

**High Cholesterol Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of heart disease, stroke, and heart attack.

**Desired Outcome:**       will eat a healthy diet, exercise regularly, and take medications as prescribed**.** Staff will respond as trained if symptoms of high cholesterol are exhibited.

**Why at risk/History:**

**Cholesterol** is a waxy substance found in the blood. The body needs cholesterol to build healthy cells, but high levels of cholesterol can increase the risk of angina, heart attack, and stroke. With **high cholesterol**, fatty deposits can develop in the blood vessels. These deposits grow, making it difficult for enough blood to flow through the arteries and can break suddenly and form a clot that causes a heart attack or stroke. High cholesterol can be inherited, but it is often the result of unhealthy lifestyle choices. A healthy diet, regular exercise, and medication can help reduce high cholesterol.

**Angina** is chest pain or discomfort caused when your heart muscle doesn't get enough oxygen-rich blood but it is not a disease. It may feel like pressure or squeezing in the chest. The discomfort also can occur in the shoulders, arms, neck, jaw, or back. It may even feel like indigestion.

A **stroke** occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts .

A **heart attack** occurs when an artery supplying the heart with blood and oxygen becomes blocked.

**Supports and interventions:**

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* Staff will assist      , as needed, to take medications as prescribed.
* Staff will encourage      , as needed, to regularly exercise and eat a healthy diet.
* If symptoms of a stroke are exhibited, quickly do **“FAST”** test:
	+ **Face-**Ask the person to smile. Does one side of the face droop?
	+ **Arms-**Ask the person to raise both arms. Does one arm drift downward? Or is one arm unable to rise up?
	+ **Speech-**Ask the person to repeat a simple phrase. Is his or her speech slurred or strange?
	+ **Time-If you observe any of these signs, call 911 immediately.**
* **Call 911 if symptoms of a heart attack or stroke are exhibited.**

**Monitor:**

**Symptoms of a Stroke**

* Numbness or weakness in your face, arm, or leg, especially on one side.
* Confusion or trouble understanding other people.
* Difficulty speaking.
* Trouble seeing with one or both eyes

**Symptoms of a Heart Attack**

* Chest pain or discomfort.
* Upper body discomfort.
* Pain that radiates down the left arm.
* Shortness of breath.
* A cold sweat.
* Tiredness.
* Nausea.
* Light-headedness or dizziness

**Notify:**

* **CALL 911 if exhibiting symptoms stroke or heart attack, 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 and/or Nurse of any symptoms of stroke or heart attack, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of stroke or heart attack, 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** | **High Cholesterol** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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