

Mumford ISD

Diabetes Individualized Healthcare Plan

Date: _____ Revised Date: _____ Campus: _____ Grade: _____
 Student Name: _____ Student ID: _____ DOB: _____
 Physician Name: _____ Phone: _____ Fax: _____
 Emergency Contact: _____ Phone: _____ Email: _____
 Diagnosis: _____ Allergies: _____
 Campus Nurse: _____ UAP: _____

Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes	Goals Attained Evaluation
<p>Risk for unstable glucose levels Risk factors-deficient knowledge of diabetes management; dietary intake; inadequate blood glucose monitoring; physical activity level</p>	<p>The student will increase his/her knowledge about Diabetes and skills in Diabetes self-management, including the importance of adherence to the Diabetes Action Plan and Individualized Healthcare Plan to avoid Diabetic episodes and possible long-term harm to body</p> <p>The student will increase his/her ability to identify and manage signs/symptoms of hyperglycemia and hypoglycemia</p>	<p>Monitor for signs and symptoms of hypoglycemia and hyperglycemia</p> <p>Monitor blood glucose levels 3 times a day and/or as needed</p>	<p>Demonstrate how to accurately test blood glucose using glucometer</p> <p>Demonstrate how to properly use/troubleshoot CGM and report glucose reading</p> <p>Identify self-care actions to take to maintain target blood glucose levels</p> <p>Identify self-care actions to take if blood glucose level is too low or too high</p> <p>Demonstrate correct administration of prescribed medication</p>	<p>Not Attained: _____</p> <p>In Process: _____</p> <p>Goal Attained: _____</p>
<p>Noncompliance Risk factors-disturbed body image, ineffective self-health management</p>		<p>Help student identify and modify barriers to effective self-management</p> <p>Help the student self-manage his/her own health through teaching about strategies for changing habits such as overeating, sedentary lifestyle, and smoking</p>	<p>Student will demonstrate adaptation to changes in physical appearance or body function as evidenced by adjustment to lifestyle change</p> <p>Demonstrate social involvement rather than avoidance and utilize adaptive coping and/or social skills</p>	

Parent/Guardian Statement: I/We have read this plan and agree to its implementation: _____
Parent/Guardian signature Date