



**SPECIAL EDUCATION DISTRICT OF LAKE COUNTY**

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[www.sedol.us](http://www.sedol.us)

**Individualized Health Care Plan (IHP)**

Student: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Dates: \_\_\_\_\_  
 School Year: \_\_\_\_\_  
 IHP Completed by and Date: \_\_\_\_\_  
 IHP Review Dates: \_\_\_\_\_  
 Nursing Assessment Review: \_\_\_\_\_  
 Nursing Assessment Completed by and Date: \_\_\_\_\_

Nursing Diagnosis	Interventions and Activities	Date Implemented	Outcome Indicator	Date Evaluated										
<p><b>Managing Potential Diabetes Emergencies</b></p> <p>(risk for unstable blood glucose)</p>	<p>Establish and document student's routine for maintaining blood glucose within goal range including while at school:</p> <p><b>Blood Glucose Monitoring</b></p> <ul style="list-style-type: none"> <li>• Where to check blood glucose:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Health Room</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li>• When to check blood glucose:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Before breakfast</li> <li><input type="checkbox"/> Mid-morning</li> <li><input type="checkbox"/> Before lunch</li> <li><input type="checkbox"/> Before snack</li> <li><input type="checkbox"/> Before PE</li> <li><input type="checkbox"/> 2 hours after correction dose</li> <li><input type="checkbox"/> Before dismissal</li> <li><input type="checkbox"/> As needed</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li>• Student Self-Care Skills                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent</li> <li><input type="checkbox"/> Supervision</li> <li><input type="checkbox"/> Full assistance</li> </ul> </li> <li>• Brand/model of BG meter: _____</li> <li>• Brand/model of CGM: _____</li> </ul>		<p><b>Blood glucose remains in goal range</b></p> <p>Percentage of Time</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0%</td> <td>25%</td> <td>50%</td> <td>75%</td> <td>100%</td> </tr> <tr> <td><b>1</b></td> <td><b>2</b></td> <td><b>3</b></td> <td><b>4</b></td> <td><b>5</b></td> </tr> </table>	0%	25%	50%	75%	100%	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
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<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>										

## Individualized Health Care Plan (IHP) (Continued)

<b>Nursing Diagnosis</b>	<b>Interventions and Activities</b>	<b>Date Implemented</b>	<b>Outcome Indicator</b>	<b>Date Evaluated</b>
<p><b>Supporting the Independent Student</b> (effective therapeutic regimen management)</p>	<p><b>Hypoglycemia Management</b> <b>STUDENT WILL:</b></p> <ul style="list-style-type: none"> <li>• Check blood glucose when hypoglycemia suspected</li> <li>• Treat hypoglycemia (follow Diabetes Emergency Care Plan)</li> <li>• Take action following a hypoglycemia episode: _____</li> <li>• Keep quick-acting glucose product to treat on the spot Type: _____ Location: _____</li> <li>• Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing</li> <li>• Report and consult with parents/guardian, school nurse, HCP, and school personnel as appropriate</li> </ul>		<p><b>Monitors Blood Glucose</b> (records, reports, and correctly responds to results)</p> <p>Never → Consistently Demonstrated</p> <p style="text-align: center;"><b>1   2   3   4   5</b></p>	
<p><b>Supporting Positive Coping Skills</b> (readiness for enhanced coping)</p>	<p><b>Environmental Management</b></p> <ul style="list-style-type: none"> <li>• Ensure confidentiality</li> <li>• Discuss with parents/guardian and student preference about who should know student's coping status at school</li> <li>• Collaborate with parents/guardian and school personnel to meet student's coping needs</li> <li>• Collaborate with school personnel to create an accepting and understanding environment</li> </ul>		<p><b>Readiness to Learn</b></p> <p>Severely → Not Compromised</p> <p style="text-align: center;"><b>1   2   3   4   5</b></p>	