



**School nurses are open to strategies that will maximize their time and energy, while those tasks that take away from student contact are usually perceived as intrusive and unwelcome. Is this what comes to mind as you read articles on Individualized Healthcare Plans (IHPs)?**

**Most of us first heard of the Nursing Care Plan in nursing school. Do you remember what a Nursing Care Plan entailed? Hours and hours of work and study as you prepared it for the scrutiny of your instructor. It's understandable that nurses might emit a collective groan at the thought of the IHP – a Nursing Care Plan in a school setting. A great deal has changed since then.**

# The Individualized Healthcare Plan – The IHP TOOL or TOIL?

By Linda Dychkowski, RN, SNT, NCSN

**T**oday, as a school nurse, you are no longer being graded; you are now an expert in your profession; you have information to contribute that is based on knowledge and experience; and you now have students, staff and families who count on your nursing input and assessment. And unlike the Nursing Care Plan of nursing school days, the IHP is a user-friendly process to assist you. Let's see how the "toil" associated with the IHP can become a "tool" that will work for you ... and perhaps, even save you time in the process!

## Writing the IHP

School nurses create plans of care for their students in a variety of ways. They may be verbal or written. Verbal plans are articulated and communicated orally to students, parents and school staff. Written plans may be formal or informal, from simple notes to elaborate and formalized documents. This process of formulating a nursing care plan, whatever the format, is not new to school nurses; it is the foundation of nursing care delivery. Nursing care plans for school settings, however, are called Individualized Healthcare Plans and are specialized in nature. The purpose of the care plan is to identify and address student healthcare needs; they define and set priorities for the goals school nurses have envisioned for their students. Nursing care plans also document, communicate and evaluate nursing care.

The focus of the care plan is the student's healthcare needs, plus goals that the nurse and student have identified (see sample Individualized Healthcare Plans). The plan of care lists the plans (strategies) and the methods of evaluation to determine the accomplishment of the stated objectives. Realistically, the school nurse does not need to write a nursing care plan for every student. The IHP is for students with special needs and/or those who need daily nursing care (NASN, 1998) (whether it be physical, emotional, psychological or social). Those who have a nursing care plan today may not need one in the future (as healthcare and wellness issues are minimized or resolved), and vice versa. Of course, those students with complex and chronic health conditions will need yearly nursing care plans that are evaluated on an ongoing basis.

Starting with a format for the IHP that best suits you (you might create a template on your computer that lists the components of the IHP), begin the process by determining which students will need a formal plan of care. Identify what your nursing assessment has determined to be the problem or problems; this is the *nursing diagnosis*. The next step is to create *goals* for the student that will minimize or eliminate the problem. How this will be accomplished is the next part of the IHP — the *implementation*. And in order to measure the effectiveness and success of the nursing care plan, an *evaluation* strategy must be included. The overall IHP must be a

## INDIVIDUALIZED HEALTHCARE PLANS (IHPs)

Although each of these students may have other healthcare concerns, the school nurse must attend first to those that are most pressing. The advantage of the evaluation process is that other issues can be addressed as prior concerns have been minimized or resolved.

### Example 1

**Student Name:** Michael

**Grade:** 6

**Condition:** Tourette's Syndrome

#### **Problem:**

Student concerned about his perception by classmates.

#### **Nursing Diagnosis:**

Risk for Situational Poor Self-Esteem (NANDA Nursing Diagnosis, 2001-2002) related to tic activity.

#### **Goal:**

Student will be encouraged to verbalize feelings to school nurse and other support staff.

Student will learn coping strategies.

#### **Implementation:**

School nurse will introduce student and parents to school support staff.

School nurse will develop plans to promote student's strengths and skills.

#### **Evaluation:**

School nurse will regularly speak with student, teacher and parents about student's view of how others perceive his condition and symptoms.

### Example 2

**Student Name:** Bethany

**Grade:** 2

**Condition:** Separation Anxiety

#### **Problem:**

Crying in class for mother and frequent visits to health office.

#### **Nursing Diagnosis:**

Risk for Anxiety (NANDA Nursing Diagnosis, 2001-2002) related to separation from mother.

#### **Goal:**

Student will attend school and remain in class.

