

**Obesity Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing decreased mobility, low energy, heart disease, strokes, diabetes, certain cancers, digestive issues, sleep apnea, osteoarthritis, depression, as well as several other health issues.

**Desired Outcome:**       will make healthy dietary choices, exercise, and take medications as prescribed. Staff will respond as trained regarding any health concerns.

**Why at risk/History:**

**Obesity** means having too much body fat and happens over time when a person eats more calories than they use. It increases the risks of developing or worsening the symptoms of hypertension, high cholesterol, type 2 diabetes, heart diseases, strokes, gallbladder disease, osteoarthritis, sleep apnea and other breathing problems, many types of cancer, depression, anxiety, body pain, as well as several other conditions. Obesity may also lower overall quality of life by decreasing mobility, energy, self-esteem, etc. Medical professionals suggest incorporating health conscious habits, such as, keeping a food journal, going to a gym, and reading food labels as part a daily routine.

**Supports and interventions:**

* Staff will encourage      , as needed, to eat a healthy, balanced diet low in calories, carbohydrates, sodium, and sugar.
* Staff will encourage      , as needed to regularly exercise, as tolerated, to increase strength and flexibility, reduce joint pain, and combat fatigue.

**Monitor:**

* Excess body fat accumulation particularly around the waist
* Shortness of breath
* Sweating more than usual
* Snoring
* Trouble sleeping
* Skin problems from moisture accumulating in the folds of skin
* Inability to perform simple physical tasks that one could easily perform before weight gain
* Mild to extreme fatigue
* Pain-commonly in the back and joints
* Psychological impact-negative self-esteem, depression, shame, social isolation
* Symptoms of other health conditions, such as , hypertension, sleep apnea, etc. developing or worsening

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