

**Psoriasis Risk Plan**

**Individual’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

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

**Desired Outcome:**       will take medications as prescribed and will not agitate affected skin. Staff will respond as trained if symptoms of psoriasis are exhibited.

**Why at risk/History:**

**Psoriasis** is a chronic skin condition caused by an overactive immune system and often comes and goes. It speeds up the life cycle of skin cells and causes cells to build up rapidly on the surface of the skin usually on the scalp, elbows, knees, and lower back. The extra skin cells form scales and red patches that are itchy and sometimes painful.

**Supports and interventions:**

*
*
*
* Staff will assist      , as needed, to take medications as prescribed.
* Staff will encourage       not to pick or scratch affected skin.

**Monitor:**

* Red, raised, inflamed patches of skin.
* Whitish-silver scales or plaques on the red patches.
* Dry skin that may crack and bleed.
* Soreness around patches.
* Itching and burning sensations around patches.
* Thick, pitted nails.
* painful, swollen, or stiff joints
* Fissures
* Flakiness
* Peeling
* Small bumps
* Thickness
* Redness
* Depression
* Inflamed tendons
* Plaque

**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 psoriasis, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of psoriasis, 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.

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