

Individual Health Plan (IHP)

The IHP provides details regarding a student's emergency contact information, his or her specific health care needs, and the types of health care services that will be provided within the school environment. The plan below describes Megan's medical condition and the school's specific plan of action to meet her needs, including the appropriate emergency procedures to follow in various situations.

INDIVIDUAL HEALTH PLAN

Megan Giachelli, DOB: 05-12-XXXX
Grade 7 Carrington Middle School
Date Plan Initiated: 08-15-XXXX

Primary Diagnosis: Insulin Dependent (Type 1) Diabetes

Megan has been diagnosed with type 1 diabetes. Megan's pancreas has stopped manufacturing the hormone insulin (the hormone that converts glucose into energy), putting her at risk for serious medical complications. Without the insulin, her blood- glucose levels become high. As time passes, this high level can cause complications such as blindness, nerve damage, and kidney and heart diseases. To control her high blood- glucose levels, Megan must take insulin. Even with insulin therapy, Megan's diabetes is not cured, and she is still at risk for developing complications because insulin therapy can result in low blood- glucose levels. Low blood- glucose levels can cause Megan to pass out or have seizures. Therefore, she must balance her food, insulin intake, and activity level in order to try to maintain a balanced blood- glucose level.

Emergency contact information:

Bill and Sandy Giachelli (Parents)*
3324 Mansfield Lane
Milan, Florida 56758

Mom's cell: 556.8599
Dad's cell: 814.6523
Dad's Work: 258.4156
Home: 251.4444

If unable to reach the parents, in the case of an emergency, please call:

Mr. and Mrs. Reynolds (Megan's grandparents)
234 B Hillwood Plaza
Milan, Florida 56578
Home: 251.4190

*Parents have indicated they would like involved personnel to call 911 prior to calling them in the case of an emergency.

Dr. Lane Blevis (Endocrinologist)
1266 Kirby Parkway, Suite 23
Milan, Florida 56757
Office: 251.3366
Pager: 255.9898

Dr. S. Williams (Primary Care Physician)
1323 Windsor Way
Milan, Florida 56757
Office: 251.4438
Pager: 255.9294

Preferred Hospital: Milan Children's Medical Center

PRIMARY DIAGNOSIS:

Type 1 Diabetes

SECONDARY HEALTH ISSUES OR CONCERNS

Spastic Quadriplegic Cerebral Palsy (CP); CP affects Megan's fine- and gross-motor coordination and her articulation.

HISTORY: Recent onset of diabetes; Megan was hospitalized during the summer due to complications with the onset of type 1 diabetes. A diagnosis was made during hospitalization. Megan was diagnosed with spastic quadriplegic cerebral palsy (CP) at 10 months of age. Her CP affects her fine- and gross-motor skills, as well as her articulation. It further impacts her ability to independently manage her diabetes (e.g., self-administer finger pricks, insulin injections).

MEDICATIONS: Insulin injections

HEALTH PROBLEM	GOAL	PLAN OF ACTION	PERSON RESPONSIBLE
Type 1 Diabetes	1. Maintain blood-glucose levels in the 90-180 range.	Monitor daily glucose levels.	School nurse, classroom teacher, or (in their absence) other designated trained personnel
		Provide insulin injections as needed; document these injections in medication logs in the classroom and the nurse's station.	School nurse, classroom teacher, or (in their absence) other designated trained personnel
		Adhere to a diet provided by the parents; distribute daily snacks as provided by the parents.	Megan; food intake monitored by school nurse, classroom teacher, or (in their absence) other designated trained personnel
		Keep a daily record of Megan's blood- glucose levels.	School nurse, classroom teacher, or (in their absence) other designated trained personnel, Megan as able

Type 1 Diabetes	2. School personnel will be provided with general information on type 1 diabetes and how it is treated, what hypoglycemia and hyperglycemia are and how they are treated, and anything else to give them a general understanding of the medical conditions associated with type 1 diabetes	Provide an inservice session for all staff who interact with Megan, including her classroom teachers; cafeteria staff; administrative office staff; and physical education, art, and music teachers.	School nurse
Type 1 Diabetes	3. Approved school personnel will be trained in diabetes management to meet Megan's specific needs.	Approved school personnel who have volunteered to provide diabetes management for Megan in the absence of the school nurse will be trained to meet Megan's specific needs related to her diabetes.	School nurse in collaboration with the parents
Cerebral Palsy as it relates to diabetes management	4. Trained personnel will receive further instruction on recognizing the motor and speech issues they will need to know in order to identify symptoms and help manage Megan's diabetes.	Provide an inservice training to address the following issues related to Megan's cerebral palsy that could impact her diabetes care: <ul style="list-style-type: none"> • Be able to determine whether Megan's fatigue is the result of her walker use or of her diabetes. • Learn fine-motor coordination skills and any adapted strategies that can assist Megan with her glucose testing or insulin injections. • Understand that Megan's speech is not always intelligible, so she may need to resort to her augmentative device to explain her needs. 	School nurse in collaboration with parents; speech, occupational, and physical therapists; Megan

The Emergency Care Plan (ECP) is attached and will be provided to all personnel who are involved in the daily management of Megan's type 1 diabetes. *

I understand that trained personnel will be administering the health care services and goals listed on this plan. It is my understanding that the following personnel will be administering these services to my child using procedures that have been outlined by our pediatrician. I will notify the school of any changes in my child's health status or any procedures used.

Parent(s) or Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Other Trained Personnel/Title: _____ Date: _____

Other Trained Personnel/Title: _____ Date: _____

Other Trained Personnel/Title: _____ Date: _____

Other Trained Personnel/Title: _____ Date: _____

*Note: ECP is a separate link on page 3 of the nursing module. In schools, the ECP may be attached to the IHP or built in as part of the plan.

Note: The persons presented in this document are entirely fictitious. Any resemblance to actual persons is unintentional.