CTECS CONNECTICUT TECHNICAL EDUCATION AND CAREER SYSTEM

Nursing Individualized Health Care Plan (IHCP)

Problem: Pregnancy

EDC

Name: **DOB:** **Grade:** **Trade/Technology:** **Plan Effective Dates:** **to**

Date	Functional Health Concern or Nursing Diagnosis	Student Objectives	Interventions	Evaluation/Outcome
	1)Knowledge Deficit r/t possible or early confirmed pregnancy	**The student will**: ☐ Verbalize understanding of healthy life style choices during early prenatal period ☐ Obtain medical confirmation of pregnancy ☐ Identify trusted adult for support i.e.: parents, relatives, counselor, family friend etc. ☐ Demonstrate knowledge of signs of possible pregnancy complication	**Unconfirmed or Early Pregnancy:** **The School Nurse will:** ☐ Provide student with privacy to verbalize concerns ☐ Promote healthy lifestyle choices: adequate hydration, nutritious diet to meet prenatal demands, seat belt use, and avoidance of tobacco products, alcohol, illicit drugs and contact sports. ☐ Advise to consult health care provider about current prescription medication and before use of any OTC products ☐ Assist student to locate/schedule appointment with health provider for pregnancy confirmation. ☐ Obtain consent for exchange of information with health care providers ☐ Assess/promote parental involvement and support or help student to identify other trusted adult ☐ *Obtain* student's consent to speak with parent/guardian regarding possible/confirmed pregnancy. **The School Nurse will**: offer referral and encourage contact with	☐ **The student** has obtained medical evaluation Date met: Initials: ☐ The student has initiated follow-up care. Date met: Initials: ☐ **The student** has enlisted the support of parents or other adult. Date met: Initials:

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			☐ School Counselor ☐ School Social Worker ☐ School Psychologist ☐ YPP ☐ SBHC ☐ Other ☐ Review signs of possible pregnancy complications such as bleeding, unusual discharge, cramping or abdominal pain, and advise to contact school nurse or health care provider immediately.	
	2)	The student will:	**The School Nurse will:** **The Student will:** ☐ ☐	☐ Date: Initials:

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			☐	
	2)	The student will: ☐	**The School Nurse will:** ☐ ☐ ☐ **The Student will:** ☐ ☐ ☐	☐ Date: Initials:

Care plan reviewed with ☐ student, ☐ parent (name) : by RN, School Nurse