

**SECTION V:  
INDIVIDUALIZED HEALTH CARE PLANS**

# TABLE OF CONTENTS

|  |          |
|--|----------|
| <b>DEVELOPING AND USING INDIVIDUALIZED HEALTH CARE PLANS .....</b> | <b>3</b> |
| <b>CARE/EDUCATIONAL GOALS.....</b>                                 | <b>5</b> |
| <b>HEALTH CARE PLAN SAMPLES, FORMS and Links .....</b>             | <b>6</b> |
| <b>Blank Individualized Health Plan ADHD Sample Plan</b>           |          |
| <b>Asthma Action Plan</b>  |          |
| <b>Link to managing Asthma In New Mexico Schools</b>               |          |
| <b>Link to Diabetes Manual</b>                                     |          |

## DEVELOPING AND USING INDIVIDUALIZED HEALTH CARE PLANS

As the practice of school nursing expands in complexity, the need to communicate the outcomes of the care provided becomes more important. The Individualized Healthcare Plan (IHP) is a variation of the time-honored nursing care plan adapted specifically to school nursing. It communicates nursing care needs to regular and special education administrators, teachers, health assistants and parents.

An IHP helps to ensure that all necessary information, needs and plans are considered to maximize the student's participation and performance in school. The Public Education Department licensed school nurse establishes the type, amount and intensity of nursing care required by a particular student. The IHP also covers other aspects of care such as a student's knowledge about their condition, self care abilities and any modifications needed to enhance learning and prevent emergencies.

Benefits of an IHP include: quality assurance of school nursing services, continuity of care and development of a safer delegation process of nursing in the school setting.

**INDICATIONS:** Students with any of (but not limited to) the following conditions may need an Individualized Healthcare Plan.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Allergies</li> <li>▪ Anorexia Nervosa</li> <li>▪ Asthma</li> <li>▪ ADHD</li> <li>▪ Autism</li> <li>▪ Bulimia</li> <li>▪ Cerebral Palsy</li> <li>▪ Congenital Heart Disease</li> <li>▪ Cystic Fibrosis</li> <li>▪ Depression</li> </ul> | <ul style="list-style-type: none"> <li>▪ Diabetes Mellitus</li> <li>▪ Down Syndrome</li> <li>▪ Duchenne Muscular Dystrophy</li> <li>▪ Hearing Impairment</li> <li>▪ Hemophilia</li> <li>▪ Illness - possibly terminal</li> <li>▪ Obesity</li> <li>▪ Seizure Disorder</li> <li>▪ Spina Bifida</li> <li>▪ Visual Impairment</li> </ul> |
|---|--|

**GUIDELINES:** The first step should be an assessment of health needs that may indicate the need for an Individualized Healthcare Plan (IHP). The following is an assessment checklist.

**Do Health Problems Require:**

|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| ▪ Special training of school personnel       | _____      | _____     |
| ▪ Change in school environment               | _____      | _____     |
| ▪ Added safety measures                      | _____      | _____     |
| ▪ Measures to relieve pain                   | _____      | _____     |
| ▪ Self-care assistance                       | _____      | _____     |
| ▪ Rehabilitation measures                    | _____      | _____     |
| ▪ Medications                                | _____      | _____     |
| ▪ Special diet                               | _____      | _____     |
| ▪ The addition of health maintenance care    | _____      | _____     |
| ▪ Adaptation of health education program     | _____      | _____     |
| ▪ Adaptation of health screening procedures  | _____      | _____     |
| ▪ Special orders for care needed from doctor | _____      | _____     |

When the certified licensed school nurse determines that an individualized healthcare plan is needed it must address the following identifiable parts:

- History
- Assessment data
- Nursing diagnosis
- Goal of care (including student/family/physician goals)
- Selected nursing actions or interventions
- Expected student outcomes
- Evaluation of the plan of care

**HISTORY:** This is the first step in the assessment process. Collecting data from the family, physician, and student when appropriate, is essential.

