

INDIVIDUALIZED HEALTHCARE PLAN (IHP) BRAIN INJURY

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 Diagnosis	Goals	Nursing Interventions	Expected Outcome
	Fatigue related to: - ongoing recovery after injury - depression - reduced physical stamina	The student will demonstrate improved physical activity tolerance. The student will assist with identifying modifications required during the school day on account to TBI. The student will attend school/class and participate with modifications made as needed.	Obtain a signed release of information to obtain pertinent medical records and to share information with the medical provider. In collaboration with the medical providers, families, and student, develop a school reentry plan. Assist teacher(s) to monitor student's activity tolerance and make adjustments in scheduling as needed.	The student will participate in usual activities without signs of fatigue. The student will improve school attendance with accommodations as needed. The student will engage in safe regular exercise while restricted from PE/recess. The student will obtain counseling as needed.

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
	Impaired memory related to: - neurologic damage	The student will assist with identifying modifications required during the school day on account to TBI. The student will attend school/class and participate with modifications made as needed. The student will attend his/her 504/IEP meetings and participate in team decision making and academic goal setting. The student will progress toward adapting to living with the effects of TBI.	Assist student to identify and implement effective memory strategies to arrive at the health office at scheduled times and to perform self-care skills. Educate school staff as to the effects of traumatic brain injury on memory. Refer student to building student assistance team or 504 coordinator as needed. Collaborate with the educational team to identify potential required health accommodations	The student will improve school attendance with accommodations as needed. The student will navigate hallways between classes with minimal directions from staff. The student will identify and utilize existing community resources as needed. The student will obtain counseling as needed. The student will utilize community resources to assist with reintegration into school.

