Wellness Recovery Action Plan (WRAP)

A Wellness Recovery Action Plan, or WRAP, is a clinical educational tool that the CHW can deliver to the patient. There is a WRAP for each of the common medical conditions faced by CCP patients. The CHW can select the WRAPs that are applicable for their patient to share with him or her. Each WRAP identifies symptoms associated with complications of the health condition, or "red flags" to watch out for, and action steps to take depending on symptoms. The CHW can deliver a WRAP to a patient at any stage of their work with the patient. It is ideal to deliver the relevant WRAPs to the patient in the early stages of working with the patient so they are aware of the red flags of their health conditions.

Key Objectives

1. Educate patient about their health conditions and lifestyle tips to take to improve their condition.
2. Help the patient understand "red flags" associated with their health conditions and the necessary steps to take in the event of an emergency symptom.

WRAP Protocol

Step 1: Identify relevant WRAPs

Based on the patient's ORCHID chart information and speaking with the PCMH team and patient, identify the patient's medical diagnoses. Select the relevant WRAPs.

Step 2: Familiarize yourself with each WRAP

To prepare for the meeting with the patient, familiarize yourself with the WRAP and practice how you will explain each section to the patient. If you have clinical questions related to the health condition, consult your PCP or PCMH team members. Make a copy of the WRAP for your meeting with the patient.

Step 3: Deliver WRAPs to patient

When meeting with the patient, explain that you would like to introduce a helpful tool for the patient related to their health conditions. Read through the WRAP with the patient and clearly identify the symptoms they should look out for and what necessary steps they should take if emergency symptoms arise. Ask the patient questions to confirm their understanding. Leave a copy of the WRAP with the patient so they can use it in his or her own home.

Available WRAPs in Appendix

- Hypertension
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Diabetes (Hyperglycemia/Hypoglycemia)
- Cirrhosis/Ascites
- Coronary Artery Disease (CAD)
- Asthma
- Sickle Cell

WRAP - Hypertension

Patient:_____

Date:_____

Symptoms	Action	Medications
I am well today: ❑ No shortness of breath ❑ No chest pain, headache or blurred vision ❑ **Goal Blood Pressure**_____	**Lifestyle tips:** ❑ Low salt diet: <1500mg/day ❑ Moderate intensity exercise at least 150min/week ❑ Reduce stress ❑ Avoid cigarette smoke ❑ Limit alcohol intake ❑ Maintain a healthy weight ❑ Attend all doctor's appointments	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
Not within target: ❑ **Average Blood Pressure reading is above target**	**What to do:** ❑ Ensure low salt diet and taking medications every day as prescribed by your doctor ❑ Notify your CHW: _____ Phone: _____	**Continue usual medications** ❑ Call your PCP or care manager if Blood Pressure remains elevated: _____ Phone: _____
Emergency Symptoms: ❑ Shortness of breath ❑ Chest pain ❑ Headache or blurred vision ❑ Anxiety ❑ Nosebleeds **AND/OR** **Blood Pressure is greater than 180/110**	**Get help now:** ❑ **Call your doctor:** _____ **Phone:** _____ ❑ **If Blood Pressure greater than 180/110 with no symptoms:** ○ Sit in relaxed position and recheck Blood Pressure in 5-10 minutes ○ If still elevated above 180/110 then call your physician:_____ ❑ **Call 911 <u>immediately</u> if:** ○ Blood pressure greater than 180/110 (either number) and any symptom of high blood pressure ❑ **Notify your CHW:**_____ ○ Phone:_____	