**Assessment Data:** It is essential for the school nurse to do a physical evaluation of the student. (See Screening/ Assessment section for detailed information).

**Nursing Diagnosis:** This is a method of organizing and summarizing nursing data to define the student's health. (See sample of nursing diagnoses at end of this section.)

**Goal of Care:** Goals are broad based statements that address the educational relevancy of the individualized healthcare plan. (See examples at end of section.)

**Selected Nursing Actions or Interventions:** These are actions taken to achieve a desired student outcome.

**Expected Student Outcomes:** These are statements that describe how a student's situation will be "different" or "healthier" as a result of the nursing interventions received.

**Evaluation of the Plan of Care:** The plan must be reviewed annually or whenever a change in status is noted.

The individualized healthcare plan (IHP) needs to be signed by the parent/guardian indicating their acknowledgement of the IHP. The nurse needs to keep a copy of the IHP in her working files. The IHP needs to be shared with pertinent school personnel. If the student has an individualized education program (IEP) the individualized healthcare plan must be included.

## CARE/EDUCATIONAL GOALS

Student will:

- Maintain health, safety and well-being necessary for learning and consistent school attendance.
- Increase/maintain independence in a safe school environment.
- Cooperate with medical treatment plan during the school day.
- Increase independence and responsibility for management of own health care needs at school.
- Increase independence in safe and responsible self-administered medication/treatments ordered during the school day.
- Maintain health/state of wellness that enhances educational potential/school attendance.
- Participate in instruction/health education/health counseling to promote effective self health care management at school.
- Assist in reduction of risk of injury/medical emergency at school and during off campus school activities.
- Increase socialization skills/self-image/attention/alertness necessary for optimum participation in total school program.
- Increase availability to learning/instructional time necessary to meet educational objectives.
- Participate in collaborative health services to facilitate optimum health and safety necessary for educational progress.
- Cooperate with local district policy for control of communicable disease/collection of up to date medical information necessary for optimum health and well being at school.
- Provide current medical orders/medical reports for all health conditions/medications/treatments required during the school day.

## REFERENCES

Haas, Mary Kay B. (Ed). "The School Nurse's Source Book of Individualized Healthcare Plans." Sunrise River Press, North Branch, Ma. 1993.

Walker, Kris; Crawford, Judie; Weaverling, Mary; Heckerman, Luanne; and Hatten, Helen. "Standardized Nursing Care Plan for School Health Services." Sunnyside Unified School District #12; Tucson, Az. 1992.

Goodner, Brenda and Skidmore-Roth, Linda. "The Nurse's Survival Guide." Skidmore-Roth Publishing, Inc., El Paso, Tx. 1992.

## HEALTH CARE PLAN SAMPLES, FORMS AND WEB LINKS

### Blank Individualized Health Plan (1 page)

| <b>Name:</b><br><b>Address:</b><br><b>Home Phone:</b><br><b>Parent/Guardian:</b><br><b>Day/Work Phone:</b><br><b>Healthcare Provider:</b><br><b>Provider's Phone:</b><br><b>IHP Written By:</b> | <b>Birthdate:</b><br><b>School:</b><br><b>Teacher/Counselor:</b><br><b>Grade:</b><br><b>IHP Date:</b><br><b>IEP Date:</b><br><b>Review Dates:</b><br><b>ICD-9 Codes:</b> |       |                       |                   |
|---|--|-------|-----------------------|-------------------|
| <i>The school nurse will provide periodic screening and emergency care as needed throughout the school year.</i>  |  |       |                       |                   |
|   |  |       |                       |                   |
| Assessment Data   | Nursing Diagnosis  | Goals | Nursing Interventions | Expected Outcomes |
|   |  |       |                       |                   |
|   |  |       |                       |                   |
|   |  |       |                       |                   |
|   |  |       |                       |                   |
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|   |  |       |                       |                   |

