

## Individual Healthcare Plan

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Student and Family Contact			
<b>Student Name</b> (Last, First MI)			
<b>Date of Birth</b> (MM, DD, YEAR)			
Parent/Guardian 1:		Parent/Guardian 2:	
Home Address:		Home Address:	
City, State ZIP:		City, State ZIP:	
Phone:		Phone:	
Emergency Contact:			
School Name:		Classroom Teacher:	
School Address:		School Contact Name:	
City, State ZIP:		School Contact (Role):	
School Phone:		Phone Number:	

Healthcare Contacts			
Student's Pediatrician (Family Doctor):		Healthcare Specialist (Doctor/Provider):	
Address:		Address:	
City, State ZIP:		City, State ZIP:	
Phone:		Phone:	
Contact Person:		Contact Person:	
Other Specialists: (Name)		Other Specialists: (Name)	
Role:		Role:	
Phone:		Phone:	

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Medical Summary - Attach to IHP.</b> <i>Complete history is in this student's file.</i>			
<b>Diagnosis</b>			
<b><i>Does student have</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>If yes, please describe.</i></b>
Current medical orders			
Daily assessment needs			
Allergies			
Daily medications			
Medications PRN/when necessary (what are indicators?)			
Blood sugar/glucose monitoring needs			
Toileting needs (bowel care, ostomy care, timed toileting, catheterization, etc.)			
Transportation needs			
Emergency protocol			
Emergency egress			
Seizure monitoring			
Respiratory needs (O2, suctioning, ventilators, etc.)			
Bleeding precautions			
Skin care needs			
Wound management needs			
Special diet/restrictions			
Feeding techniques			
Therapeutic management (postural drainage, range of motion, positioning, etc.)			
Motor and gym limitations			
Special considerations (shunts, vomiting, seizures, aspiration, blood pressure, rest time, mood, behavior)			

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Preparation for this Student to Enter School**  
***Professional Development Training for Appropriate Staff***

*The school nurse will receive an IHP from the student's doctor(s) and will coordinate the following in-service trainings for identified school personnel. Trainings are led by the hospital health care team, usually a hospital nurse and child life specialist. When appropriate, the student may choose to participate.*

*The school nurse will contact the appropriate school personnel, which may include the school principal, the classroom teacher, aides, school staff, language therapists, physical/occupational therapists, psychologists, social workers, classmates or parents.*

<b>Special considerations for staff training:</b>	<b>Yes/No</b>	<b>Notes</b>
Medications		
Necessary available equipment ( <i>such as nebulizer, glucometer, oxygen, etc.</i> )		
Safety issues addressed		
Immunological concerns ( <i>chicken pox alert, scarlet fever, etc.</i> )		
Nursing interventions		
Health related services		
Psychosocial or behavioral issues for student		
Psychosocial or behavioral issues for classmates		
Authorization for treatment signed		
Confidentiality statement signed		