

INDIVIDUALIZED HEALTHCARE PLAN – 5-2-1-0 Healthy Lifestyle

Date Initiated: _____

Student's Name: _____ DOB: _____ School: _____ Grade: _____

ESE: Yes No MEDICAL DIAGNOSIS: _____ Healthcare Provider: _____

Parent/Guardian Name: _____

RN Name _____

Medications: _____ Allergies _____

NURSING DX	PLAN AND GOALS	INTERVENTIONS	EVALUATION/OUTCOME	DATE	INITIAL
Nutrition: More than Body Requirements, Imbalanced	Student will decrease/maintain weight with good health habits.	<p>Speak with parent/guardian (elementary/middle) or student with parent permission (middle/high school)</p> <ul style="list-style-type: none"> • Deliver 5-2-1-0 message • Ask parent/student if they would like to work on a 5-2-1-0 Goal <p><i>If "yes"...</i></p> <ul style="list-style-type: none"> • Use Healthy Weight Survey for School Nurses to gather information about lifestyle habits. • Assess potential barriers to progress and readiness for change. • Make recommendation for a 5-2-1-0 Goal. • Send 5210 Resource Packet home to student/family. This may include: (1),5-2-1-0 Booklet (2),5-2-1-0 Tracking Form (Return to School Nurse recommended but not required) (3),5-2-1-0 Magnet (4).Other handouts as determined by the School Nurse. <p><i>If "no"...</i></p> <ul style="list-style-type: none"> • Or if unable to talk with parent/guardian after three attempts, then categorize student as Incomplete. 			