WRAP – COPD

Patient:_____
Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ Able to perform usual activity and exercise level ❑ Usual amounts of cough and phlegm/mucus ❑ Sleeping at night without difficulty breathing ❑ Appetite is good	**Lifestyle tips:** ❑ Continue regular exercise/ diet plan ❑ Avoid cigarette smoke and inhaled irritants ❑ Use oxygen as prescribed ❑ Attend all doctor's appointments ❑ Ensure immunizations are up to date	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ More breathless than usual ❑ I have less energy for my daily activities ❑ Increased or thicker phlegm/mucus ❑ Using quick relief inhaler/ nebulizer more often ❑ More coughing than usual ❑ I feel like I have a "chest cold" ❑ Waking at night due to cough or shortness of breath ❑ My medicine is not helping	**What to do:** ❑ Use oxygen as prescribed ❑ Get plenty of rest ❑ Use pursed lip breathing ❑ Avoid cigarette smoke, inhaled irritants ❑ Notify your CHW: _____ Phone:_____	**Continue usual inahled and oral medications** ❑ **Use quick relief inhaler every ___ hours** ❑ Call your PCP immediately if symptoms don't improve with quick relief inhaler: _____ Phone: _____
Emergency: ❑ Severe shortness of breath at rest ❑ Not able to do any activity because of breathing ❑ Not able to sleep because of breathing ❑ Fever or shaking chills ❑ Chest pain ❑ Coughing up blood	**Get help now:** ❑ **Use quick relief inhaler every_____ hours** ❑ **Call 911 or seek medical care immediately if symptoms do not improve with inhaler or unable to reach your doctor** ❑ **Notify your CHW:_____** **Phone:_____**	

WRAP – CHF

Patient:_____

Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ No shortness of breath ❑ No chest pain ❑ No leg swelling ❑ No weight gain	**Lifestyle tips:** ❑ Balance activity with rest ❑ Avoid smoking and alcohol ❑ Eat low-fat, low-sodium, high-fiber foods ❑ Weigh yourself every morning on the same scale with the same amount of clothes ❑ Attend all doctor's appointments	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ Increasing shortness of breath ❑ Increased swelling in ankles, legs, or feet ❑ Weight gain of 2-3 lbs in a day, or 5 or more lbs in a week ❑ Increasing cough or wheezing ❑ Need for more pillows to sleep ❑ Increasing Fatigue ❑ Confusion	**What to do:** ❑ Decrease total fluid intake to less than 1.5L/day ❑ Ensure sodium intake less than 1500mg/day ❑ Notify your CHW: _____ Phone:_____	**Continue ALL usual medications** ❑ Your symptoms may mean that you need a change to your medications ❑ Call your PCP or care manager:_____ Phone:_____
Emergency: ❑ Shortness of breath that won't go away at rest ❑ Wheezing ❑ Chest discomfort (pain, heaviness, tightness) that won't go away ❑ Experiencing confusion or dizziness ❑ Fast heart beat with shortness of breath	**Get help <u>now</u>:** ❑ **Call 911 or go to the hospital immediately** ❑ **Notify your CHW:**_____ **Phone:**_____	

WRAP – Diabetes (Hyperglycemia)

Patient:_____
Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ Average blood sugars between 80 and 150 ❑ Most fasting blood sugars between 80 and 120 ❑ No decrease in normal activity	**Lifestyle tips:** ❑ Continue routine blood monitoring ❑ Follow a balanced diet ❑ 30 min of moderate physical activity at least 5 days per week or 150 min total per week ❑ Reduce stress through deep breathing, meditation, relaxation exercises ❑ Attend all doctor's appointments ❑ Continue to have your A1C measured every 3 – 6 months	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ Average blood sugars are greater than 250mg/dl ❑ Increased thirst or dry mouth ❑ Increased urination ❑ Fatigue, nausea, decreased appetite	**What to do:** ❑ Ensure adequate hydration with water ❑ Notify your CHW: _____ Phone:_____	**Your symptoms may mean you need an adjustment in your medications** ❑ Check blood sugar and use insulin as prescribed by your doctor ❑ Call your PCP or care manager: _____ Phone: _____
Emergency: ❑ Dry mouth and extreme thirst ❑ Nausea and vomiting ❑ Severe abdominal pain ❑ Fruity breath ❑ Shortness of breath or chest pain ❑ Sleepy or decreased level of consciousness	**Get help now:** ❑ **Check blood sugar** ❑ **Call your doctor immediately:**_____ ❑ **Go to the hospital or call 911 if unable to reach your doctor, blood sugar critically high, and having emergency symptoms** ❑ **Notify your CHW:**_____ **Phone:**_____	

WRAP – Diabetes (Hypoglycemia)

