for your health?**” Elements of **action plans**:
 - **What & how often:** the specific task and how often the patient is going to undertake the task
 - **When & where:** a specific time and best location to perform the task
 - **Possible problems:** discuss the possible problems and how to overcome them
 - **Confidence:** the confidence the patient has to undertake the task.
- **Assist:** Teach patients specific skills in healthy behaviors, managing their disease and solving problems related to self-care. Address patients’ emotional and psychosocial issues which may affect their self-management. Provide resources and/or refer to community services to learn about self care.
 - **Please tell me what has been tough for you, with your condition or medicines?**
 - **What problems are you having with your medicines?**
- **Arrange:** Schedule regular follow-up contacts. Use a health condition registry to manage your panel of patients with chronic conditions or other at-risk patients.



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Things to ask my doctor:

Current Symptoms:

The medications I am currently taking:

Instructions from my doctor:

Follow-up appointment:

Date: _____ Time: _____

Location: _____

If I have a problem or questions, I should call:

→ The change I want to make is: (be very specific, what, when, how?)

→ My goal for the next month is:

→ How convinced are you that this is the right work for you:



→ The steps I will take to reach the goal:

1. _____

2. _____

3. _____

→ The things that will make it hard to reach the goal:

1. _____

2. _____

3. _____

→ The ways I can overcome those things that might get in the way:

→ My confidence that I can reach my goal:



Source: American Medical Association. All rights reserved.

GREEN ZONE

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____ (80 percent or more of my best peak flow)

My best peak flow is: _____

Before exercise _____ 2 or 4 puffs _____ 5 minutes before exercise

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

YELLOW ZONE

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)

First Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ (short-acting beta₂-agonist) 2 or 4 puffs, every 20 minutes for up to 1 hour

Nebulizer, once

Second If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

Take: _____ (short-acting beta₂-agonist) 2 or 4 puffs or Nebulizer

Add: _____ mg per day For _____ (3–10) days (oral steroid)

Call the doctor before/ within _____ hours after taking the oral steroid.

RED ZONE

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____ (50 percent of my best peak flow)

Take this medicine:

_____ (short-acting beta₂-agonist) 4 or 6 puffs or Nebulizer

_____ mg (oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

ANGER SIGNS ■ Trouble walking and talking due to shortness of breath Take 4 or 6 puffs of your quick-relief medicine AND

■ Lips or fingernails are blue Go to the hospital or call for an ambulance _____ NOW! (phone)

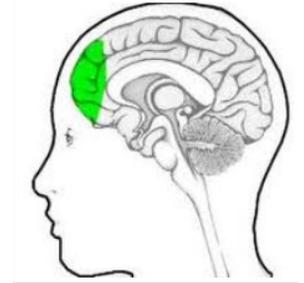
FOR THE PCP—Caring for Young Adults who enter Your Adult Practice: Adherence Issues in Young Adults

- Young adults are defined as ages 18 to 25. When young adults with chronic medical conditions transition to adult providers, they must adapt to the new adult model of care and new roles as managers of their own healthcare.
- Adherence is the patient's active, intentional, and responsible process of care, working to maintain his or her health in close collaboration with health care personnel (Kyngas, J Clin Nurs, 2000). By age, teens and young adults appear to be at higher risk than older adults to non-adhere, as demonstrated in cystic fibrosis, asthma, diabetes, and inflammatory bowel disease. There are particular issues which tend to escalate non-adherence in young adults. Developmentally they have not yet completed their cognitive growth. Prefrontal cortex myelination and synaptic pruning and corpus callosum networking continue into the mid-twenties.



KEY BARRIERS TO ADHERENCE IN YOUTH ADULTS—The Perfect Storm

1. Incomplete **brain maturity** may lead to emotional lability, impulsivity, and gaps in executive skills such as prioritization, problem-solving and risk stratification.
2. Gaps are found in **health knowledge** regarding their conditions and treatments, as youth may need health education that fits their developmental understanding.
3. **Parent-child dynamics**, as youth move towards independence, can create resistance and defiance to parental instructions or perceived nagging.
4. During the formation of an adult **self-image**, youth attempt to align with the norms of their peer group and reject issues which lead them to see self as different, such as a chronic disease.
5. New abstract reasoning skills must work through the **stages of acceptance**—shock, denial, anger, bargaining, depression, testing, acceptance.
6. **Health care financing** changes can cause new problems in navigating the health system.
7. Starting over with a **new adult doctor** generates a gap in provider trust.



METHODS TO MAXIMIZE ADHERENCE IN YOUNG ADULTS

- Use empathetic and nonjudgmental discussions to promote trust in a new patient-physician relationship.
 - **“Many patients find it hard to remember to take pills twice a day – is it hard for you?”**
- Screen and address potential mental health problems—depression and anxiety, in particular.
- Provide repeated education matched to the patient's health literacy (verbal, written and internet sources).
- Use motivational interviewing techniques to work on resolving the patient's ambivalence.
 - 1) Promote change talk, 2) elicit pros and cons in next steps and 3) measure the youth's perceived importance of the action and confidence in own ability to take action.
- Balance structure & flexibility in the shared plan of care.
 - Seek options that: 1) provide signs of immediate benefits, 2) allow a sense of control and 3) minimize the life intrusiveness of treatments.
 - Simplify regimens, use longer acting medicines, when possible.
 - **“We will lower your dose as soon as your labs improve, to help with the side effects you don't like.”**
 - **“What do you want to do to make it easier to follow your treatment plan?”**
- Use safety nets and monitoring—phones, alarms, reminders, and follow-up contacts.
 - Encourage the young adult recognize how one's support system (family and friends) may be asked to help.