### Individualized Health Plan for ADHD (Sample)

|   |  |
|---|--|
| Name:<br>Address:<br>Home Phone:<br>Parent/Guardian:<br>Day/Work Phone:<br>Healthcare Provider:<br>Provider's Phone:<br>IHP Written By: | Birthdate:<br>School:<br>Teacher/Counselor:<br>Grade:<br>IHP Date:<br>IEP Date:<br>Review Dates:<br>ICD-9 Codes: |
|---|--|

The school nurse will provide periodic screening and emergency care as needed throughout the school year.

| Assessment Data  | Nursing Diagnosis  | Goals  | Nursing Interventions  | Expected Outcomes   |
|--|--|--|--|---|
| Review student's condition. Include assessment of developmental history, current status and management of diagnosis, student's psychosocial status and academic performance past and present. Talk with student, family, teacher, providers as appropriate | Nursing diagnosis to consider:<br>Role performance: ineffective related to<br>Inattention/distraction<br>Inability to follow directions<br>Altered thought processes<br>Inadequate social skills | The student will:<br>Increase his/her appropriate social interactions and positive behavior at home and in the classroom.<br><br>Improve ability to filter and process environmental stimuli and select an appropriate response. | Interventions to consider include:<br>Collect data regarding student's academic progress and behavior annually and as needed<br>Refer student to student assistance team as needed<br>Provide healthcare provider with regular feedback regarding academic performance and behavior at school<br>Obtain parent/guardian and physician authorization for medication to be given regularly at school<br>Administer medication as ordered according to school policy<br>Assess student regularly for side effects of medication | The student will:<br>Demonstrate a decrease in (specific behavior) as reported by teacher or parent<br>Demonstrate on task-attending behavior for (% of time)<br>Completion and turning in of assignments (% of time) |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  | <p>Self esteem, risk for situational low related to</p> <p>Perceived inability to fulfill role expectations</p> <p>Perceived inability to control behaviors</p> <p>Inadequate support</p> <p>Feelings of restlessness or agitation</p> | <p>Identify and utilize resources at home and in school that provide support and assistance with problem solving and organization</p> <p>Identify roles and responsibilities with in classroom</p> | <p>Support and advocate for student</p> <p>Assist the student in identifying sources of support within school environment</p> <p>Collaborate with school staff to teach the student self-monitoring techniques</p> | <p>Choose appropriate responses to stimuli</p> <p>Positive appropriate social interaction with peers, teachers and staff</p> |
|  | <p>Coping, ineffective</p> <p>Impulsivity</p> <p>Perceived lack of control of situation and behavior</p> <p>Developmental stage</p> <p>Knowledge deficit</p>   |  |  |  |



**Asthma Action Plan**  
(2 pages)

**Link to Managing Asthma In New Mexico Schools**  
<http://www.health.state.nm.us/eheb/documents/ManagingAsthmainNMSchools2010.pdf>

**Link to Diabetes Manual**  
Helping Students With Diabetes Succeed  
NM Supplement  
[http://www.nmschoolhealthmanual.org/forms/sectionIV/Diabetes\\_CD/NMSupplement\\_8\\_09.pdf](http://www.nmschoolhealthmanual.org/forms/sectionIV/Diabetes_CD/NMSupplement_8_09.pdf)

## ASTHMA ACTION PLAN

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ School \_\_\_\_\_

Student ID Number \_\_\_\_\_ Grade \_\_\_\_ Medication \_\_\_\_\_  
 Allergies \_\_\_\_\_

Activities student participates in at school:  
 \_\_\_\_\_

Asthma symptoms are triggered by:

eExercise eIllness ePollen eSmoke eDust eAir Pollution eAnimals eCold Air  
 eMolds eFoods (list)