Patient:_____

Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ Average blood sugars between 80 and 150 ❑ Most fasting blood sugars between 80 and 120 ❑ No decrease in normal activity	**Lifestyle tips:** ❑ Continue routine blood monitoring ❑ Follow a balanced diet ❑ 30 min of moderate physical activity at least 5 days per week or 150 min total per week ❑ Reduce stress through deep breathing, meditation, relaxation exercises ❑ Attend all doctor's appointments ❑ Continue to have your A1C measured every 3 – 6 months	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ Blood sugar less than 60 mg/dl ❑ Shaky, weak, anxious ❑ Sweating ❑ Inability to concentrate ❑ Irritable ❑ Confused	**What to do:** ❑ **Low Blood Sugar** ○ **Eat or drink 15 grams of fast-acting sugar, such as ½ cup of juice, 3-4 glucose tabs, or 6 oz soda** ○ **Check blood sugar after 15 minutes – if still low then repeat 15 grams of sugar** ○ **Call provider if blood sugar does not respond to fast acting sugar** ❑ Notify your CHW: _____ Phone:_____	**Your symptoms may mean you need an adjustment in your medications** ❑ Call your PCP or care manager: _____ Phone: _____
Emergency: ❑ Loss of consciousness ❑ Seizure ❑ Inability to Swallow	**Get help now:** ❑ **Call 911 immediately** ❑ **Notify your CHW:**_____ **Phone:**_____ ❑ **Provide this plan to responders and describe symptoms**	

WRAP – Cirrhosis/Ascites

Patient:_____

Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ No increase in abdominal or ankle swelling ❑ Good appetite ❑ Alert ❑ Having 2-4 bowel movements per day	**Lifestyle tips:** ❑ Continue all medications ❑ Limit sodium intake to less than 2g/day ❑ Attend all doctor's appointments ❑ Weigh yourself in the morning at least twice a week ❑ Avoid NSAID medications such as ibuprofen, naproxen, or aspirin unless told otherwise by your doctor ❑ No alcohol consumption	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ Increased abdominal swelling or ankle swelling ❑ Weight has increased by more than 2 lbs ❑ Decreased appetite ❑ Feeling confused ❑ Sleeping during the day and unable to sleep at night ❑ Constipated	**What to do:** ❑ Increased Ascites (Abdominal fluid) ○ Ensure low salt diet and limit total fluid intake to less than 1.5L/day ❑ Encephalopathy (Confusion) ○ Ensure 2-4 soft formed bowel movements per day ❑ Notify your CHW: _____ Phone:_____	**Continue usual medications** ❑ Call your PCP or care manager: _____ Phone: _____
Emergency: ❑ Very confused, drowsy, agitated, or unresponsive ❑ Fever or chills ❑ Severe abdominal pain ❑ Vomiting blood or dark coffee ground like substance ❑ Bloody or black tarry stools	**Get help <u>now</u>:** ❑ **Call 911 or go to the hospital immediately** ❑ **Notify your CHW:**_____ **Phone:**_____	

WRAP – Coronary Artery Disease

Patient:_____

Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ No chest pain or tightness ❑ No increasing shortness of breath ❑ Able to perform usual activities ❑ Weight is stable, no swelling of ankles	**Lifestyle tips:** ❑ Maintain a healthy diet ❑ Limit sodium intake to less than 2g/day ❑ Attend all doctor's appointments ❑ Exercise regularly after approval from PCP or cardiologist ❑ Avoid cigarette smoke	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ Decreased energy level or feeling tired ❑ More frequent episodes of chest pressure, even if relieved by medication ❑ Sudden weight gain ❑ Increasing shortness of breath	**What to do:** ❑ Rest and avoid activities that cause chest pain ❑ Notify your CHW: _____ Phone:_____	**Continue usual medications** ❑ Call your PCP or care manager: _____ Phone: _____
Emergency: ❑ Pain, pressue, heaviness or tightness in your: ○ Chest, neck, jaw, arms, back, or shoulders ❑ Nausea ❑ Short of breath ❑ Sweaty ❑ Dizzy or lightheaded	**Get help <u>now</u>:** ❑ **STOP activity and rest. If you are not alone, tell someone how you feel** ❑ **Take angina medicine as prescribed** ❑ **Call 911 if pain has not resolved within 5 minutes of taking prescribed angina medications** ❑ **Notify your CHW:_____** **Phone:_____**	