#### **Implementation:**

Student and nurse will develop a contract to modify behavior. School nurse will be in touch with parent and teacher to share components of contract.

School nurse will be consistent and firm when student breaks contract agreement.

School nurse will consult with school social worker and psychologist as needed for possible intervention if contract is not working.

#### **Evaluation:**

School nurse will monitor frequency of health office visits.

School nurse will seek teacher's input about crying episodes in classroom.

School nurse will speak with parent to ascertain student's feelings about attending school.

collaboration of all involved in the student's well-being — student, staff, parents and primary health care provider.

## Nursing Diagnosis: An Overview

Selection of a nursing diagnosis leads to the creation of an IHP, and writing the IHP leads to the identification of problems and issues that are components of the nursing diagnosis. The nursing diagnosis and the IHP go hand-in-hand. Nursing diagnoses *explain how the patient is dealing with a medical diagnosis — the patient's response*. For example, a student with a medical diagnosis of exercise-induced asthma (EIA) might have as nursing diagnoses *Risk for Ineffective Breathing Pattern; Non-Compliance; and/or Potential for Activity Intolerance* (NANDA, 2001-2002). The latter reflects this client's response to his diagnosis of EIA.

The term *nursing diagnosis* was coined in the 1950s. In the 1970s, the North American Nursing Diagnosis Association (NANDA) began to develop a nursing diagnosis system that would define nursing practice. *Nursing diagnosis* is defined as "... a clinical judgment about an individual, family or community response to a health problem or life process. Nursing diagnosis provides direction for interventions to achieve outcomes for which the nurse is accountable" (Nursing Diagnosis, 1994). NANDA

was endorsed by the American Nurses' Association (ANA) in 1989 as the official nursing diagnosis classification system. The National Association of School Nurses (NASN), in 1994, also issued a statement of support for use of nursing diagnoses by school nurses in their practice (Hootman, 1996). In addition to the NANDA classification system, there are other classification systems: Nursing Interventions Classification (NIC), "a vocabulary of treatments that nurses perform in all settings and specialties" (NASN, 2001), and Nursing Outcomes Classifications (NOC), a vocabulary of patient status as a result of nursing interventions.

Arriving at a nursing diagnosis is achieved by following ANA's Standards of Clinical Practice, using the acronym "SOAPIE": The first three letters (SOA) are used to formulate the nursing diagnosis, and the last three are used to create the IHP (Hootman & Carpenito, 1996): S – Subjective Data, O – Objective Data, A – Assessment; P – Planning, I – Intervention, E – Evaluation.

When determining a nursing diagnosis, there are no "right" or "wrong" answers. A nurse may choose one diagnosis over another, and it might not be what another nurse would choose. Each nurse will choose a nursing diagnosis for a particular patient/client that is influenced by such variables as the nurse's perspective, background, expertise and personal values (Carpenito, 1995).

*Example 3*

**Student Name:** Scott

**Grade:** 9

**Condition:** Fractured right ulna and radius

**Problem:**

Full Arm Cast

**Nursing Diagnosis:**

Impaired Physical Mobility (NANDA Nursing Diagnosis, 2001-2002) related to full arm cast.

**Goal:**

Student will be able to access school environment safely.

**Implementation:**

Student will change classes earlier than classmates.  
Student will have a friend accompany him when not in class.  
Student will practice safety techniques in hallways, staircases, on the school bus and in the cafeteria.  
Classmates will be reminded that Scott is not to be pushed or shoved.

**Evaluation:**

Student will demonstrate the understanding and ability to follow safety procedures.  
School nurse will make spot checks as student changes classes, or enters the cafeteria and the school bus, to observe behavior of student and classmates.

An alphabetized list of NANDA's Nursing Concepts (the root of each diagnosis) assists in determining what heading would be best for a particular diagnosis. For example, if the school nurse has identified that a student is having difficulty coping with a family situation, the "root" (NANDA, 2001-2002) concept would be found under "C" for "coping" — *Compromised Family Coping*; under the category of "Coping," some other nursing concepts that will be listed include: *Ineffective Coping*, *Ineffective Community Coping*, *Defensive Coping*, and *Disabled Family Coping* (NANDA, 2001-2002). NANDA also includes several types of nursing diagnoses (*Actual*, *Risk*, *Possible*, *Wellness*, *Syndrome*, and *Collaborative*) and descriptors (i.e., *Ability*, *Delayed*, *Excessive*, *Increased*, etc.) that further define a selected nursing diagnosis. Nursing diagnoses will often change and/or be modified along with the client's needs and health status.

