

**Hypothyroidism Risk Plan**

**Individual’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing symptoms of hypothyroidism.

**Desired Outcome:**       will take medications as prescribed. Staff will respond as trained if any symptoms of hypothyroidism are exhibited.

**Why at risk/History:**

**Hypothyroidism**, also called underactive thyroid, is when the thyroid [gland](https://www.niddk.nih.gov/Dictionary/G/gland) doesn’t make enough thyroid [hormones](https://www.niddk.nih.gov/Dictionary/H/hormone) to meet the body’s needs. The thyroid is a small, butterfly-shaped gland at the front of the neck. Thyroid hormones control the way the body uses energy, so they affect nearly every organ in the body, even the way the heart beats. Without enough thyroid hormones, many of the body’s functions slow down.

**Supports and interventions:**

* Staff will encourage      , as needed, to regularly exercise and eat a healthy diet.
* Staff will assist      , as needed, to take medications as prescribed.
* Hypothyroid medication should be taken on an empty stomach 1 hour before mealtime.

**Monitor:**

* Feeling tired or weak
* Sensitivity to the cold
* Memory problems or having trouble thinking clearly
* Constipation
* Depression
* Fatigue or feeling slowed down
* Joint and/or muscle pain
* Paleness, dry skin, thin brittle fingernails
* Unintentional weight gain.
* May have swelling in arms and legs
* Slowed speech

**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 and/or Nurse of any symptoms of hypothyroidism, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of hypothyroidism, 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** | | **Hypothyroidism** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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