

Individualized Health Care Plan for Allergies

IEP	Y	N	504	Y	N	Date	/	/	EAP	Y	N
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Student's Name _____ **DOB** ___/___/___ **Sex** ___ **Teacher** _____ **Grade** _____ **School:** _____
Physician/number: _____ **Parent/number:** _____ **Hx of Asthma:** Yes No
Medical Diagnosis: _____ **Medications** _____ **Diet Type/Restrictions:** _____
Physical Activity/Limitations: _____ **Equipment:** _____ **Allergies:** _____

Nursing Assessment Summary:	Nursing Diagnosis(es)
Severe Allergies to: _____ Previous episodes of anaphylaxis: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Benadryl: _____ <input type="checkbox"/> Epi Pen 0.3 mg <input type="checkbox"/> Epi Pen 0.15 mg <input type="checkbox"/> Auvi-Q 0.3 mg <input type="checkbox"/> Auvi-Q 0.15 mg <input type="checkbox"/> The student should carry and self-administer the epinephrine. If unable to self-administer, a trained adult will administer. <input type="checkbox"/> Trained school staff should administer the epinephrine which will be stored unlocked in the school clinic for easy access. Student specific s/s: <input type="checkbox"/> SOB/Wheezing <input type="checkbox"/> Generalized Swelling/Edema <input type="checkbox"/> Hives/Rash <input type="checkbox"/> Anxiety <input type="checkbox"/> Other _____ <input type="checkbox"/> Reviewed all medications	<ul style="list-style-type: none"> Risk for ineffective breathing r/t bronchospasms and inflammation of the airway Effective therapeutic regimen management r/t ability to seek help from others Anxiety r/t shortness of breath, edema, wheezing, hives

Nurse Signature:	Date:	UAP trained and authorized to provide services:
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Outcomes	Planning	Implementation	Evaluation	Annual Review/Updates
<ul style="list-style-type: none"> Student will be able to tell school staff when his or her symptoms indicate an allergic reaction Staff will be able to recognize s/s of an anaphylactic reaction and treat immediately Student and/or staff will be able to demonstrate the use of an Epi Pen Student and staff will identify allergic reactions and treat immediately 	<ul style="list-style-type: none"> Nurse will schedule a meeting with UAP or student to do EpiPen training and review EAP Nurse will schedule a meeting with teachers and staff to review the EAP 	<ul style="list-style-type: none"> Educate student/staff on triggers, symptoms, Epi Pen, and treatment of the allergy Train staff in accordance to doctors' orders, skills checklist, use of Epi Pen, emergency protocol, and nursing care plan Allow student to express feelings and to relieve anxiety 	<ul style="list-style-type: none"> Student and staff will correctly identify signs and symptoms of allergies, triggers and treatment Student/staff will demonstrate the correct use of EpiPen per skills checklist. Staff will understand the physician authorization form and will demonstrate the 6 rights to medication administration Avoids exposure to allergens at school EAP prepared and adhered to by staff throughout the school year Medications are available and stored per EAP and district policy. 	Signature/Date: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____