**Pregnancy Individual Healthcare Plan**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student I.D. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Diagnosis/Health Concern/Medications**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pregnancy Due Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Nursing Diagnosis** | **Nursing Intervention** | **Outcome/Completion Date:** |
| Decreased Fetal Movement (After 20 weeks gestation) | Have student rest in cot room, lying on left side if possible. Give student a snack (i.e. Juice). Have student count fetal kick counts, if not > 4 in one hour (at 28 or more weeks’ gestation), contact physician. Provide kick count information sheet. (March of Dimes Resource) Contact parent if appropriate. |  |
| Spotting | Provide support and proper supplies for hygiene. Discuss possible reasons for spotting. Ask about fetal movement. Contact physician. Contact parent if appropriate. Ask about:   * intercourse- may cause spotting * cervical exam/vaginal exam-may cause spotting |  |
| Contractions | Ask student about sleeping and eating patterns. Give student fluids. Student should be drinking one eight-ounce glass of fluid per hour awake. If contractions continue after hydration:   * If student is having >6 contractions per hour and is less than 39 weeks, student needs to consult her physician. * Contractions every 5 minutes for at least one hour, and is more than 39 weeks, student needs to be sent to the hospital * Contractions that change the cervix are 1-2 minutes apart and last 50-60 seconds consistently for an hour or more. |  |
| Pain | Assess student’s pain level and location. Contact physician if necessary. Student may have Tylenol, if prescription is on file at school, parent/student has signed medication administration record. If pain persists after rest and Tylenol, contact physician. |  |
| Nausea/Vomiting | Allow student to rest. Student may have a snack. Encourage hydration. If decreased urination, and/or inability to keep fluids down, student needs to be evaluated by a physician. |  |
| Headache | Allow student to rest. Student may have Tylenol, if the prescription is on file at school; parent/student has provided the medication and the parent/student has signed medication administration record. Check student’s blood pressure. If systolic > 140 or diastolic > 90, contact the physician. Assess for any visual changes and epigastric pain. |  |
| Spontaneous Rupture of Membranes | Student needs to be seen by physician. Apply peri-pad |  |
| Risk for Knowledge Deficit | Discuss pregnancy and needs with student and parent. Identify knowledge deficits and provide information on topics for family. |  |
| Risk for Dental Decay | Dental Exam at least once during pregnancy. Encourage calcium intake. |  |
| Lack of Resources/Support | If parents are unaware of pregnancy, aid student in telling parents and/or coming up with a plan to tell them. Provide emotional support for student, as needed. Assist student and family in finding resources. Aid student and family in developing realistic goals. |  |

**Goals:**

* **Student will maintain adequate hydration while at school.**
* **Student will have minimal absences.**
* **Student will have increased knowledge on pregnancy.**

Plan written and submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed and signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Signature)

The health care plan should be revised according to a student’s specific needs. Next review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I permit the school nurse to share this information with the school staff, as deemed appropriate by the school nurse, to provide for my child’s health and safety.

Reviewed and signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian)