**Box 22.4**

**INDIVIDUALIZED HEALTHCARE PLAN FOR A STUDENT WITH CANCER WHO IS RECEIVING CHEMOTHERAPY**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Medical Diagnosis:</th>
<th>Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leukemia: on chemotherapy</td>
<td>PRN Medications and Therapy:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teacher &amp; Grade:</th>
<th>D.O.B.:</th>
<th>Parents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone:</th>
<th>Nursing Services:</th>
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</thead>
</table>

**Biographical Data:**

**NURSING DIAGNOSIS**

Potential for infection *r/t* receiving chemotherapy as evidenced by low white blood count and/or low absolute neutrophil count.

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**GOALS**

Student will be free of signs of infection (no fever or chills, no productive cough) during chemotherapy regimen and 1 month after completion.

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**NURSING INTERVENTIONS**

1. **Teaching:** Educate student, teacher, and classmates regarding proper technique and importance of good hand washing, importance of student avoiding people with colds/fevers/rashes (and/or possible need for student to wear face mask), and the signs of infection that should be reported to the school nurse.
2. **Assess student for fever when/if student reports cough, chills, general fatigue, etc.** Contact parents and/or oncologist for oral temperature > 99.9°F.
3. **Administer medications if indicated.**
4. **Communicate with parents regarding chemotherapy cycle and nadir time** (when counts are at the lowest and potential for infection is highest). Student may need more frequent assessments for signs of infection at this time.

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**EVALUATION**

- Teacher, student, and classmates will accurately demonstrate and verbalize importance of good hand washing, avoidance of those with infectious signs, and signs to report.
- Student will not have oral temperature > 99.9°F.
- Meds given as Rx.
- School nurse will have adequate communication w/parents and will be knowledgeable of student’s nadir time. Student will be without complications r/t infection.

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**Potential for bleeding *r/t* receiving chemotherapy as evidenced by (AEB) low platelet count.**

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**Student will be free of excessive bleeding and safe in the school environment during chemo and 1 month after completion.**

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1. **Teaching:** Educate student, teachers, and classmates regarding signs to report to school nurse, i.e., easy bruising, bleeding that does not stop, and the need for avoiding rough play or contact sports during chemotherapy.
2. **Communicate with parents regarding chemo cycle and nadir time.** Assess for bleeding when necessary.

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- Teacher, student, and classmates will accurately verbalize signs of bleeding to report and activities to avoid to reduce chance of bleeding.
- School nurse will have adequate communication w/parents and be aware of student’s nadir.
### Box 22.4 (Continued)

<table>
<thead>
<tr>
<th>NURSING DIAGNOSIS</th>
<th>GOALS</th>
<th>NURSING INTERVENTIONS</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential alteration in coping mechanisms r/t feelings of being different from peers AEB unwillingness to participate in peer activities, anxiety, tearfulness, change in behavior</td>
<td>Student will demonstrate appropriate coping techniques throughout and after chemotherapy treatments.</td>
<td><strong>1.</strong> Allow student to verbalize anxieties and feelings. Assist student in understanding benefit of sharing feelings of anxiety with an adult and how to continue to interact appropriately w/peers despite feeling different. <strong>2.</strong> Provide emotional support as needed. Make appropriate referrals as necessary. <strong>3.</strong> Communicate with parents and teachers as appropriate regarding student’s behaviors and coping.</td>
<td>• Student will use appropriate coping techniques and will interact with peers in appropriate manner. • Student will be provided emotional support throughout the treatment process. • School nurse will communicate w/students, parents, and teachers regarding coping mechanisms.</td>
</tr>
<tr>
<td>Potential alteration in comfort r/t nausea and vomiting (N&amp;V)</td>
<td>Student will have controlled N&amp;V at school throughout chemotherapy regimen.</td>
<td><strong>1.</strong> Educate staff and student regarding N&amp;V and need to contact nurse with initial complaint of nausea to allow the highest benefit from antinausea medications. <strong>2.</strong> Give medication as ordered. <strong>3.</strong> Allow student to rest quietly; give support and privacy as needed. <strong>4.</strong> Assist in making student comfortable using parent and student suggestions.</td>
<td><strong>•</strong> Staff will verbalize understanding importance of recognizing signs and acting promptly on c/o nausea. <strong>•</strong> Medications given as Rx with relief of N&amp;V. <strong>•</strong> Student will verbalize being comfortable and free of N&amp;V. <strong>•</strong> School nurse will have adequate communication with student and parents, and will use student-specific techniques to achieve student’s comfort and decrease N&amp;V.</td>
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**Typical Assessment Findings:**

Depending on the type of cancer, drugs being given, dose and frequency of the student’s chemotherapy regimen, the student could have a series of symptoms that occur on a similar cycle throughout their treatment. Following are some common side effects:

- N&V, anorexia, alteration in taste, lack of appetite, weight loss, thrush, difficulty swallowing
- Hair loss (total or partial)
- Diarrhea, constipation
- Fatigue, malaise, weakness
- Anemia (low hemoglobin): cold, shortness of breath, weakness
- Neutropenia (low WBC, risk for infection): fever, chills
- Thrombocytopenia (low platelets): bleeding and bruising easily
- Pain (from disease or from supportive treatments), neuropathy
- Depression, anxiety
- Hand and foot syndrome, sensitive to heat and cold
Box 22.4 (Continued)

This Individualized Health Plan was prepared by ___________________________ (School Nurse) and will be shared as needed to promote the health of ___________________________ while in school.
Reviewed by (Parent) ___________________________ and (Physician) ___________________________.
Date ___________________________

*Other Possible Nursing Diagnoses for the Student Receiving Chemotherapy*

- Potential alteration in nutritional requirements r/t disease treatment AEB N&V, decreased weight, lack of appetite, alteration in taste
- Alteration in comfort r/t disease treatment AEB fatigue, lack of energy, weakness
- Alteration in body image r/t alopecia
- Potential for injury r/t central venous access device AEB dislodgement, bleeding at site, pain, malfunction

*Emergency Action Plan*

**Student:**

**Grade/Room:**

**Contact Numbers:**

**IF YOU SEE THIS:**
- Feels very warm to the touch (fever)
- Extra tired or sleepy
- Bleeding that won’t stop in 3–5 minutes with gentle pressure.

**DO THIS:**
- Contact school nurse and send to Health Office accompanied by an adult.
- Have student apply pressure directly to area.
- Adult: apply gloves and apply pressure directly to area.
- Contact parents (if nurse not available).