

SECTION VII - INDEX - INDIVIDUAL HEALTH CARE PLANS

<u>TITLE</u>	<u>PAGE</u>
Health Care Plan - Asthma.....	2, 2 (con't)
Health Care Plan - Diabetes	3, 3 (con't)
Health Care Plan - Food Allergy Reaction.....	4
Health Care Plan - Seizures	5
Health Care Plan - Severe Allergic Reaction	6
Additional Nurse's Notes (Blank).....	7
Individual Health Care Plan.....	1, 1 (con't)

INDIVIDUAL HEALTH CARE PLAN

Name _____ DOB _____ Sex _____ Allergies _____

Physician(s) Name and Phone No. _____

Relevant Diagnoses _____

Mobility _____ Diet _____

Medication/Treatment _____

Equipment _____

Family Liaison (Principal Contact): _____

Signature _____ (Parent) Signature _____ (Physician) Signature _____ (School Nurse)

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME

HEALTH CARE PLAN (Asthma)

Name _____ DOB _____ Sex _____ Allergies _____ Physician _____

Relevant Diagnoses _____

Diet _____ Mobility _____

Equipment _____

Medication/Treatment _____

Signature _____ Signature _____ Signature _____
 (Parent) (Physician) (School Nurse)

Family Liaison (Principle Contact): _____

DATE	HEALTH PROBLEMS/ NURSING DIAGNOSIS	OBSERVATION/ ASSESSMENT	INTERVENTION	OUTCOME
	Potential for altered health maintenance related to insufficient knowledge.	Assess student/family's knowledge of asthma.	Include student, parents, guardians, teachers, and health care provider in development of action plan with necessary modifications in academic and physical education. Instruct student parent in medication protocols. Maintain accurate documentation and communication with parents and teachers.	Student will demonstrate high knowledge of condition and comply with appropriate treatment regimen resulting in high attendance and minimal disruptions in his/her educational program due to asthma. Complies with medication regimen and demonstrates correct administration technique. Student will participate in regular classroom and P.E. activities with modifications made when necessary.
	Potential for alteration in respiratory function.	1. Signs of respiratory distress mild-moderate: coughing, wheezing, tight feeling in chest. 2. Signs of respiratory distress: moderate to severe. Breathlessness, use of accessory muscles - cyanosis.	1. Listen for chest sounds, check V/S, PF 2. Check student's Emergency Procedure Sheet for Asthma, follow M.D.'s orders including medications. 3. Remain calm, reassure student, have student assume position of comfort. 4. Reassess chest sounds; check V/S, observe in health suite until symptoms improve. 1. Listen for chest sounds, check V/S, PF 2. Check student's Emergency Sheet for Asthma, remain calm, reassure student, and have student assume position of comfort.	Students will be successful in managing asthma episodes in school setting.

DATE	HEALTH PROBLEMS/ NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	<p>Self-esteem disturbance due to lifestyle changes related to asthma.</p>	<ol style="list-style-type: none"> 3. Signs of respiratory distress-severe-fixed chest. (No breath sounds). 1. Inappropriate/ineffective use of inhaler. 2. Repeated exposures to allergen and/or inappropriate exercise pattern demonstrated thru exacerbation of symptoms resulting in number of visits to nurse and/or number of absences. 	<ol style="list-style-type: none"> 3. Follow M.D.'s orders including medications. 4. Reassess chest sounds; check V/S. 1. Call 911. 2. Notify administration and parents. 3. Follow M.D.'s orders. 1. Reinforce proper method of inhaler use and compliance with treatment regimen. 2. Attempt to identify offending substance/area and limit exposure. 3. Teach students to accept responsibility for asthma management. 4. Provide opportunities for verbalization of feelings and provide referral and access to support groups and other resources. 	<p>Student will demonstrate responsible self management skills.</p>

HEALTH CARE PLAN (Diabetes)

Name _____ DOB _____ Sex _____ Allergies _____ Physician _____

Relevant diagnoses _____

Diet _____ Mobility _____

Equipment _____

Medication/Treatment _____

Signature _____ (Parent) Signature _____ (Physician) Signature _____ (School Nurse)

