

Action Plans are specific, doable, short term goals that address patient priorities.

Action plans should answer the following questions about each goal:

- When?
- How often?
- How much?
- For how long?
- What do you need to get started?

To help your patient create an action plan:

- Inquire about their goals and plans
- Ask them to be specific about their goals by asking the questions above
- Reorient patients when their goals are too vague, difficult, or long term

Below are some examples of the types questions and answers that might be heard in conversations about action plans for stopping smoking, taking aspirin, taking cholesterol medicine, and taking blood pressure medicine.

Action Plans for Quitting Smoking

- ***What is your plan to quit smoking?***
 - Medicine and counseling/Avoid smoke filled places or smokers
- ***When?***
 - Pick start date
- ***How often?***
 - Take nicotine daily/attend counseling weekly/Avoid smoke filled places on Saturday night
- ***How much?***
 - Medicine dose
- ***For how long?***
 - Nicotine for 6 weeks/counseling for 6 weeks
- ***What do you need to get started?***
 - Prescription for nicotine patches/phone number for counseling program/need support from husband

Action Plans for Taking Aspirin

- *What is your plan for taking aspirin?*
- *When?*
 - Pick start date
- *How often?*
 - Daily
- *How much?*
 - 81 mg daily
- *For how long?*
 - indefinitely
- *What do you need to get started?*
 - A ride to the pharmacy

Action Plans for Lowering Blood Pressure

- *What is your plan for lowering blood pressure?*
 - Medicine, my brother takes HCTZ; Is that ok for me?
- *When?*
 - Pick start date
- *How often?*
 - Once daily
- *How much?*
 - 25 mg daily
- *For how long?*
 - Until I can lower my blood pressure through diet and exercise
- *What do you need to get started?*
 - Prescription for HCTZ

Action Plans for Lowering Cholesterol

- ***What is your plan to lower your cholesterol?***
 - Lipitor, I saw it on TV
- ***When?***
 - Pick start date
- ***How often?***
 - Once daily
- ***How much?***
 - 20 mg daily
- ***For how long?***
 - Indefinitely
- ***What do you need to get started?***
 - Prescription, advance on meds while I fill out pharmacy assistance paperwork