



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			
Able to recognize signs and symptoms of hypo/hyperglycemia	1 2 3 4 5 N/A			
Demonstrates correct procedure for blood glucose testing	1 2 3 4 5 N/A			
Able to describe how to treat symptoms of hypo/hyperglycemia	1 2 3 4 5 N/A			
Knows when to seek medical/emergency attention	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			
Demonstrates correct procedure for insulin administration	1 2 3 4 5 N/A			
Knows to rotate injection sites	1 2 3 4 5 N/A			
Knows importance of continual access to emergency medication	1 2 3 4 5 N/A			

Able to verbalize medication side effects	1 2 3 4 5 N/A			
Routinely monitors medication expiration dates	1 2 3 4 5 N/A			
Knows where to properly dispose of syringes and needles	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			
Knows allowable/avoidable foods	1 2 3 4 5 N/A			
Knows to carry a simple carbohydrate at all times	1 2 3 4 5 N/A			
Follows recommended activity level	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: _____

