

**Arthritis Risk Plan**

**Individual’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing decreased mobility and pain and stiffness in joints.

**Desired Outcome:**       will exercise regularly and take medications as prescribed. Staff will respond as trained if symptoms of arthritis are exhibited.

**Why at risk/History:**

**Arthritis** is inflammation of one or more joints. A joint is an area of the body where two different bones meet. Joints function to move the body parts connected by its bones.

**Osteoarthritis**, the most common form of arthritis, causes cartilage, the hard, slippery tissue that covers the ends of bones where they form a joint, to break down. Cartilage cushions the ends of the bones and allows nearly frictionless joint motion, but enough damage can result in bone grinding directly on bone, which causes pain and restricted movement. This wear and tear can occur over many years, or it can be hastened by a joint injury or infection. Osteoarthritis affects the entire joint and causes changes in the bones, deterioration of the connective tissues that attach muscle to bone and hold the joint together, and inflammation of the joint lining.

**Supports and interventions:**

* Staff will encourage      , as needed, to regularly exercise, as tolerated, to increase strength and flexibility, reduce joint pain, and combat fatigue.
* Staff will encourage       to rest as needed.
* Staff will assist      , as needed, to take medications as prescribed.

**Monitor:**

* Pain and limited function of joints
* Inflammation of the joints
* Stiffness
* Swelling
* Redness
* Warmth
* Tenderness
* Limping

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech of any symptoms of arthritis, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of arthritis, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Arthritis** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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