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	<p>Knowledge deficit of parent(s) and child related to lack of information.</p> <p>POTENTIAL FOR REACTION BASED UPON INCORRECT BASAL RATE AND/OR IMPROPER INSULIN BOLUS DELIVERED BY INSULIN PUMP</p>	<p>Assess level of knowledge of parent(s) and child.</p> <p>STUDENT INCONSISTENT WITH BLOOD TESTING SCHEDULE AND SNACK INTAKE.</p> <p>INSULIN DOSAGE LEVELS VARY DEPENDENT UPON BLOOD GLUCOSE READINGS.</p>	<ol style="list-style-type: none"> As necessary, inform and teach parents and child necessary interventions to maintain and establish blood glucose levels within normal limits. Establish communication and reporting system between school and home. Include student, parents/guardians, teachers, and health care provider in development of action plan. <ol style="list-style-type: none"> HAVE A CURRENT AND ACCURATE SLIDING SCALE FOR BOLUS DELIVERY OF INSULIN. CLOSELY ADHERE TO SCHEDULE FOR GLUCOSE TESTING (10:30 A.M.; 12:50 P.M.; 2:30 P.M.) AND INFORM NURSE OF RESULTS BEFORE ANY INTERVENTIONS. IF BLOOD GLUCOSE IS BELOW 180 AT 10:30 A.M. AND 2:30 P.M. GIVE SNACK. 	<p>Student will demonstrate increasing knowledge and skill in diabetes management.</p> <p>Student, staff, parent will utilize established lines of communication to help ensure optimal control of diabetes.</p> <p>STUDENT WILL ACHIEVE CONSISTENT BLOOD SUGAR READINGS INDICATIVE OF WELL MANAGED DIABETIC CONDITION DECREASING THE POTENTIAL FOR COMPLICATIONS.</p>

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	<p>Nutrition needs altered due to diabetes mellitus, too much insulin, too much exercise, not enough food.</p>	<ol style="list-style-type: none"> 1. Signs of insulin reaction (rapid onset). Change in behavior/mood, shaky, pale, sweaty, hungry, stomachache, N & V "I feel low." 2. Student's ability to concentrate and learn may fluctuate with changes in blood sugar levels. 3. Loss of consciousness due to insulin reaction. 	<ol style="list-style-type: none"> 1. Consult with PMD. 2. Instruct student what to do at school when early insulin reaction S/S begin. 3. Instruct teachers in S&S of an insulin reaction. 4. Request regular feedback o academic and behavioral status from teachers. 5. Check Emergency Procedure Plan. 6. Monitor blood glucose level and recording. Instruct and reinforce skills as needed. 7. Monitor diet adherence. Instruct and reinforce skills as necessary. 8. Student should have own snack. For emergencies give source of sugar, e.g. orange juice, cake-mate gel, or hard candy mentos are sufficient for relieving symptoms. Follow with protein source such as cheese or meat or send to lunch if within 20 mins. <p><u>THIS IS CONTINUED ON PAGE V11- 3a.</u></p>	<p>Student will be successful in managing diabetes in school setting.</p> <p>Student will regain consciousness.</p>

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	<p>Self-esteem disturbance due to lifestyle changes related to diabetes mellitus.</p>	<p>Observe for: signs of embarrassment, dysfunctional grieving, frequent episodes of high or low blood glucose levels.</p>	<ol style="list-style-type: none"> 1. Consult with PMD. 2. Check and follow Emergency Procedure Plan. 3. Notify parent(s) as appropriate and monitor blood glucose level. 4. Administer glucagon if present; call 911. 5. If glucagon administered, observe for return of consciousness. When conscious give form of oral sugar followed with protein source, cheese, peanut butter, meat. Notify parent. <ol style="list-style-type: none"> 1. Provide reinforcement and praise, follow through for self management abilities. 2. Create opportunities for student to verbalize feelings. 3. Provide opportunities for student to become self sufficient care providers. 4. Provide referral and access to support groups and other resources. 	<p>Student will begin to demonstrate adaptation to having diabetes evidenced by: increased attendance, less frequent visits to nurse and better peer interaction.</p> <p>Improved health status will increase the student's ability to learn.</p>

HEALTH CARE PLAN (Food Allergy Reaction)

Name _____ DOB _____ Sex _____ Allergies _____ Physician _____

Relevant Diagnoses _____

Diet _____ Mobility _____

Equipment _____

Medication/Treatment _____

Signature _____ (Parent) Signature _____ (Physician) Signature _____ (School Nurse)