Nursing language, as compared to medical language and diagnoses, is in its early stages (Hootman & Carpenito, 1996). This is an ideal time for nurses in *all* disciplines to be part of an exciting process. Using our own language has numerous advantages: it is a tool that helps nurses enhance communication; it also facilitates improved documentation; it provides a check system for professional standards; and it contributes to data collection, which in

## INDIVIDUALIZED HEALTHCARE PLAN (IHP) CHECKLIST

- ✓ Keep the IHP simple. It does not have to be elaborate to be effective.
- ✓ Choose a format that works for you. The form that leads to the process should be easy to use.
- ✓ Keep the IHP handy. If tucked away in student records, in our desk drawers, or scattered among the papers on our desks, then the IHP is not working for us or for our students. Alphabetize and keep on a clipboard near your daily log (put copies in each student's health record).
- ✓ Review and modify the IHP on a regular basis. Date and initial each time it is reviewed.
- ✓ Review the IHP with the student before evaluation is done.
- ✓ Share with staff on a 'need to know' basis, especially the classroom teacher, substitute school nurses, and at times, support staff.
- ✓ Learn to use the Nursing Diagnosis Classification System.

NANDA, Nursing Diagnosis: Definitions and Classifications (2001-2002).

turn provides concrete validation for nursing interventions, outcomes and reimbursement. Considering the benefits to patient and nurse as well as the complexities associated with the practice of school nursing, this is one tool that school nurses should not let sit idle and unused!

## Conclusion

Anticipating a student's problem ("nipping it in the bud") is a skill that school nurses practice every day. Nursing diagnosis and the IHP are processes to document and validate these skills. They provide an accounting for the school nurse's own personal and professional standards. The expertise and interventions of school nurses, with all their effect on student success, have for too long gone unrecognized, perhaps because that effect is often not measurable. The good news is that today we have measurement tools to define, evaluate, and validate the school nurse's role — Nursing Diagnosis and the IHP, which can eventually be used to collect important data. For the profession of nursing, data collection can lead to inclusion in policy decision-making, reimbursement systems, and validation of contributions to patient/client outcomes.

You may be asking how this process will save time in your practice. Well, let's consider Michael's case (example 1 in sample IHPs). Without a plan that addresses his difficulties coping with his condition and how others view him, especially following tic activity, the school nurse will be spending a great deal of time with his negative response to his problems. These will probably include frequent visits to the health office, non-compliance with daily medication that will necessitate finding him during the school day, and frequent calls to his teacher and parents, and perhaps even acts of aggression toward classmates. And what about Bethany (example 2)? Will her care plan save the school nurse some time? Consider the ramifications if a plan did not exist. This student's separation anxiety would most likely escalate into increased health office visits, absenteeism, teacher and parent frustration — all of which will result in the

# Tool or Toil

school nurse's intervention ... and time. In Scott's case (example 3), the justification for an IHP is obvious — full arm cast. One fall in school can result in further injury, meetings with parents, and, perhaps, legal implications — all time consuming. The IHP helps ensure that student safety and well-being are being addressed and monitored.

If you are already using the IHP on a regular basis, then you know its value. If you have not tried it or been as faithful to the process as you would like, today is a good time to start! Nursing care plans are tools of our trade that should be periodically sharpened for optimal performance. That can only be accomplished by practice, which entails trial and error (see Checklist). As you begin to write Individualized Care Plans regularly, you may find that they are tools that are readily available to work for you and for your students, not needless toil.

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*Editor's Note:* Although the language of this nursing diagnosis classification system may be new and unfamiliar to some school nurse, once it is learned and practiced, it can easily be incorporated into our routine. NANDA's *Nursing Diagnoses: Definitions and Classification 2001-2002* is the place to start learning the language of nursing diagnosis. Membership in the North American Nursing Diagnosis Association is another option for those who would like more information about nursing diagnoses. Visit their Web site at: [www.nanda.org](http://www.nanda.org) or call (800) 647-9002,

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