

Individualized Health Care Plan – sample document

An Individualized Health Care Plan (IHP) is intended to benefit students whose healthcare needs affect or have the potential to affect safe and optimal school attendance and academic performance. An IHP is developed by the school nurse in collaboration with the student, family, educators/school staff, and healthcare providers.

*Below is an example of an IHP for a student with celiac disease.
Consult with your child's school nurse about setting up an IHP for your child.*

INDIVIDUALIZED HEALTH CARE PLAN

_____ Elementary School

Condition: **Celiac Disease**

Student: _____

Grade: _____ Teacher: _____

CONDITION:

Celiac disease is an autoimmune disorder triggered by consuming a protein called gluten, which is found in wheat, barley, rye, and all forms and derivatives of these grains. In addition, oats are generally contaminated with gluten and must be avoided unless they are certified gluten-free. When a person with celiac disease eats gluten, the protein interferes with the absorption of nutrients from food by damaging cells in the lining of the small intestine called villi. Damaged villi make it nearly impossible for the body to absorb nutrients into the bloodstream, leading to malnourishment and a host of other problems.

The treatment for celiac disease is a life-long gluten-free diet. There are no medications or surgeries that can cure the autoimmune disease. Eating any amount of gluten, no matter how tiny it is, can cause damage to the villi of the small intestine and prevent patients from absorbing nutrients into the bloodstream.

ACCIDENTAL EXPOSURE:

There is no medicine or remedy for accidentally ingesting gluten. It can take days for the healing to occur in the intestines even from small, accidental gluten exposure.

PROVISIONS FOR SCHOOL:

1. No food is to be given to _____ unless it has been sent in by her/his parents. Mr./Ms. _____ will provide a container of gluten-free snacks for classroom celebrations. _____ may sit at the regular table.
2. Teachers/staff must wash their hands before handling _____'s food to avoid cross-contamination.
3. _____ must have unrestricted use of the bathroom. There will be no limits on frequency or duration of use.
4. Teachers will notify _____'s parents of any projects where students will be using products containing gluten. *For example _____ **may NOT use play dough**, since it contains wheat, but model magic may be used.*
5. Please have PTO class parents advise Mr./Ms. _____ of the class party menu in advance so she can "match" items with gluten- free foods.
6. _____ must be provided access for hand washing before eating.
7. He/she must also be provided access for immediate hand washing after accidental contact with products that contain gluten.
8. _____'s parents will be asked to send in a 3- day emergency supply of non-perishable gluten-free foods in case of a school shelter in place or evacuation.
9. **NOTIFY NURSE IMMEDIATELY IF _____ HAS EATEN GLUTEN OR HAS ANY SYMPTOMS OR DISCOMFORT. THE NURSE WILL NOTIFY HIS/HER PARENTS.**

COMMON SYMPTOMS OF CELIAC DISEASE THAT MAY BE SEEN AT SCHOOL:

Diarrhea	Bloating , cramps, or gas
Irritability	Difficulty concentrating
Fatigue	Lack of interest
Changes in behavior	

EMERGENCY CONTACTS:

Mother	Father
Home:	Home
Cell	Cell:
Work	Work:

This document will be shared with the classroom teacher, special area teachers, the substitute teacher, the principal, and office staff.