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ABOUT ME: Call me “ _____ ”

Approximate Developmental Age:		Photo:
How I communicate:		
What I like and what makes me happy:		
What stresses me:		
Behaviors when I'm stressed:		
How to help me when I'm stressed:		
My legal decision maker:		
My other caregivers:		

WHEN I AM CONTENT	WHEN I AM STRESSED
Face: Eyes: Jaw/tongue: Skin:	
Sounds: Speech:	
Habits: Comfortable Distance:	
Posture: Pulse: Breathing: Sleep: Appetite: Eating pattern:	

Adapted from DISDAT tool at <https://www.stoswaldsuk.org/how-we-help/we-educate/resources/disdat.aspx>

Patient Name: _____

Preferred Disability Accommodations

Utilize an orientation board in patient room which says: "Patient needs accommodations for activity and interventions. Please see nurse for hospitalization plan."

Emergency Plan:

Code status /Advance Directives:

Allergies/Precautions:

Vital signs accommodations:

Activity:

Nursing - Skin Care/Hygiene needs:

Nursing - Positioning/Transferring:

Nursing - Toileting/Menses:

Nursing - Supervision/Attendant Care:

Nursing - Communication/Sensory/Vision/Hearing:

Diet/Feeding:

Medication Administration:

Lab/procedure accommodations:

Special devices/Implanted devices:

Special sleeping preferences:

Special safety concerns:

Respiratory needs:

Health Habits & Daily Rules

Use daily rules to help you stay healthy, especially if you are not good at feeling or using your own body messages.



Times to Eat

My breakfast time: _____



My lunch time: _____

My snack time: _____



My dinner time: _____

Food & Drink



I eat _____ servings of fruit every day.



I eat _____ servings of vegetables.



I eat _____ servings of calcium foods.

I eat _____ servings of protein.



I fill my plate once a meal.



I pick one day a week (_____) for a treat.

I drink _____ glasses of water.

I drink _____ glasses of other drinks too.



Physical activity



I _____ do this exercise:
_____ for _____
minutes _____ times a week.

Bathroom — I go

when I get up _____,

after breakfast _____,

after lunch _____,

after work/school _____,

after dinner _____,

before bedtime _____.



Clean your body



I wash my hands before I eat, and after the bathroom.

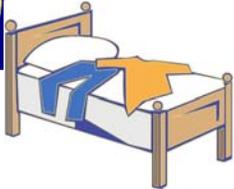


I brush my teeth 2x, mornings  and evenings. 

I shower every _____ day(s).



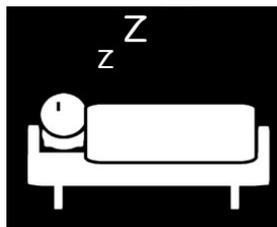
I wash my hair every _____ day(s) 

I put on clean clothes every day. 

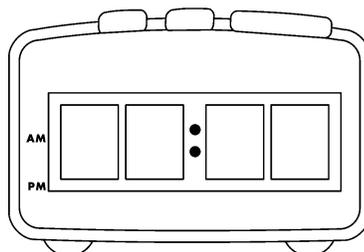


I cut my finger & toe nails every _____ week (s). 

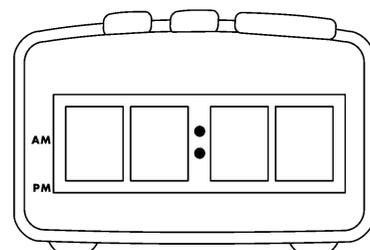
Sleep



My bedtime is:



My wake up time is :



Supporting Health Habits

For caregivers of individuals with learning difficulties (LD) or intellectual disabilities (ID)

Daily Rules

- For activity
- For eating
- For hydration
- For hygiene
- For sleep
- For toileting

Supporting the person with mild LD/ID—Maximize actions the person can do on their own

1. Teach and then entrust the person to be in charge of their own daily health rules. Set an example by following healthy daily rules yourself.
2. Teach things to watch for to recognize when the usual rules don't apply.
3. Be present to support problem solving for those unusual days. Teach that asking for help is something that everyone needs sometimes.

Supporting the person with moderate ID— Find a balance between actions by the person and their caregivers

1. Teach the person about their own daily health rules. Encourage them to do as much as possible and safe on their own. Provide enough oversight to know how the rules are followed. Set an example by following healthy daily rules yourself.
2. Review periodically to help reinforce the rules. Teach that sometimes the rules don't apply and that everyone needs help sometimes.
3. Recognize and suggest when the usual rules may not apply. Provide oversight and solutions for what to do on unusual days.

Supporting the person with severe/profound ID - For most actions, caregivers need to be in charge

1. Teach the person about their daily health rules. Support them every day, use helpful reminders, provide needed supports, avoid nagging. Set an example by following healthy daily rules yourself.
2. Observe day to day activities and encourage info sharing, while still considering privacy as able. For example, "tell me when you go to the bathroom, so I can help you stay healthy."
3. Recognize unusual days and create solutions for what to do.

My health goals

- I want to eat healthy foods and portions and drink enough fluids every day.
- I want to keep my body clean (washing up regularly) and active (exercising at least 3 times a week).
- I want to take care of my body needs, going to the bathroom regularly.
- I want to get enough sleep to be well-rested every day (7-9 hours).