

Individualized Health Care Plan (IHP)

Student: _____

School: _____

Grade: _____ School Year: _____

IHP Completed by: _____ Date: _____

IHP Review Dates: _____

Nursing Assessment Review Dates: _____

Nursing Assessment Completed by: _____ Date: _____

Nursing Diagnosis	Sample Interventions and Activities	Date Implemented	Sample Outcome Indicator	Date Evaluated
<p>Managing Potential Diabetes Emergencies</p> <p>(risk for unstable blood glucose)</p>	<p>Establish and document student’s routine for maintaining blood glucose within goal range including while at school:</p> <ul style="list-style-type: none"> • Where to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Classroom <input type="checkbox"/> Health room <input type="checkbox"/> Other: _____ • When to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Before breakfast <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> After lunch <input type="checkbox"/> Before snack <input type="checkbox"/> Before PE <input type="checkbox"/> After PE <input type="checkbox"/> 2 hours after correction dose <input type="checkbox"/> Before dismissal <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____ • Student’s self-care skills: <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full assistance • Brand/model of BG meter: _____ • Brand/model of CGM: _____ 		<p>Blood glucose remains in goal range</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	

Nursing Diagnosis (continued)	Sample Interventions and Activities (continued)	Date Implemented (continued)	Sample Outcome Indicator (continued)	Date Evaluated (continued)
<p>Supporting the Independent Student</p> <p>(effective therapeutic regimen management)</p>	<p>Hypoglycemia Management</p> <p>STUDENT WILL:</p> <ul style="list-style-type: none"> • Check blood glucose when hypoglycemia suspected • Treat hypoglycemia (follow Emergency Care Plans for Hypoglycemia and Hyperglycemia) • Take action following hypoglycemia episode • Keep quick-acting glucose product to treat on spot • Type: _____ • Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing • Report to and consult with parents/guardians, school nurse, HCP, and school personnel as appropriate 		<p>Monitors blood glucose and appropriately responds to results</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	
<p>Supporting Positive Coping Skills</p> <p>(readiness for enhanced coping)</p>	<p>Create Positive School Environment</p> <ul style="list-style-type: none"> • Ensure confidentiality • Discuss with parents/guardians and student preferences about how school can support student's coping skills • Collaborate with parents/guardians and school personnel to meet student's coping needs • Collaborate with school personnel to create accepting and understanding environment 		<p>Demonstrates positive coping</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	