

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. 			

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

Date Initiated: _____

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

NURSING DX	PLAN AND GOALS	INTERVENTIONS	EVALUATION/OUTCOME	DATE	INITIAL
	<p>Student will improve his/her outcome rating from ____ to ____ by the end of the school year. If at level 5, will maintain this outcome rating.</p>	<p><u>Nutrition</u></p> <p><u>Goal 5- Eat at least 5 servings of fruits and vegetables on most days</u></p> <p>Discuss/teach how to incorporate 5 servings of fruits and vegetables on most days using 5-2-1-0 Healthy Lifestyle Goal Worksheet and Make 5-2-1-0 Your Goal Every Day booklet.</p> <p><u>Goal 0-No soda, sugar sweetened drinks and whole milk</u></p> <p>Discuss/teach how to delete soda, sugar sweetened drinks and whole milk from diet using 5-2-1-0 Health Lifestyle Goal Worksheet and Make 5-2-1-0 Your Goal Every Day booklet.</p> <p>Nutritional Counseling (NIC 5246)</p> <ul style="list-style-type: none"> Determine student's eating habits. Food likes and dislikes. Identify food stimuli and eating environment. Determine student's/parent's knowledge of Choose My Plate and basic food groups. Review school menu. Discuss healthy food choices in school cafeteria. Teach how to maintain food diary/tracking form. Teach caloric value/energy expenditure relationship. 	<p><u>Nutrition</u></p> <p>Weight Loss Behavior (NOC 1627)</p> <p>Obtains information on nutrition and physical activity, weight loss strategies, from health professional (NOC 162701)</p> <ol style="list-style-type: none"> Never demonstrated Rarely demonstrated Sometimes demonstrated Often demonstrated Consistently demonstrated <p>Selects nutritious food and fluid (NOC 162704)</p> <ol style="list-style-type: none"> Never demonstrated Rarely demonstrated Sometimes demonstrated Often demonstrated Consistently demonstrated <p>Plans for situations that affect food and fluid intake (NOC 162711)</p> <ol style="list-style-type: none"> Never demonstrated Rarely demonstrated Sometimes demonstrated Often demonstrated Consistently demonstrated <p>Uses diary/tracking form to monitor food and fluid intake (NOC 162724)</p> <ol style="list-style-type: none"> Never demonstrated Rarely demonstrated Sometimes demonstrated Often demonstrated Consistently demonstrated 		

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

Date Initiated: _____

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

NURSING DX	PLAN AND GOALS	INTERVENTIONS	EVALUATION/OUTCOME	DATE	INITIAL
	<p>Student will improve his/her outcome rating from ____ to ____ by the end of the school year. If at level 5, will maintain this outcome rating.</p>	<p><u>Physical Activity</u></p> <p><u>Goal 2- Reduce screen time to 2 hours or less every day</u></p> <p>Discuss/teach ways to decrease screen time to 2 hours or less every day using the Healthy Lifestyle Goal Worksheet and Make 5-2-1-0 Your Goal Every Day booklet.</p> <p><u>Goal 1- Participate in at least 1 hour or more of physical activity every day</u></p> <p>Discuss/teach ways to incorporate at least 1 hour or more of physical activity every day using the Healthy Lifestyle Goal Worksheet and Make 5-2-1-0 Your Goal Every Day booklet.</p> <p>Exercise Promotion (NIC 0200)</p> <ul style="list-style-type: none"> • Explore student's prior exercise /physical activity experiences • Explore barriers to physical activity • Help student to schedule regular times for physical activity in weekly routine. • Monitor adherence to physical activity plan 	<p><u>Physical Activity</u></p> <p>Establishes an exercise routine (NOC 162706)</p> <ol style="list-style-type: none"> 1- Never demonstrated 2- Rarely demonstrated 3- Sometimes demonstrated 4- Often demonstrated 5- Consistently demonstrated <p>Uses diary/tracking form to monitor exercise (NOC 162725)</p> <ol style="list-style-type: none"> 1- Never demonstrated 2- Rarely demonstrated 3- Sometimes demonstrated 4- Often demonstrated 5 - Consistently demonstrated <p>Uses diary/tracking form to monitor screen time</p> <ol style="list-style-type: none"> 1- Never demonstrated 2- Rarely demonstrated 3-Sometimes demonstrated 4- Often demonstrated 5- Consistently demonstrated 		

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

Date Initiated: _____

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

NURSING DX	PLAN AND GOALS	INTERVENTIONS	EVALUATION/OUTCOME	DATE	INITIAL
	<p>Student's BMI will be in healthy range. Student will improve his/her outcome rating from ____ to ____ by the end of the school year. If at level 5, will maintain this outcome rating.</p>	<p>Weight Management (NIC 1260)</p> <ul style="list-style-type: none"> • Weigh student with parental permission. Frequency to be determined by parent and School Nurse <p>If 5-2-1-0 Goal(s) <u>achieved</u>...</p> <ul style="list-style-type: none"> • Ask about interest in pursuing another 5-2-1-0 Goal • Provide student with 5-2-1-0 Certificate <p>If 5-2-1-0 Goal(s) <u>not achieved</u>...</p> <ul style="list-style-type: none"> • Continue supporting 5-2-1-0 Goal with resources and encouragement. 	<p>Weight Management Monitors body weight (NOC 162722)</p> <ol style="list-style-type: none"> 1- Never demonstrated 2- Rarely demonstrated 3- Sometimes demonstrated 4- Often demonstrated 5- Consistently demonstrated <p>Monitors body mass index (NOC 162723)</p> <ol style="list-style-type: none"> 1- Never demonstrated 2- Rarely demonstrated 3- Sometimes demonstrated 4- Often demonstrated 5- Consistently demonstrated <p>Maintains progress toward target weight (NOC 162726)</p> <ol style="list-style-type: none"> 1- Never demonstrated 2- Rarely demonstrated 3- Sometimes demonstrated 4- Often demonstrated 5- Consistently demonstrated 		

Copy in Health folder **Copy in Cumulative Record**