Family liaison (Principle Contact): _____

DATE	HEALTH PROBLEMS/ NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	<p>Accidental ingestion of allergen. Potential for ineffective clearance and GI response to allergen.</p> <p>Potential for ineffective clearance due to effect of allergen.</p> <p>Ineffective airway clearance due to exposure of allergen.</p> <p>Systemic response to allergen.</p>	<ol style="list-style-type: none"> 1. Assess severity of potential allergic reaction. 2. Itchy watery eyes, runny nose, rash, hives, itching, cramps, n/v diarrhea. 	<ol style="list-style-type: none"> 1. Check emergency procedure sheet for information. 2. Inform staff, as necessary, of the potential for severe allergic reaction. Include student, family, staff and nurse in action plan. 3. If environmental, take steps to have student avoid specific allergen. 	<p>Student will recognize early warning signs of allergic reaction and respond appropriately.</p>
		<ol style="list-style-type: none"> 1. Assess severity of allergic reaction. 2. Lip, tongue, mouth, facial swelling. Hives, itching, breathing difficulty or any two body systems involved. 	<ol style="list-style-type: none"> 1. Follow procedure indicated on Emergency Procedure Sheet. 2. If symptoms indicate signs of anaphylaxis, follow M.D.'s order. 3. Notify administration. 4. Call 911. 5. Notify parent. 	<p>Student will recognize advancing allergic reaction and utilize appropriate resources for treatment.</p> <p>Student will regain effective airway clearance.</p>

INDIVIDUALIZED HEALTH CARE PLAN (Seizures)

Name _____ DOB _____ Sex _____ Allergies _____ Physician _____

Relevant Diagnoses _____

Diet _____ Mobility _____

Equipment _____

Medication/Treatment _____

Signature _____ Signature _____ Signature _____
 (Parent) (Physician) (School Nurse)

Family liaison (Principle Contact): _____

DATE	HEALTH PROBLEMS/ NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	Potential for altered health maintenance related to insufficient knowledge.	<ol style="list-style-type: none"> 1. Assess severity of potential allergic reaction. 2. Monitor seizure. 	<ol style="list-style-type: none"> 1. Include students, parents/guardians, teachers, health care providers in development of action plan. 2. Establish and maintain communication with physician. 3. Review state and local laws affecting people with seizure disorders (e.g. driving laws), as appropriate. 1. Instruct staff regarding proper action during seizure. 2. Remain with student. Protect from injury. If possible, turn head to side. Dismiss bystanders. Note length, type of seizure. 3. Monitor student. Allow student to resume activity as tolerated. 4. Atypical seizure activity or lasting longer than 5 minutes. Call 911. Notify parents and administrators. 	<p>Student understands condition and complies with medication and treatment regimen.</p> <p>Student will remain injury free.</p>
	Self-esteem disturbance related to social myths and fears about seizures.	Assess effects seizures will have on ADL.	<ol style="list-style-type: none"> 1. Providing trusting relationship and opportunities for student to verbalize feelings. 2. Provide opportunities for positive socialization. 3. Refer to school counselor. 4. Refer to local Epilepsy Foundation. 	Student will establish and maintain appropriate social and school behaviors.

HEALTH CARE PLAN (Severe Allergic Reaction)

Name _____ DOB _____ Sex _____ Allergies _____ Physician _____

Relevant diagnoses _____

Diet _____ Mobility _____

Equipment _____

Medication/Treatment _____

Signature _____ (Parent) Signature _____ (Physician) Signature _____ (School Nurse)

Family Liaison(Principle Contact): _____

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	OBSERVATION / ASSESSMENT	INTERVENTION	OUTCOME
	Potential for ineffective clearance due to effect of allergen.	<ol style="list-style-type: none"> 1. Assess severity of potential allergic reaction. 	<ol style="list-style-type: none"> 1. Check emergency procedure sheet for information. 2. Inform staff, as necessary, of the potential for severe allergic reaction. 3. Include family, staff, and nurse in action plan. 4. If environmental, take steps to have student avoid specific allergen. 	Student will recognize early warning signs of allergic reaction and respond appropriately.
	Ineffective airway clearance due to exposure of allergen.	<ol style="list-style-type: none"> 1. Assess severity of allergic reaction. 	<ol style="list-style-type: none"> 1. Follow procedure indicated on Emergency Procedure Sheet. 2. If symptoms indicate signs of anaphylaxis, follow M.D.'s order. 3. Notify administration. 4. Call 911. 5. Notify parent. 	Student will recognize advancing allergic reaction and utilize appropriate resources for treatment. Student will regain effective airway clearance.

