

INDIVIDUALIZED HEALTHCARE PLAN

IHP

Louisiana Department of Education

Student's Name _____ Date of Birth _____ <input type="checkbox"/> Special Education School _____ Grade _____ <input type="checkbox"/> General Education				
BACKGROUND INFORMATION/NURSING ASSESSMENT (Complete all applicable sections.)				
Brief Medical History/Specific Health Care (Additional information is attached.)				
Psychosocial Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information is attached.)		Family Concerns/Strengths <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information is attached.)		
GOALS AND ACTIONS Individualized Healthcare Plan (IHP). Attach nursing diagnoses, interventions and evaluation, etc.				
Attach physician's order and other standards for care.				
1) Procedures and Interventions (student specific)				
Procedure	Administered By	Equipment	Maintained By	Authorized/Trained By
(a)				
(b)				
(c)				
2) Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach medication guideline and administration log.)		3) Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach description.)		
4) Special Transportation Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes Additional information is attached.		5) Class/School Modifications: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach additional information.)		
6) Equipment and Supplies: <input type="checkbox"/> Parent <input type="checkbox"/> LEA <input type="checkbox"/> None		7) Safety Measures: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach description.)		
8) Student Participation in Procedures <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach description.)				
CONTINGENCIES ___ Emergency Plan attached ___ Training Plan attached		POSSIBLE ALERTS		
AUTHORIZATIONS I have participated in the development of the Health Services Plan and agree with the contents. Please sign and date.				
Parent/Legal Guardian _____ / /		Teacher(s) _____ / /		
School Nurse _____ / /		Other _____ / /		
School Administrator _____ / /		Other _____ / /		
Effective Beginning Date _____ Next Review Date _____				

IHP INSTRUCTIONS FOR USE

STEP I

Following the student's health assessment, the school RN completes the *Student Identification, Background Information/Nursing Assessment and Goals and Actions* sections of the Individualized Healthcare Plan (IHP). Other licensed health professionals, when appropriate, will assess the student in his or her area of expertise and attach additional information and/or the care plan.

Section 1) Procedures and Interventions - The school RN must identify the special health procedures that must be performed in the educational setting, who will perform the procedure, and the training required. Licensed health professionals in other areas of expertise must identify the procedures that must be performed in the educational setting, who will perform the procedure, and the training required.

NOTE: All health procedures, training, and supervision will be coordinated through the IHP.

Section 2) Medications - Attach medication guideline and administration log if appropriate.

Section 3) Diet - Attach any additional information needed

STEP II

With the assistance of the school RN, the student's health care team—parent(s), teacher(s), school administrator, and others when appropriate— will complete the remaining sections of the Individualized Healthcare Plan:

Section 4) Special Transportation (if applicable). Attach any additional information needed.

Section 5) Classroom/School Modifications. A description of any modifications that must be made in the classroom or on the school grounds to accommodate the student. Attach any additional information needed.

Section 6) Equipment and Supplies. A description of the equipment and supplies needed to safely conduct the procedure.

Section 7) Safety Measures —CONTINGENCIES: Write out any plans for emergencies, plans for training of personnel, and possible alerts and attach to IHP.

Section 8) Student Participation. A description of the level of student participation expected to be accomplished by the instructional staff, the school nurse, other health professionals, the parents, and when appropriate, the student. Attach any additional information needed.

Step III

Authorizations: The **signatures** of all parties, the date of implementation, and the review date must be on the IHP. Implementation of the Individualized Healthcare Plan (IHP) will begin.