Please list any other triggers:  
 \_\_\_\_\_

Usual Asthma Symptoms: eCough eShortness of Breath eChest Tightness eWheeze  
 eOther \_\_\_\_\_

|   |  |
|---|--|
| <p>If a student has <i>any</i> of the following symptoms: <b>chest tightness, difficulty breathing, wheezing, excessive coughing, shortness of breath</b></p> <ol style="list-style-type: none"> <li>1. Stop activity &amp; help student to a sitting position</li> <li>2. Stay calm, reassure student</li> <li>3. Assist student with the use of their inhaler</li> <li>4. Escort student to the health room or call for health room staff for immediate assistance. Never send the student to the health room alone! <b>INHALER IS KEPT:</b> _____</li> </ol> | <p style="text-align: center; color: red; font-weight: bold;">Call 911 for any of these!</p> <ul style="list-style-type: none"> <li>If breathing does not improve after medication is given</li> <li>Student is having trouble walking or talking</li> <li>Student is struggling to breathe</li> <li>Student's chest and/or neck is pulling in while breathing</li> <li>Student's lips are blue, and/or</li> <li>Student must hunch over to breathe</li> </ul> |
|---|--|

**HEALTH CARE PROVIDER, Please complete all items in box:** ICD 9 Code: e493.9 or \_\_\_\_\_

Asthma Severity: eIntermittent eMild persistent eModerate persistent eSevere persistent

**Controller Medication given at home:**

\_\_\_\_\_  
 \_\_\_\_\_ Name of Medication \_\_\_\_\_ how much/mgs \_\_\_\_\_ how often  
 \_\_\_\_\_ Name of Medication \_\_\_\_\_ how much/mgs \_\_\_\_\_ how often

**Quick Relief Medication:**

Albuterol \_\_\_\_ puffs every \_\_\_\_ min. and as needed up to \_\_\_\_ puffs per hour. May repeat every \_\_\_\_ hrs

Albuterol 10-15 min before exercise eRoutinely eAs Needed. Activity limitations: \_\_\_\_\_

**OR,** Albuterol or (\_\_\_\_\_) solution as needed, \_\_\_\_\_ mg by nebulizer every \_\_\_\_ to \_\_\_\_ hours  
 \_\_\_\_\_ Name of Medication \_\_\_\_\_ how much

**GREEN ZONE**

\*Peak Flow \_\_\_\_\_  
80 to

100% of personal best

**Asthma Symptoms**

- No Cough, wheeze or shortness of breath
- Able to do all normal activities including exercise and play
- No symptoms at night
- No need for quick relief medications for symptoms

Use daily controller medications.

Use quick relief inhaler before exercise as ordered.

\*Peak flows may be obtained by the school RN in the health room.

**YELLOW ZONE**

\*Peak Flow \_\_\_\_\_  
50 to

80% of personal best

**Asthma Symptoms**

- Coughing, wheezing, shortness of breath, or chest tightness
- Using quick relief medication more than usual
- Can do some but not all of usual activities
- Asthma symptoms at night

**Take Quick Relief Medication Now!**

Add or change these medications:

|                    |           |
|--------------------|-----------|
| _____              |           |
| Name of medication |           |
| How much           | How often |

Parent/guardian-call medical provider if using quick relief medication more than twice a week or no symptom improvement.

**RED ZONE**

\*Peak Flow \_\_\_\_\_  
Less than 50%

of personal best

**Asthma Symptoms**

- Medication unavailable or not working
- Getting worse not better
- Breathing hard and fast
- Chest/neck pulling in
- Difficulty walking or talking
- Lips or fingernails blue
- Hunched over to breathe

**Take Quick Relief Medication Now!**

**Call 911 & continue to give Quick Relief Medication every 20 minutes until EMS arrives!**

Contact Parent & Provider-See Below

Student can self carry medication? Yes  No  Student can self-administer medication? Yes  or No

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

Provider printed name \_\_\_\_\_

Provider phone \_\_\_\_\_ Provider fax \_\_\_\_\_

Provider email \_\_\_\_\_

Parent/Guardian

signature \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

School Nurse signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

Confidential Health Information

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IHP/EAP NANDA 00031

NIC-Periodically Assess the effectiveness of the IHP and AAP

NOC-Patent Airway