# A picture containing icon  AI-generated content may be incorrect. **Cystic Fibrosis Individualized Healthcare Plan (IHCP)**

Student: ID#: DOB:

Grade: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_

Student's Secondary Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing Diagnoses**: Knowledge deficit related to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as evidenced by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NANDA 00126)

Imbalanced Nutrition: less than body requirements related to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as evidenced by \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NANDA 00002)

* **Student Goals**: Student will demonstrate understanding of disease process and management
	+ - * Student will maintain an ideal calorie intake

**Ratings: 1‐ No Knowledge, 2‐ Limited, 3‐ Moderate, 4‐ Substantial, 5‐ Extensive Knowledge (Circle One)**

 **Date: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Student Knowledge: Disease Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Able to describe the disease process | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Able to describe common signs and symptoms of the disease | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Able to describe potential complications of the disease | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Verbalizes lifestyle changes that may be required to prevent/control future complications | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Identifies interventions that can be taken to effectively manage the disease | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

**Student Knowledge: Treatment Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Knowledge of treatment regimen | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Verbalizes understanding regarding when to use prescribed medication  | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Knows when to seek attention/emergency treatment | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Routinely monitors medication expiration date | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

**Student Knowledge: Medication Administration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification and correct name of medication | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Correct use of prescribed medication (correct dose, time, and route) | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Able to verbalize medication side effects  | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Confidence in performing needed task | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

**Ratings: 1‐ Severely Compromised, 2‐ Substantially, 3‐ Moderately, 4‐ Mildly, 5‐ Not Compromised, N/A‐ Not Applicable (Circle One)**

**RN Assessment of Student Health Status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical Health | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Mental Health | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| School Attendance | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Readiness to Learn | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Participation in Physical Activities | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Healthy Dietary Habits | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** | **Completed by:** | **Completed by:** | **Completed by:** |
|  |  |  |  |
| **Nurse's Signature:** | **Nurse's Signature:** | **Nurse's Signature:** | **Nurse's Signature:** |
|  |  |  |  |

**Additional Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_