# Individualized Health Care Plan (IHP) Sample Template

**Student:** ____________________________________________  
**IHP Completed by & Date:** ____________________________  
**Grade:** _____________________________________________  
**Nursing Assessment Review Dates:** ______________________  
**School Year:** _________________________________________  
**IHP Review Dates:** ____________________________________  
**Nursing Assessment Completed by & Date:** __________________________________________

<table>
<thead>
<tr>
<th>NURSING DIAGNOSIS</th>
<th>SAMPLE INTERVENTIONS &amp; ACTIVITIES</th>
<th>DATE IMPLEMENTED</th>
<th>SAMPLE OUTCOME INDICATOR</th>
<th>DATE EVALUATED</th>
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</thead>
</table>
| **MANAGING POTENTIAL DIABETES EMERGENCIES**  
(RISK FOR UNSTABLE BLOOD GLUCOSE) | Establish & document student’s routine for maintaining blood glucose within goal range including while at school:  
**BLOOD GLUCOSE MONITORING**  
• Where to check blood glucose:  
  - Classroom  
  - Health room  
  - Other  
• When to check blood glucose:  
  - Before breakfast  
  - Mid morning  
  - Before lunch  
  - After lunch  
  - Before snack  
  - Before PE  
  - After PE  
  - 2 hours after correction dose  
  - Before dismissal  
  - As needed  
  - Other: ___________________  
• Student Self Care Skills:  
  - Independent  
  - Supervision  
  - Full assistance  
• Brand/model of BG meter ______  
• Brand/model of CGM: ________ | | | Blood glucose remains in goal range:  
  Percentage of Time  
  0% 25% 50% 75% 100%  
  1 2 3 4 5 | |
| **SUPPORTING THE INDEPENDENT STUDENT**  
(EFFECTIVE THERAPEUTIC REGIMEN MANAGEMENT) | Hypoglycemia Management  
**STUDENT WILL:**  
• Check blood glucose when hypoglycemia suspected  
• Treat hypoglycemia (follow Diabetes Emergency Care Plan)  
• Take action following a hypoglycemia episode: ________  
• Keep quick acting glucose product to treat on the spot  
  - Type: ________  
  - Location: ___________________  
• Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) & insulin dosing  
• Report & consult with parent/guardian, school nurse, HCP, and school personnel as appropriate | | Monitors (records, reports & correctly responds to results) blood glucose:  
  1 = Never Demonstrated  
  5 = Consistently Demonstrated  
  1 2 3 4 5 | |
| **SUPPORTING POSITIVE COPING SKILLS**  
(READINESS FOR ENHANCED COPING) | Environmental Management  
• Ensure confidentiality  
• Discuss with parent/guardian & student preference about who should know student’s coping status at school  
• Collaborate with parent/guardian and school personnel to meet student’s coping needs  
• Collaborate with school personnel to create an accepting & understanding environment | | Readiness to learn:  
  1 = Severely Compromised  
  5 = Not Compromised  
  1 2 3 4 5 | |

**Figure 26.2** Sample Individual Healthcare Plan format for the student with diabetes.  