

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 A1C level 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		
Exercise Plan:	Extra Carbs for PE days: Y / N 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:			

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

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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: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Provides individual education with staff regarding students unique needs.	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Coordination among school staff, Physician and family regarding diabetes management.	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Coordinate with school staff for classroom or school modification.	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Provide education to student/parent related to diabetes management and school attendance.	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Assist student to identify motivators/ barriers related to diabetes self-care.	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Assist student to develop appropriate decision making skills.	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Develop Emergency Plan of Care for student (attached)	Met: <input type="checkbox"/> Not Met: <input type="checkbox"/>
Comments:	<i>already complete</i>

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: _____