Iowa Student Individual Health Plan: School Nurse Interpretive Statement

Introduction
The Individual Health Plan (IHP) is a written document detailing the required special health services for general and special education students. The IHP documents health needs that affect a student’s daily function and impact education or the educational environment. Considered in the plan are the student’s physical, social, emotional, cognitive, behavioral, and daily living skills needs. The IHP incorporates the steps of the nursing process: assessment, nursing diagnoses, outcome/goals, planning, implementation, and evaluation. Use of standardized nursing language such as NANDA, NIC, NOC, and others is strongly recommended.3,5,6 The registered school nurse or other licensed qualified health care practitioner develops the IHP in collaboration with the student, family, health care provider, and school team. The plan coordinates school nurse and health services, to and from school, in school activities, at home, and in the community.

The student’s health record contains the written IHP, in an accessible location for use by health service providers. The Individualized Education Program (IEP), Individualized Family Service Plan, or Section 504 plan required by federal, state, and local policy contain information from the IHP and the IHP location. The Iowa Code, Iowa Administrative Code, School Nursing: Scope and Standards of Practice, and Code of Ethics govern this process.3,4,7,8 Discussion of the nursing process IHP components and a sample format follows.

Assessment
Assessment is the collection and evaluation of pertinent information that serves as the basis for development of the IHP and establishes the baseline for measurement. Sources of information include, but are not limited to interviews with the student, family, and staff; student health record review, medical records; health history; consultation with other healthcare providers, and nursing observations. To determine the appropriate nursing diagnoses, the registered school nurse gathers, analyzes, and interprets the information using professional knowledge and expertise to indicate how the student’s health status affects academic achievement, participation, and attendance.

Nursing Diagnosis
Nursing diagnosis is a method of organizing and summarizing assessment data to define the student’s health needs and establish the plan of care. A complete nursing diagnosis is composed of at least a diagnostic label and related factors.6 It provides the basis for the selection of nursing interventions to achieve outcomes for which the registered nurse is accountable.

Outcome/Goals
Outcomes are statements of what the student is expected to do, experience, or learn13 as a result of implementing the IHP. Key outcome/goals center on indicators attendance, participation in general education, and academic achievement. Goals are content and time specific, measurable, realistic, and achievable. Outcome/goals direct school health care interventions. It is important to prioritize outcome/goals according to the level of urgency and the value to the student and family.13

Planning and Implementation
Planning and implementation of interventions detail the delivery of health services to achieve the desired student outcome/goals.2 During this process, the nurse considers the educational implications and selects nursing interventions that support the student’s psychological, behavioral, safety, family, and health system functioning. Components of the documented intervention statements include the therapeutic actions, designated qualified personnel completing the intervention, and intervention time, duration, and frequency.

The written emergency health plan for a student with a life threatening condition is either directly in the intervention portion of the IHP or in a separate document referenced in the IHP.

Evaluation
Evaluation is the ongoing systematic analysis of the student’s response to the IHP interventions. Evaluation is in collaboration with the student, family, and school team. The basis of decisions about plan modifications, additions, or deletions is on the data collected during the evaluation. Review of the student’s current health status and progress toward meeting the identified outcome/goals requires communication at regular intervals and at least annually.

Summary of Interpretive Statement
The written IHP documents the student’s needs for school health services, the steps of the nursing process, and the student outcome/goals to promote student health, prevent disease, and enhance school academic achievement, participation, and attendance.7 References and sample IHP form follow.

References


Example Individual Health Plan Form

Student Name: Birthdate: School:
Effective Date: Physician: School Nurse Signature:
Assessment:

Nursing Diagnosis(es):

Outcome/Goals: (Indicators include improve attendance, academic achievement, and participation)

Planning and Implementation (Interventions):

Evaluation: (Review dates, accomplished, comments)

Date copy to parent: Date reviewed by education team: 
Date copy to physician (optional): Physician order attached (when applicable):

Progress documentation: (Date and observations)