

INDIVIDUALIZED HEALTHCARE PLAN (IHP) ASTHMA

STUDENT NAME: _____

DOB _____

Student Address:
Home Phone:
Parent/Guardian:
Day/Work Phone:
Healthcare Provider:
Provider Phone:
IHP Written By:

School:
Teacher/Counselor:
Grade:
IHP Date:
IEP Date:
Review Date(s):
ICD-9 Codes:

Parental/Guardian statement: *I/We have read this plan and agree to its implementation.*
Signature: _____ Date: _____

Assessment Data	Nursing Diagnoses	Goals.	Nursing Interventions.	Expected Outcome
	Ineffective airway clearance associated with chronic inflammation causing bronchoconstriction and excessive mucus production.	<p>The student will assist in the development of an Asthma Action Plan with the parent and healthcare provider.</p> <p>The student will have his/her needed asthma medication available and easily accessible at school.</p> <p>The student will increase his/her ability to identify and manage environmental triggers.</p>	<p>Obtain an Asthma Action Plan from the parents/guardians and the healthcare provider.</p> <p>Identify the student's level of asthma severity by monitoring peak flows and asthma signs and symptoms to help in establishing priority for intervention.</p> <p>Ensure that quick-relief medication is easily and quickly available to the student</p>	<p>The student will have an Asthma Action Plan on file in the school health office to be used in developing an IHP and ECP.</p> <p>The student will demonstrate proper technique for using asthma medications and medication delivery devices</p> <p>The student will assist in making sure that necessary medication is easily accessible and available.</p>

STUDENT NAME: _____ DOB: _____

Parental/Guardian Statement: *I/We have read this plan and agree to its implementation.*

Signature: _____

Date: _____

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
	Deficient knowledge about asthma and asthma self-care	The student will increase his/her knowledge about asthma and skills in asthma self-management, including the importance of adherence to the Asthma Action Plan and IHP to avoid asthma episodes and possible long-term harm to airways.	Educate the student and family about: -characteristics of good control of asthma; -early recognition of signs and symptoms of an asthma exacerbation, interpretation of Peak flow meter results, and actions to take to manage asthma symptoms; -student's asthma triggers and specific strategies to avoid or control exposure to irritants and responsibilities for self-carrying of inhaler medication	The student will identify symptoms of asthma. The student will identify early indications of an asthma exacerbation. The student will identify his/her asthma triggers and list strategies for how to avoid these or how to control exposure to them. The student will identify and describe responsibilities for self-carrying of medication and demonstrate safe use of self-carry medications. The student will periodically review with the school nurse and parent the effectiveness of his/her asthma management.