WRAP – Asthma

Patient:_____

Date:_____

Symptoms	Action	Medications
I am doing well today: ❑ Usual activity and exercise level ❑ No cough, wheeze, chest tightness ❑ No shortness of breath ❑ Sleeping well at night ❑ Not requiring rescue inhaler **AND** **Peak Flow:**_____ (80% or more of best)	**Lifestyle tips:** ❑ Avoid cigarette smoke ❑ Avoid dust and other known triggers ❑ Exercise regularly ❑ Use controller inhaler every day ❑ Attend all doctor's appointments ❑ Ensure all imminuzations are up to date	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ Cough, wheeze, chest tightness ❑ Shortness of breath ❑ Waking at night due to asthma ❑ Can do some, but not all, usual activities **OR** **Peak Flow:**_____to _____ (50-79% of my best peak flow)	**What to do:** ❑ Get plenty of rest ❑ Avoid cigarette smoke and inhaled irritants ❑ Notify your CHW: _____ Phone: _____	**Continue usual oral and inhaled medications** ❑ **Use quick relief inhaler ____ puffs every ___ hours** **If symptoms do not return to Green Zone after 1 hour:** ❑ Call your PCP or care manager immediately: _____ Phone: _____
Emergency: ❑ Very short of breath ❑ Quick-relief medications have not helped ❑ Cannot do usual activities ❑ Symptoms are same or get worse after 24 hrs in Yellow Zone **OR** **Peak Flow: _____** (Less than 50% of best)	**Get help now:** ❑ Use quick relief inhaler _____ puffs every _____ or nebulizer ❑ **Call your doctor:** _____ Phone: _____ **Danger Signs – Call 911 or go to hospital immediately if:** ❑ **Trouble walking or talking due to shortness of breath** ❑ **Lips or fingdernails are blue** ❑ **Unable to reach your doctor**	

Wellness Recovery Action Plan

Patient:_____

Date:_____

My Conditions
❑ COPD ❑ Diabetes ❑ Congestive Heart Failure ❑ Hypertension ❑ Other:_____

Symptoms	Action	Medications
I am well today: ❑ Able to do usual activity ❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	**Lifestyle tips:** ❑ Take all medications ❑ Exercise regularly ❑ Attend all doctor's appointments ❑ _____ ❑ _____ ❑ _____ ❑ _____	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor
I do not feel well: ❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	**What to do:** ❑ Call your CHW: _____ Phone: ❑ _____ ❑ _____ ❑ _____ ❑ _____	**Continue usual medications** **Make the following medication changes:** ❑ _____ ❑ _____ ❑ _____
Emergency: ❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____ ❑ _____	**Get help now:** ❑ **Call your doctor immediately:** _____ **Phone:** _____ ❑ **Notify your CHW** ❑ _____ ❑ _____ ❑ **If unable to contact physician and EMERGENT then call 911**	

WRAP-Sickle Cell Disease

Patient: _____
Date: _____

Symptoms	Action	Medications
I am doing well today: ❑ Usual activity level with no fatigue or shortness of breath ❑ No dizziness or headaches ❑ No coldness in hands or feet	**Lifestyle tips:** ❑ Drink 8 to 10 glasses of water per day, stay hydrated ❑ Eat a nourishing diet ❑ Avoid getting too hot, too cold, or tired ❑ Wash hands often to prevent infection ❑ Do not eat raw or undercooked food (meat,eggs, unpasteurized milk, cheeses) ❑ Get plenty of rest ❑ Regular physical activity, not strenuous	**Continue taking all medications** ❑ Make sure medications are taken **every day** and at the appropriate time of day as prescribed by your doctor **My meds are:** ❑Hydroxyurea ❑Folic acid
I do not feel well today: ❑ Mild-moderate pain in back, arms, legs and abdomen ❑ Low grade fever	**What to do:** ❑ Check your temps ❑ Drink water and rest during, between and after activities ❑ Help pain with heating pad, warm baths, massages or relaxing activities ❑ Notify your CHW _____ Phone: _____ ❑ Call PCP or care manager to communicate the symptoms Phone: _____	**Continue usual medications** **Take these medications for pain:**
Emergency Symptoms: ❑ Fever above 101˚F ❑ Difficulty breathing ❑ Chest pain ❑ Abdominal pain, swelling ❑ Severe headache ❑Sudden weakness or loss of feeling or movement ❑ Seizures ❑ Pain anywhere in the body that will not go away ❑ Any sudden problem with vision	**Get help now:** ❑ **Call your doctor: _____** **Phone : _____** ❑ **Go to an emergency room or urgent care facility immediately if unable to reach your doctor** ❑ **Notify your CHW: _____** **Phone: _____**	