

**SUMTER COUNTY SCHOOLS
INDIVIDUALIZED HEALTH CARE PLAN ADD/ADHD**

Date Initiated: _____
 Date Reviewed: _____
 Date Reviewed: _____
 Date Discontinued: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____
 Parent/Guardian: _____ Contact #'s: Home _____ Cell _____ Work _____
 Home _____ Cell _____ Work _____
 Other Emergency Contacts: _____ Contact #'s: _____
 _____ Contact #'s: _____
 Health Care Provider: _____ Contact #: _____ Phone _____ Fax _____

History of Severe Allergies: Yes No **ESE:** Yes No **IEP:** Yes No **504:** Yes No

Medical Diagnosis: _____ Allergies: _____ Medications at Home: _____ at School: _____
 Parent Signature: _____ Date _____ Nurse Signature _____ Date _____
 Preferred Hospital: _____

Description: ADHD is a neurobehavioral disorder characterized by pervasive inattention and/or hyperactivity-impulsivity and resulting in significant functional impairment.

Nursing Diagnosis	Goals	Nursing Interventions	Outcomes/ Evaluation
1. ___ Impaired social interaction related to impulsivity and altered thought processes	1. ___ Student will demonstrate appropriate and positive behavior within the educational setting. or progress in	1. ___ Administer medication, if authorized, at school 2. ___ Assist student to identify behaviors that disrupt the classroom. 3. ___ Provide support, as needed 4. ___ Nursing interventions specific to student	Student will have decreased number of negative behaviors. Student will demonstrate positive interactions with peers and staff.

<p>2. Potential need for medication for management of ADD and/or ADHD</p>	<p>1. Student will cooperate with medical treatment plan during the school day.</p> <p>2. Identify trained staff who will assist with medication administration.</p>	<p>1. Student will come to the school clinic for supervised administration of the following medication(s) as prescribed:</p> <table border="1" data-bbox="252 600 491 1274"> <thead> <tr> <th>Medication</th> <th>Dose</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>7. Document name of trained staff</p> <table border="1" data-bbox="563 566 815 1274"> <thead> <tr> <th>Personnel</th> <th>Date:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>Aide</td><td>_____</td></tr> <tr><td>Aide</td><td>_____</td></tr> <tr><td>Aide</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td></tr> </tbody> </table>	Medication	Dose	Time	_____	_____	_____	_____	_____	_____	_____	_____	_____	Personnel	Date:	_____	_____	_____	_____	_____	_____	Aide	_____	Aide	_____	Aide	_____	Other	_____	<p>Student will take medication without argument and adhere to medication schedule.</p> <p>Student will identify trained staff who assist with medication administration.</p>
Medication	Dose	Time																													
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Other	_____																														
<p>3. Risk for non-compliance with treatment regimen related to:</p> <ul style="list-style-type: none"> knowledge deficit about ADD/ADHD perceived ineffectiveness of medication 	<p>1. Student will learn the importance of medication compliance to maintain optimum health.</p> <p>2. Student will have needed ADD/ADHD medication available and easily accessible.</p>	<p>1. Student will be notified to come to health office for medication if student does not report within _____ minutes of scheduled time.</p> <p>1. Parent/guardian will maintain an adequate supply of medication at school.</p> <p>2. Parent/guardian will be notified when medication needs to be replenished.</p>	<p>Student will come to health office, on time, for medication, if ordered needed</p>																												

4. ___ Risk for injury R/T impulsivity, and risk-taking behavior.	1. ___ Student will have minimal visit to health office due to injury.	1. ___ Maintain records/log of injuries and treatment. 2. ___ Encourage student to express feelings R/T behavior.	Student will decrease number of visits to the health office for injuries.
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- Obtained via telephone interview with parent School Year _____
- Obtained via telephone interview with parent School Year _____
- Obtained via telephone interview with parent School Year _____

* As parent/guardian by signing this Health Plan, I authorize designated Sumter County School District personnel, Sumter County Health Department School Health personnel, and any other contracted health care agencies to provide emergency care for my child and/or to share or exchange medical information as necessary to support the education and continuity of care of my child. I also give permission for the Sumter County Schools to share this information with faculty/staff who are directly involved in my child's education.

- *Note:**
1. Significant changes to the health plan of care requires a new Individual Health Care Plan (IHP) be completed.
 2. At the beginning of the 4th school year based on the initial date of this plan a new IHP will be written.