

Components of an Individualized Health Care Plan

Who should have an Individualized Health Care Plan (IHCP)?

Students with mild to severe health care needs and may require emergency life-saving medical services, for a life-threatening situation, at school should have an IHCP.

What is the purpose of an IHCP?

The IHCP helps assure consistent, safe health care for the student, protects the school PMAT/MAT trained staff in legal proceedings, and provides documentation regarding the extent of services provided. Each IHCP should be individualized to meet the needs of the student.

What should the IHCP address?

Each IHCP may include additional components to meet the needs of the student. The IHCP should be revised when the student's physical condition or care changes. Each IHCP should be consistent with minimum standards of care.

IHCPs should address:

- Medical equipment, medication administration, and medical services
- Physical activities
- Classroom parties

Who should develop and sign the IHCP?

The following individuals should help develop and then sign the IHCP:

- Parents
- Student
- Medical provider (optional)
- BHCP Preschool Health Chair (optional)
- BHCP Director

Parents or legal guardians **must** authorize, in writing, care provided for their minor children.

Medical providers (physicians, nurse practitioners, physician assistants) **must** provide written orders for medical treatments provided at school.

How often should the IHCP be updated?

The IHCP should be updated as appropriate and revised at least every six months or after significant changes occur in the student's health status.

What is the Emergency Care Plan?

The Emergency Care Plan (ECP) is required when a chronic condition has the potential to result in a medical emergency. The ECP is a component of the IHCP.

Source:

Legal Issues in School Health Services.

National Association of School Nurses. (1998, Revised 2003). *Position Statement: Individualized Health Care Plans*. 348

Student and School Support, Health & Medical, Specialized Health Care Procedures, Appendix A, *Appendix A: Individualized Health Care Plans, Emergency Plan, Procedure Information Sheet, Daily Log, Medical Order Forms*, Retrieved August 6, 2010, from the Official Website of the Commonwealth of Virginia, Virginia Department of Education Web site:

http://www.pdfdownload.org/pdf2html/view_online.php?url=http%3A%2F%2Fwww.doe.virginia.gov%2Fsupport%2Fhealth_medical%2Fspecialize_d_health_care_procedures%2Fappendix_a.pdf

http://doe.virginia.gov/support/health_medical/index.shtml

Components of an Individualized Health Care Plan (IHCP)

1. Assessment

The assessment provides the background information for the IHCP and includes:

- Health history
- Current health status related to medication, diet and allergies, or other medical condition
- Psychosocial status
- Health issues related to learning
- Emergency Care Plan (Food Allergy Action Plan, Asthma Health Care Plan or Emergency Plan)

2. Goals

Goals are clear, concise, realistic descriptions of desired outcomes. They should be short-term and must be measurable within the scope of the life-threatening situation that could occur.

3. Medical Interventions

An intervention is any treatment performed to reach a goal or desired outcome. (i.e. administering Epinephrine via an Epi-Pen to improve respiratory distress or an inhaler during an asthma attack, etc.)

4. Student Outcome

An outcome describes how the student's condition is expected to improve in a life-threatening situation. It must be realistic and measurable.

5. Evaluation

The evaluation consists of periodically reviewing the student's goals and outcomes; comparing actual versus predicted outcomes; reviewing the interventions; and, if necessary, modifying the IHCP. Evaluations also should occur when the student's health status changes significantly or when the medical provider changes the student's prescribed treatment or medications.

Individualized Health Care Plan (IHCP)

Student: _____
Name Date of Birth

Prepared By: _____
Medical Provider Date

Approved By: _____
Parent(s) Date

Parent(s) Date

Approved By: _____
Student/Guardian Date

Approved By: _____
Medical Provider (optional) Date

Approved By: _____
Beverley Hills Church Preschool Director Date

Next Review & Revision Due: _____

Individualized Health Care Plan

Demographics

Student Name _____ Birth Date _____

Home Address _____

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

Caregiver _____ Phone _____

Language spoken at home _____

Emergency Contact:

_____	_____	_____
Name	Relationship	Phone

Medical Care

Primary Physician _____ Phone _____

Specialty Physician _____ Phone _____

Specialty Physician _____ Phone _____

Health History

Brief health history _____

Special health care needs _____

Other considerations _____

Student's Ability to Participate in Care _____

Allergies _____

Medication & Dietary Needs

Current Medications (dose, route, time)

Special Dietary Requirements

Allergies

Emergency Care Plan

Student Name _____

Class/Grade _____

Parent _____

Phone _____

If you see this	Do this

If an emergency occurs:

- 1. Stay with child
- 2. Call or have someone else call the 911
- 3. While awaiting Emergency Medical Services, the following staff members are trained to initiate the emergency plan.

Approved By: _____
Medical Provider

Date