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| **ALLERGY & ANAPHYLAXIS Detailed 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:** | |

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| **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): | |  | |

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| **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): |

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| **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): |

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| **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): |

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| **PLAN** |
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| **EVALUATION** |
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