

# SEVERE ALLERGIES

Student Name: _____	DOB: _____	School: _____
School Nurse: _____	Date of IHP: _____	School Year: _____
Physician Name: _____	Ph. #: _____	Parent signature : _____

Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When
<p>Potential for severe allergic reaction or life-threatening episode</p>	<p>1. Maintain optimum health and safety necessary for learning</p>	<p>1. Student is allergic to following:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Events which may trigger an allergic response:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Symptoms of student's allergic response:</p> <p><input type="checkbox"/> Respiratory distress</p> <p><input type="checkbox"/> Hives</p> <p><input type="checkbox"/> Swelling (describe) _____</p> <p><input type="checkbox"/> Runny nose/hayfever</p> <p><input type="checkbox"/> Red, itchy, watery eyes</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> ANAPHYLACTIC SHOCK</p> <p><input type="checkbox"/> Classroom teacher (s) will assist student to avoid exposure to allergins (food, insects, chemicals, etc) as much as possible.</p> <p>Student will self-monitor exposure to allergins in order to prevent allergic response-<b>when age/developmentally appropriate.</b></p> <p><input type="checkbox"/> order to prevent allergic response-<b>when age/developmentally appropriate.</b></p>	<p>Classroom personnel</p> <p>Student when age/developmentally able</p>

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		<p>If symptoms of allergic response/event are noted:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student will be accompanied to the Nurse's office for appropriate assessment/intervention.</li> <li><input type="checkbox"/> Student will come to the Nurse's office for supervised administration of the following medication (s) according to written physician's orders: (Medication Authorization Policy)</li> </ul> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;"><b>Medication(s)</b></td> <td style="text-align: center;"><b>Dose</b></td> <td style="text-align: center;"><b>Time</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>All LLS procedures/policies will be followed for administration of medications.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student will have an EpiPen available during the school day in the Nurse's office.</li> <li><input type="checkbox"/> EpiPen will be administered in an emergency according to doctor's orders.</li> </ul> <p>Parent will be notified when supply of medication needs replacement.</p> <p>Student will be monitored for adverse side effects or decreased therapeutic benefit of medication such as:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<b>Medication(s)</b>	<b>Dose</b>	<b>Time</b>				<p>Classroom personnel/ responsible student-as needed Health office Personnel-as needed Student/School Nurse-as ordered</p> <p>Student/School personnel who have been designated and trained by the school nurse as ordered.</p> <p>Provided by office staff or health office</p>
<b>Medication(s)</b>	<b>Dose</b>	<b>Time</b>							

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		<p><b>If symptoms do not significantly improve in ___ minutes;</b></p> <p>Contact parent/guardian for instructions;</p> <p><input type="checkbox"/> <b>CALL 911 EMERGENCY RESCUE SERVICES</b></p> <p><input type="checkbox"/> <b>SERVICES</b></p> <p>All <b>EMERGENCY RESCUE</b> personnel will be given information about student's allergies if they are called to attend student for allergic response, accident/injury or illness</p>	
Knowledge deficit related to allergies	Student will increase responsibility in preventing and managing allergic response in school.	<p>Student will be given information and health counseling regarding allergies and management of allergic reaction at <u>level of student's understanding.</u></p> <p>Classroom teacher (s) will be provided information, support and consultation regarding management of this student's allergic condition.</p>	School nurse-ongoing
Potential for change in medical status	Student will participate in collaboration which facilitates optimum health and safety necessary for learning.	<p>Parent/guardian will provide school nurse with copy of current medical report or doctor's statement annually or when change in medical status occurs.</p> <p>The school nurse will call the student's doctor to obtain current information verbally when this is necessary to manage student's condition at school.</p> <p>Physician or Healthcare Provider Name: _____                      Phone: _____</p>	<p>Parent/guardian as specified</p> <p>School Nurse</p>

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<p><b>The Health Management Plan will be reviewed annually with parent/guardian and appropriate instructional personnel. It will be revised as needed. The school nurse in collaboration with parent/guardian will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated Responsibility for implementing any part of this health plan.</b></p>	<p>The IHP will be updated and revised annually to meet the health needs of the student.</p>	<p><u>Review Date:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>RN Initials:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Parent Initials:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	