



## Sickle Cell Disease Individualized Healthcare Plan (IHCP)

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

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

Risk for injury related to \_\_\_\_\_ as evidenced by \_\_\_\_\_ (NANDA 00035)

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

Student will remain free of physical injury

**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 identify known triggers/risk factors	1 2 3 4 5 N/A			
Able to describe common signs and symptoms of the disease	1 2 3 4 5 N/A			
Able to describe potential complications of the disease	1 2 3 4 5 N/A			
Verbalizes lifestyle changes that may be required to prevent/control future complications	1 2 3 4 5 N/A			

**Student Knowledge: Treatment Management**

Knowledge of treatment regimen	1 2 3 4 5 N/A			
Knows the importance of continual access to emergency medication	1 2 3 4 5 N/A			
Verbalizes understanding regarding when to use prescribe medication	1 2 3 4 5 N/A			

Knows when to seek attention/emergency treatment	1 2 3 4 5 N/A			
Routinely monitors medication expiration date	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			

<b>Completed by:</b>	<b>Completed by:</b>	<b>Completed by:</b>	<b>Completed by:</b>
<b>Nurse's Signature:</b>	<b>Nurse's Signature:</b>	<b>Nurse's Signature:</b>	<b>Nurse's Signature:</b>

**Additional Notes:** \_\_\_\_\_