|  |  |  |
| --- | --- | --- |
| **ALLERGY & ANAPHYLAXISDetailed Individualized Healthcare Plan (IHP) Template**Utah Department of Health& Human Services | School Year:504 Date:IEP Date (if applicable): | Picture |
| **STUDENT INFORMATION** |
| **Student:** | **DOB:** | **Grade:** | **School:** |
| **Parent:** | **Phone:** | **Email:** |
| **Physician:** | **Phone:** | **Fax or Email:** |
| **School Nurse:** | **School Phone:** | **Fax or Email:** |
| **Medical Diagnosis:** Allergy, anaphylaxis | **Age at Diagnosis:** |
| **Plan Initiated by:** | **Date:** |

|  |
| --- |
| **NURSING ASSESSMENT** |
|

|  |
| --- |
|  🞏 Diagnosis of an allergy from a healthcare provider?   🞏 Student’s known allergies:  🞏 Student’s reactions to known allergies:   🞏 Age when allergy was first discovered:  🞏 Other risk factors (e.g., asthma): ­­­­­­­­­­­­­­­­­ 🞏 Current allergy management plan:🞏 Other health conditions and/or take any other medication: 🞏 Student’s ability to self-medicate?   🞏 Student/family medical care and insurance:   🞏 Support systems: 🞏 Other (specify):  |
|  |

 |

|  |
| --- |
| **NURSING DIAGNOSES** |
|

|  |
| --- |
| 🞏 Risk for allergy response related to exposure to allergen(s); list allergen(s)  |

* exposure to allergen
* food allergy
* insect sting
* environmental allergen
* exposure to toxic chemical
* repeated exposure to allergen producing environmental substance

🞏 Ineffective activity planning related to:* absence of plan
* insufficient resources
* insufficient social support
* unrealistic perception of event

🞏 Decisional conflict related to:* delay in decision-making
* distress while attempting a decision
* physical sign of distress
* inexperience with decision-making
* insufficient information
* insufficient support system

🞏 Noncompliance related to:* non-adherence behavior
* ineffective communication skills of the provider
* insufficient skills to perform treatment regimen
* insufficient health insurance coverage
* insufficient teaching skill of the provider
* insufficient knowledge
* financial barriers

🞏 Ineffective airway clearance related to:* allergic airway
* excessive mucus
* asthma

|  |
| --- |
|  |

🞏 Other (specify): |

|  |
| --- |
| **NURSING INTERVENTIONS** |
| The school nurse will:🞏 determine potential sources of allergens in school setting.List allergen(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 obtain student's management plan and orders from the health care provider and incorporate into IHP, EAP and 504 Plans.🞏 implement EAP and share with the designated staff involved in the education.🞏 provide necessary health counseling opportunities for student to participate in self-care (depending on student’s cognitive and/or physical ability).* + Review symptoms and sources of allergen(s).
	+ Review avoidance and awareness measures.
	+ Review treatment methods, including how and when to report allergic symptoms to school personnel.
	+ Review cafeteria allergen signs with student.
	+ Teach proper technique for self administration of epinephrine.

🞏 continuously monitor indoor and outdoor school environment for potential allergens.🞏 collaborate with food service personnel if allergy is to food.* + Encourage food service personnel to avoid cross-contamination with allergen.
	+ Establish an allergy-aware environment for student with food allergies.
	+ Provide allergy-aware seating in cafeteria, if necessary/requested.

🞏 collaborate with environmental maintenance personnel if allergen is most likely to be found outdoors.🞏 collaborate and communicate with local emergency medical services.🞏 monitor medications.🞏 provide health counseling and allergy awareness opportunities to classmates. 🞏 encourage student to wear medical alert bracelet or necklace at all times.🞏 encourage student self-advocacy and immediate communication with school personnel.🞏 encourage student to disclose (type of) allergy to peers and how they can support him/her at school in promoting safety.🞏 request that classroom teacher(s) notify all families about food allergy awareness and classroom implications.* + Give classroom teacher(s) an allergy aware school letter for families.
	+ Request that foods containing peanut/tree nut products or other classroom allergens not be eaten in the classroom.
	+ Request that classroom teachers notify families of students with life-threatening allergies about any classroom activities that will involve food and allow alternative foods.
	+ Make field trip modifications as needed (e.g., medication must be taken along on all field trips).
	+ Make extracurricular activity (e.g., dances, carnivals) modifications as needed.

🞏 provide in-service for designated school staff (including school bus driver, substitute teachers) about allergic reaction/anaphylaxis.* + Discuss symptoms of mild to severe allergic reactions, including anaphylaxis.
	+ Develop EAP for treatment (from mild to severe).
	+ Review location of student’s medication and EAP.
	+ Review administration of epinephrine and discuss monitoring and treatment measures before emergency medical services arrival.
	+ Review albuterol administration.

🞏 Other (specify):  |

|  |
| --- |
| **EXPECTED STUDENT OUTCOMES** |
| The student will:🞏 identify triggers that can cause potential severe reaction.🞏 avoid sharing food with peers.🞏 identify avoidance measures at school.🞏 󠄀identify sources of potential hidden allergens.🞏 󠄀identify his or her symptoms of an allergic reaction (from mild to severe).🞏 󠄀describe steps to take if an allergic reaction occurs. This includes informing school personnel immediately when there is possible ingestion/exposure to an allergen or symptoms occur.🞏 󠄀discuss allergy with friends, describing assistance needed if allergic exposure occurs.🞏 󠄀acknowledge symptoms of an allergic reaction immediately.🞏 󠄀actively participate in healthcare management and EAP at school.🞏 󠄀inform nurse of any change of symptoms immediately.🞏 identify school personnel responsible for helping carry out the healthcare management and EAP.🞏 demonstrate proper technique of self-medicating when appropriate.🞏 wear allergy alert bracelet/necklace.🞏 participate in all school activities with modifications made when necessary.🞏 Other (specify):  |

|  |
| --- |
| **PLAN** |
|  |

|  |
| --- |
| **EVALUATION** |
|  |