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| **Individualized Healthcare Plan** |
| *This template and the information provide is sample language. The LSN/LSN will need to use professional judgment and the nursing process to tailor this template to be student specific. The template may need to be adjusted to align with individual school procedures/policy and school information system/electronic health record.* *Delete this paragraph and the watermark before signing or printing.*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Healthcare Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Phone)\_\_\_\_\_\_\_\_\_\_\_\_(Fax)\_\_\_\_\_\_\_\_\_\_\_Emergency Care/Action Plan (ECP/EAP) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 504 Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Individualized Education Plan (IEP) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical Diagnosis:** |
| **Current Medications:** |
| **Nursing Assessment:**The LSN/RN includes objective and subjective information of the student’s health condition. |
| **Student’s Strengths:*** Accepts diagnosis
* Communicates needs
* Developed age-appropriate self-management skills
* Effective coping skills
* Good social skills
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| **Nursing Diagnosis (problem-focused, risk, health promotion, syndrome, possible diagnosis):***Resources to help you determine appropriate nursing diagnoses:* [*https://nanda.org/publications-resources/publications/nanda-international-nursing-diagnoses/*](https://nanda.org/publications-resources/publications/nanda-international-nursing-diagnoses/)[*https://nurseslabs.com/nursing-diagnosis/*](https://nurseslabs.com/nursing-diagnosis/)**Problem-focused diagnosis:** \_(Problem)\_ related to\_(related factors)\_as evidenced by \_\_\_\_\_\_\_\_\_\_\_\_\_\_.**Risk diagnosis:** \_(risk diagnosis)\_\_\_as evidenced by \_\_(risk factors)\_\_.**Health promotion diagnosis:** Readiness for\_\_\_\_\_\_\_\_\_\_\_as evidenced by \_(defining characteristics)\_\_.**Syndrome diagnosis:** (Syndrome Diagnosis/Diagnostic Label) e.g., *Deficient knowledge related to***Possible diagnosis:** Potential for \_(syndrome diagnosis)\_ *e.g., Potential for knowledge deficit* |
| **Goals (should be specific, measurable, achievable, relevant, time-bound)***When setting goals think about** Medication management
* Improving health and wellness
* Managing conditions and symptoms
* Access to services and supports
* Physical function
* Social role and function
* Emotional and mental health
* Independence
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| **Nursing Interventions: (these are usually direct care, indirect care, nurse-initiated treatments, provider-directed treatments or community interventions)****The school nurse will:** *(these are sample statements)** Develop or obtain ECP/EAP from parent/guardian (attached)
* Educate school staff regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Educate the students about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Monitor that the emergency medication is quickly available to the student if needed.
* Provide medication management including administration for school medications.
* Education and train PCA on ECP and required medications or treatments.
* Provide care coordination with healthcare provider and parent/guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Monitor student attendance for patterns and trends as it relates to\_\_\_\_\_\_\_\_\_\_\_\_\_.
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| **Expected Student Outcomes:****The student will:** *(these are sample statements but need to be modified to meet the**student needs)** Report feeling greater confidence in management of chronic condition.
* Be able to demonstrate proper technique for self-administering \_\_\_\_\_\_\_\_\_\_.
* Be able to verbalize who they should contact if they used their emergency medication they were self-carrying.
* Demonstrate positive self-esteem related to (health condition) via verbal and non-verbal communication.
* Receive emergency medication from PCA as directed by the ECP/EAP.
* Participate in school/classroom activities with modifications as needed.
* Maintain skin integrity.
* Respond and communicate to school staff when continuous glucose monitoring device alarms consistently.
 | **Date Goal Met?** |
| **LSN/RN:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Initiated:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |