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| **Individual Health Plan Template** |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ph \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hm phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parents/guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_  School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Healthcare provider(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Insurance provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10-CM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IEP Date\_\_\_\_\_\_\_\_\_\_\_ 504 Date\_\_\_\_\_\_\_\_\_\_\_ EAP Date\_\_\_\_\_\_\_\_\_\_\_\_ EEP Date\_\_\_\_\_\_\_\_\_\_\_ |
| **Medical Diagnosis**: Functional Constipation |
| **Nursing Assessment**  ❏ Medical diagnosis of Functional Constipation  ❏ Other comorbid conditions  ❏ Management plan, including medication  ❏ Adherence to medication therapy  ❏ Agencies or organization involved in care  ❏ Past or current IEP or 504  ❏ School staff awareness and education implications  ❏ Body systems review  ❏ Past and current academic functioning  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nursing Diagnoses:**  ❏ Alteration in Elimination Patterns ❏ Alteration in Self-Care ❏ Knowledge Deficit related to diagnosis ❏Risk for Alteration in Self-Esteem  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nursing Interventions:**  The school nurse will:  ❏ provide age-appropriate accessible information regarding Functional Constipation and the treatment plan prescribed by the child’s PCP to the student and parent/guardian(s)  ❏ communicate with the child’s teaching staff regarding the plan of care  ❏ ensure the child has a clean, accessible, and private bathroom to access as needed during the school hours  ❏ collaborate with parent/guardian(s) and teaching staff to develop a toileting schedule for the child while at school  ❏ maintain a log of bowel movements and incontinence occurrences and a system to communicate that information to the child’s parent/guardian(s)  ❏ implement a medication program at school, if needed. Obtain parent/guardian and physician authorization for medication to be given at school and administer medication as prescribed and according to school policy and procedure.  ❏ collaborate with parent/guardian(s) to establish a reward system for reinforcing appropriate self-care behaviors  ❏ communicate with the child’s healthcare provider regarding progress and effectiveness of the treatment plan Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Expected Student Outcomes:**  The student will:  ❏ demonstrate increased knowledge about Functional Constipation and his/her treatment and management plan.  ❏ participate in management plan that includes consistently taking medication, adhering to toileting schedule, and participating in age-appropriate level of independence with hygiene activities.  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Plan initiated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |