WEIGHT MANAGEMENT SCHOOL CARE PLAN **Name of School:** _____

Student Name: _____	Care Plan Initiated by:_____ Date:_____
DOB: _____ Age:_____ Gender: M F	Care Plan Reviewed/Updated:_____ Initial:_____
Parent's Name:_____ Phone #:_____	Care Plan Reviewed/Updated:_____ Initial:_____
Parent's Email:_____	Care Plan Reviewed/Updated:_____ Initial:_____
Student's Dr:_____ Phone #:_____	Care Plan Reviewed/Updated:_____ Initial:_____

Permission obtained from parent to send copy of Weight Management Care Plan to student's Dr: ☐ NO ☐ YES – Copy sent to Dr as of: _____
[DATE]

Date: _____	WT _____	HT _____	Waist Circ _____	BMI _____	P _____	R _____	BP _____
Date: _____	WT _____	HT _____	Waist Circ _____	BMI _____	P _____	R _____	BP _____
Date: _____	WT _____	HT _____	Waist Circ _____	BMI _____	P _____	R _____	BP _____
Date: _____	WT _____	HT _____	Waist Circ _____	BMI _____	P _____	R _____	BP _____

Health Issues

- ☐ Hypertension
- ☐ Dislipidemia
- ☐ Elevated Liver Enzymes
- ☐ Prediabetes
- ☐ Metabolic syndrome
- ☐ Diabetes Type: 1 2
- ☐ Acanthosis Nigricans
- ☐ Joint problems and joint pain
- ☐ Asthma
- ☐ Chronic respiratory infections
- ☐ Obstructive sleep apnea
- ☐ Decreased lung capacity
- ☐ Frequent infectious illnesses (Suppressed immune function)
- ☐ Cardiomyopathy
- ☐ Congestive heart failure
- ☐ Gastroesophogeal Reflux Disease
- ☐ Cholelithiasis (gallbladder disease)
- ☐ Food allergies
- ☐ Irritable Bowel Syndrome
- ☐ Low self-esteem
- ☐ Depression
- ☐ Other: _____
- ☐ Other: _____

Medications

1. _____ to treat _____
2. _____ to treat _____
3. _____ to treat _____
4. _____ to treat _____

Check the box in front of the "related to" items that describe and/or pertain to this student. Check the box in front of each student goal that the student choses to work on and document the date when each goal was initiated. Check the box in front of each nursing intervention that you have completed and document the corresponding completion date.

Nutrition, Imbalanced – related to eating patterns:		**Student Goals**	**Nursing Interventions**
1	Inadequate consumption of calcium and/or calcium rich foods [dairy products].	☐ Drink low fat milk or eat a low fat dairy product 3 times per day. ☐ Take a calcium/D3 supplement each day. Date Initiated: _____	
2	Inadequate consumption of fruits and vegetables.	☐ Eat a fruit and/or vegetable at each meal. ☐ Eat 5 servings of fruit/veggies per day. Date Initiated: _____	
3	Skips breakfast	☐ Eat healthy breakfast every day Date Initiated: _____	
4	Drinks more than 4 ounces of fruit juice per day.	☐ Limit fruit juice to 4 ounces or less per day. Date Initiated:	
6	Requests second helpings on deserts and starchy foods.	☐ Choose non-starchy vegetables or fruit or lean meat for seconds instead of starchy foods or sweets. Date Initiated: _____	
7	Eats large serving sizes.	☐ Order smallest serving size at restaurant, take smaller servings at home, leave open space on plate instead of filling it full. Date Initiated: _____	
8	Eats home cooked meals with family less than 5 times per week.	☐ Eat home cooked meals with family at least 5 times a week. Date Initiated: _____	
9	Eats at fast-food restaurants more than once a week.	☐ Limit eating fast food to once a week or less. Date Initiated: _____	
10	Eats more in the evening than other times during the day.	☐ Eat the same amount for supper (or less) as you did for lunch. ☐ Limit snacking after school to 1 healthy 100-calorie snack (or less). ☐ If hungry at bedtime, eat a small amount of protein or dairy. Date Initiated: _____	
17	Drinks soda pop or sugary beverages.	☐ Replace soda pop and sugary beverages with sugar-free choices (i.e. water, flavored water, tea). Date Initiated: _____	
18	Eats high fat diet.	☐ AVOID fast foods, fried foods, breaded meat, chips, ice cream, and LIMIT use of butter & margarine, creamy salad dressing, mayonnaise. Date Initiated: _____	
19	Eats junk food (candy, cookies, pastries, etc.).	☐ Replace junk food with healthy snack options (i.e. fruit, nuts, seeds, raw vegetables, mozzarella string cheese, baked corn chips with salsa, 100% whole grain crackers). Date Initiated: _____	

