



ADD/ADHD Individualized Healthcare Plan (IHCP)

Student: _____ ID#: _____ DOB: _____
 Grade: _____ Teacher: _____ School Year: _____
 Student's Secondary Health Concerns: _____

Nursing Diagnosis: Deficient knowledge related to _____ as evidenced by _____ (NANDA 00126)
 Ineffective impulse control related to _____ as evidenced by _____ (NANDA 00222)

Student Goals: Student will demonstrate understanding of the disease process and management
 Student will display appropriate behavior

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

Date: _____ Date: _____ Date: _____ Date: _____

Student Knowledge: Disease Process

Cooperates well with others	1 2 3 4 5 N/A			
Exhibits consideration with others	1 2 3 4 5 N/A			
Uses assertive behaviors, as appropriate	1 2 3 4 5 N/A			
Uses conflict resolution strategies	1 2 3 4 5 N/A			

Student Knowledge: Treatment Management

Uses problem solving skills	1 2 3 4 5 N/A			
Expresses feelings in an appropriate manner	1 2 3 4 5 N/A			
Refrains from arguing or bargaining regarding established limits	1 2 3 4 5 N/A			
Able to stay on task	1 2 3 4 5 N/A			
Controls impulsivity	1 2 3 4 5 N/A			

Keeps hands to self	1 2 3 4 5 N/A			
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Student Knowledge: Medication Administration

Identification and correct name of medication	1 2 3 4 5 N/A			
Correct use of prescribed medication (Correct dose, time and route)	1 2 3 4 5 N/A			
Able to verbalize medication side effects	1 2 3 4 5 N/A			
Confidence in performing needed task	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			
Mental Health	1 2 3 4 5 N/A			
School Attendance	1 2 3 4 5 N/A			
Readiness to Learn	1 2 3 4 5 N/A			
Participation in Physical Activities	1 2 3 4 5 N/A			
Healthy Dietary Habits	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:
