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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-EsteemOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_ |