Nutrition, Imbalanced – related to eating behavior:		Student Goals	Nursing Intervention
5	Is a fast eater.	☐ Eat slower. Set fork/spoon down after each bite. Put hands on lap before taking next bite. Date Initiated: _____	
11	Eats large snacks and/or multiple snacks between meals.	☐ IF you feel hungry between meals, drink a glass of water and wait 10 minutes – if you still feel hungry, have a 1 small healthy snack (100 calories or less). ☐ Limited to 1 small healthy snack between each meal. Date Initiated: _____	
12	Eats when bored.	☐ Make a list of things to do when you are bored, besides eat. Keep this list handy and look at it when you get bored and want to eat. ☐ Commit to not eating when you are bored – make a contract with someone you trust. Date Initiated: _____	
13	Eats alone.	☐ Eat snacks and meals at the table with an adult or family member(s). Date Initiated: _____	
14	Gets own snacks (child specific).	☐ Parent to provide type and amount of snacks. Date Initiated: _____	
15	Eats in front of the television.	☐ Turn the television off during snacks and meals. Date Initiated: _____	
16	Sneaks or hides food.	☐ Make a contract with someone you trust, that you agree to stop sneaking and hiding food. Date Initiated: _____	
20	Eats nutrient deficient/calorie dense foods when away from home (i.e. on trips, running errands, visiting friends or extended family).	☐ Pack healthy snacks and drinks when away from home and choose restaurants with healthy food. Date Initiated: _____	
	Eats nutrient deficient/calorie dense foods as a result of food cravings.	☐ Avoid food craving triggers as follows: _____ _____ _____ ☐ Avoid foods he/she craves as follows: _____ _____ ☐ Take actions to minimize food cravings as follows: _____ _____ _____ ☐ Make a food craving distraction action plan. Date Initiated: _____	

Activity Intolerance – related to:		**Student Goals**	**Nursing Intervention**
21	Avoids activities that involve being physically active.	☐ Be physically active minimum of ____ minutes a day and work up to being active 60 minutes per day. ☐ Be physically active minimum of 60 minutes a day. ☐ Make list of different things you can get your body moving. ☐ Make your own personal activity pyramid. Date Initiated: _____	
22	Gets less than 60 minutes of physical activity per day.		
23	Spends more than 2 hours a day in front of screen.	☐ Limit screen time (television, computer, video games) to 2 hours OR LESS per day and find alternative activities (i.e. crafts, projects, games, sports, chores). ☐ Take the television and/or computer out of your bedroom. Date Initiated: _____	
25	Erratic sleep schedule or inadequate amount of sleep.	☐ Have a regular bed time and get 8 to 10 hours of sleep a night. Date Initiated: _____	
Nursing Dx:		**Student Goal:**	**Nursing Intervention**

Ineffective Behavioral Change related to:		Student Goals	Nursing Intervention
	Lack of behavioral change skills and tools	☐ Practice Mighty Messages (positive affirmations) to support health healthy habit goals and/or body acceptance as follows: _____ _____ _____ _____ _____ Date Initiated: _____ ☐ Journal about habit changes they are working on and/or things you appreciate about your body. Date Initiated: _____ ☐ Make Mini Movies (daydreams with a purpose and/or guided imagery) that support habit changes they are working on and/or about what an amazing body you have. Date Initiated: _____	
	Poor body appreciation/acceptance	☐ Wear a bracelet or necklace that serves as a visual reminder to make healthy choices. Date Initiated: _____ ☐ Complete the Body Acceptance – Self-Discovery Exercise Date Initiated: _____ ☐ Talk to a counselor about issues related to poor body appreciation/acceptance. Date Initiated: _____	
	Lack of motivation	☐ Utilize the following positive reinforcements: _____ _____ ☐ Set up the following reward system: _____ _____ ☐ Identify ultimate benefit of healthy changes (i.e. be able to run faster): _____ Date Initiated: _____	
	Lack of support	☐ Make a contract with your parents/guardians clarifying habit changes you are working on and how you would like them to support your efforts. ☐ Get a habit change buddy, then encourage and support each other. ☐ Ask for encouragement from important adults you trust Date Initiated: _____	

Nutrition, Imbalanced – related to knowledge deficit:		Student Goal	Nursing Interventions
	Nutrient/caloric content of foods	☐ [Parent / Student] chose a nutrition education program: ____ BIW Nutrition Pack ____ ChooseMyPlate Other: _____ _____ Date Initiated: _____ ☐ [Parent / Student] learn about a diet that supports health, growth, development and lowers the student's BMI.	
	Nutrient/caloric needs of their body	☐ [Parent / Student] chose a weight management nutrition plan for youth: ____ BIW Nutrition Plan ____ ChooseMyPlate FoodTracker Other: _____ _____ Date Initiated: _____ ☐ [Parent / Student] develop and follow an effective weight management nutrition plan for youth that supports health, growth and development.	

PROGRESS NOTES