



Cardiac 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)
 Risk for activity intolerance related to _____ as evidenced by _____ (NANDA 00094)

Student Goals: Student will demonstrate understanding of the disease process and management
 Student will comply with preventative measures to avoid complications of the disease

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

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

Student Knowledge: Disease Process

Understands the disease process	1 2 3 4 5 N/A			
Able to describe common signs and symptoms of the disease, including energy limitations	1 2 3 4 5 N/A			
Describes potential complications of the disease	1 2 3 4 5 N/A			
Verbalizes lifestyle changes that may be required to prevent/control future complications of the disease	1 2 3 4 5 N/A			

Student Knowledge: Treatment Management

Knowledge of treatment regimen	1 2 3 4 5 N/A			
Know importance of continual access to emergency medication	1 2 3 4 5 N/A			
Verbalizes understanding regarding when to use prescribed medication	1 2 3 4 5 N/A			
Knows when to seek medical attention/emergency treatment	1 2 3 4 5 N/A			
Understands treatment effectiveness	1 2 3 4 5 N/A			

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:
