

ADHD

Student Name: _____ DOB: _____ School: _____
 School Nurse: _____ Date of IHP: _____
 Physician Name: _____ Ph. #: _____ Parent signature: _____

Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When
<p>I. Potential for impaired educational, social, and coping skills related to ADHD</p>	<p>I. Student will increase optimum participation in educational program</p>	<p>I. <input type="checkbox"/> Student will be given information and health counseling related to ADHD at student's level of understanding</p> <p><input type="checkbox"/> Student's health condition will be discussed with him/her as needed to assure maintenance of level of knowledge.</p> <p><input type="checkbox"/> Family, teachers and other staff will be provided information, consultation and support as it relates to ADHD when needed.</p> <p><input type="checkbox"/> Concerns related to student's educational or social progress will be discussed in an IEP committee meeting for the purpose of planning and implementing successful intervention strategies.</p> <p><input type="checkbox"/> Nursing intervention specific to student: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>	<p>School Nurse prn</p> <p>School support team/IEP Committee</p>
<p>2. Potential need for medication for management of ADHD</p>	<p>2. Student will cooperate with medical treatment plan during the school day.</p>	<p>2. <input type="checkbox"/> Student will come to Nurse's office for supervised administration of the following medication(s) according to Medication Authorization form signed by MD or CNP.</p> <p><u>Medication(s)</u> _____ <u>Dose</u> _____ <u>Time</u> _____</p> <p><u>Medication</u> _____ <u>Dose</u> _____ <u>Time</u> _____</p>	<p>Student/school nurse-as ordered by doctor</p>

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		<p>Student will be reminded to come to the Nurse's office for medication if the student has not reported within _____ minutes of time medication is due.</p> <p>Parent will maintain an adequate supply of medication at school in original pharmacy labeled bottle. Parent will be notified if medication is not given at school and when a field trip away from school is planned.</p> <p>Student is on the following medications at home:</p> <table border="0"> <tr> <td><u>Medication</u></td> <td><u>Dose</u></td> <td><u>Time</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Student will be monitored for adverse side effects or decreased therapeutic benefit of medication such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> decreased appetite <input type="checkbox"/> sleeplessness <input type="checkbox"/> worsening of ADHD symptoms <input type="checkbox"/> weight loss <p>_____</p> <p>_____</p> <p>_____</p> <p>If concerns related to medication are noted , they will be referred to the school nurse for assessment. The school nurse will consult with parents and/or make a referral so that appropriate medical follow-up can occur.</p>	<u>Medication</u>	<u>Dose</u>	<u>Time</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Classroom teacher, School Nurse or other office personnel</p> <p>As specified</p>
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_____	_____	_____													
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Potential for change in health status	3. Student will participate in collaboration which facilitates optimum physical and emotional well-being necessary for learning	<p>3. Parent will provide school nurse with a copy of current medical report annually as appropriate or when change in status of ADHD occurs.</p> <p>The school nurse will call the health care provider to obtain current information verbally when this is necessary to manage student's ADHD at school.</p> <p style="text-align: center;">NAME: _____ Phone: _____</p> <p>School personnel will cooperate with health care provider to complete check lists, classroom observations or provide data as needed to determine need or therapeutic benefit of medication and other intervention (s).</p> <p>The Individual Health Plan will be reviewed annually with parent and appropriate instructional personnel. It will be revised as needed.</p>	<p>Parent– as specified</p> <p>School nurse– as needed</p> <p>School personnel-as Requested and needed</p> <p>School nurse-annually and prn.</p>																																	
<u>Review of Health Management Plan must be done annually</u>	4. IHP will be updated and revised annually to meet the needs of the student	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"><u>Review Date:</u></th> <th style="width: 33%;"><u>RN Initials:</u></th> <th style="width: 33%;"><u>Parent Initials:</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Review Date:</u>	<u>RN Initials:</u>	<u>Parent Initials:</u>																															
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