



Impaired Nutrition/Impaired Body Mass Index Individualized Healthcare Plan (IHCP)

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

Nursing Diagnoses: Imbalanced nutrition: less than body requirements related to _____ as evidenced by _____ (NANDA 00002)
 Imbalanced nutrition: more than body Requirements related to _____ evidenced by _____ (NANDA 00001)

Student Goals: Student will demonstrate understanding of basic nutrition concepts
 Student will report increased confidence in making healthy food choices and maintaining balanced diet

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

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

Student Knowledge: Disease Process

Understands factors that lead to weight gain/loss	1 2 3 4 5 N/A			
Describes potential complications of having impaired nutrition/sedentary lifestyle	1 2 3 4 5 N/A			
Verbalizes lifestyle changes that may be required to achieve ideal BMI and reduce risk for disease	1 2 3 4 5 N/A			

Student Knowledge: Treatment Management

Identifies cause of weight loss/gain	1 2 3 4 5 N/A			
Initiates plan for increasing activity level and establish routine exercise	1 2 3 4 5 N/A			
Understands how to read nutrition labels and choose healthy options	1 2 3 4 5 N/A			
Understands portion control	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:
