

INDIVIDUALIZED HEALTHCARE PLAN (IHP) Sickle Cell

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 |
|-----------------|---|--|---|--|
| | Risk for peripheral neurovascular dysfunction related to sickle cell crisis | The student will attain and maintain adequate hydration. The student will assist in preventing/decreasing the number of painful sickle cell events. The student will assist in developing and implementing an action plan, including an emergency care plan for life-threatening symptoms. The student will participate in regular school/class activities, including physical education, with modifications made as necessary. | Discuss with the student: - Importance of participating in class activities and physical education as much as possible -Importance of advising adult of overexertion from activity intolerance -Importance of advising adult of heat or cold intolerance due to thermoregulation problems - Responsibilities for fluid intake and appropriate use of restroom privileges - Symptoms that he/she should report to appropriate adult for further | The student will recognize his/her warning signs of a sickle cell event and stop activity. The student and staff will be knowledgeable about precautions and activities to avoid. Student and staff will be aware of required fluids and reasons for them. The student will maintain adequate hydration as defined in the prescribed health maintenance plan. |

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 related to cause, treatment, and diagnosis of sickle cell disease | The student will assist in preventing/decreasing the number of painful sickle cell events. The student will demonstrate age-appropriate knowledge of diagnosis, symptoms, prescribed interventions, and medication. | Provide health education opportunities for student and staff related to: - What is sickle cell disease - How is sickle cell transmitted - What are signs and symptoms of sickle cell disease - What can be done to reduce the risk of some of these problems - What to do when symptoms occur | The student will define what sickle cell disease is (at a developmentally appropriate level). The student will list his/her risk factors. The student will list his/her preventive measures. The student will list his/her warning signs of a sickle cell event. |

