DIABETES INDIVIDUALIZED HEALTHCARE PLAN (IHP)

Student: School: Grade:

Parent/Guardian: Healthcare Provider: Provider Phone:

ASSESSMENT DATA: (check or circle if applicable) Date of Assessment _____

Reviewed:	Diabetes MMP ___	Quick Reference EP___	
Height & Weight Date: ___	Height: _____	Weight: _____	Height/Weight %: _____
Vision Screening Date: ___	Results:		
Hearing Screening Date: ___	Results:		
Immunization Status:			
Diagnosis/Current Status:	Age @ diagnosis: ___ Target blood glucose is _____ mg/dl to _____ mg/dl. Most recent Hemoglobin A1Clevel was _____mg/dl on _____ (date). Hemoglobin A1C-value for blood glucose control previous 6 wks. to 3 mo. Ranges are: 6-8 (good), 9-10 (fair), 11+ (poor)		

Family Resources:

Primary Contact: _____

Preferred Type of Contact: Phone: ___ Written: ___ In Person: ___ email: ___ (obtained on separate form.)

Physician who manages diabetes: _____

follow-up: 1 month ___ 3 month ___ 6 month ___ 9 month ___ 12 month ___

Parent has phone: yes ___ no ___

Parent has transportation: yes ___ no ___

Uses community resources yes ___ no ___

Attendance Issues	School yes/ no Classroom yes/ no
Student's strengths:	developed age appropriate self-management skills ____ good problem solving ability ____ communicates needs ___ accepts diagnosis ___ effective coping skills ___ good social skills ___
Self-Management:	
Meal Plan:	Carb counting Y / N Scheduled Snacks: Y / N Time: _____ Other: _____
Blood Glucose Monitoring:	Meter Type: _____ Testing Independently: Y / N Extra Carbs for PE days: Y / N
Exercise Plan:	Amount:_____

Current Medications:

Insulin type:	Dose:	Time:	Delivery Method

Correction dose:	____ Units insulin per _____ above _____mg/dl.	
Student- self-adjust insulin:	Y / N	Comment: _____
Oral Diabetes Medication:	Y / N	Name: _____

NOTES:

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NURSING DIAGNOSIS:	**GOALS:**
1. Potential for less than optimal school achievement due to diabetes management.	1. Increase knowledge &/or skills related to diabetes to maintain optimal blood glucose control.
2. Potential knowledge deficit for diabetes management.	2. Participate in regular school/ class activities with modifications as necessary.
3. Potential for physiological acute and chronic injury related to diabetes management.	3. Student will recognize and treat early signs of insulin shock appropriately and know how to recognize and respond to early signs of ketoacidosis.
4.	4.

INTERVENTIONS:	**Annual Review Date:**
Provides standard of care and education as listed on diabetes health record.	Met: ☐ Not Met: ☐
Provides individual education with staff regarding students unique needs.	Met: ☐ Not Met: ☐
Coordination among school staff, Physician and family regarding diabetes management.	Met: ☐ Not Met: ☐
Coordinate with school staff for classroom or school modification.	Met: ☐ Not Met: ☐
Provide education to student/parent related to diabetes management and school attendance.	Met: ☐ Not Met: ☐
Assist student to identify motivators/ barriers related to diabetes self-care.	Met: ☐ Not Met: ☐
Assist student to develop appropriate decision making skills.	Met: ☐ Not Met: ☐
Develop Emergency Plan of Care for student (attached)	Met: ☐ Not Met: ☐
Comments:	

STUDENT OUTCOMES:

1. Student will demonstrate increasing knowledge and self-management skill in diabetes management at school.
2. Student will participate in classroom/school activities with modifications as needed.
3. Other

Parent/ Guardian Statement: I/We have read this plan and agree to its implementation:

Signature: Date:

School RN Signature: _____ Date Plan Developed: _____

Student Name: _____ DOB: _____ Student ID: _____ Grade: _____