**Diabetes Individualized Healthcare Plan (IHCP)**

Student: ID#: DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Year: \_\_\_\_\_\_\_\_\_\_\_\_

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

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

 Risk for unstable blood glucose levels related to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as evidenced by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NANDA 00179)

 **Student Goals**: Student will demonstrate understanding of the disease process and management

 Student will identify factors that may contribute to unstable glucose

**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 disease process and knowledge about condition | 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 recognize signs and symptoms of hypo/hyperglycemia | 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 |
| Demonstrates correct procedure for blood glucose testing | 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 how to treat symptoms of hypo/hyperglycemia | 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 medical/emergency attention | 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
| Demonstrates correct procedure for insulin administration | 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 to rotate injection sites | 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 importance of continual access to emergency 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 |
| 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 |
| Routinely monitors medication expiration dates | 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 where to properly dispose of syringes and needles | 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: Health Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Able to monitor calorie and dietary intake | 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 allowable/avoidable foods | 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 to carry a simple carbohydrate at all times | 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 |
| Follows recommended activity level | 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_