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| **Asthma 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:** Asthma | | | **Age at Diagnosis:** | | | |
| **Plan Initiated by:** | | | | | **Date:** | |

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| **NURSING ASSESSMENT** |
| |  | | --- | | Review all information provided by parents and health records or orders from current healthcare providers.  Check this student’s usual signs/symptoms of an asthma attack or exacerbation:  ❏ Difficulty breathing, gasping  ❏ Stopping/avoiding activity  ❏ Daytime drowsiness/fatigue  ❏ Coughing  ❏ Nasal flaring  ❏ Nighttime wakening or cough  ❏ Wheezing  ❏ Chest-tightness  ❏ Skin in neck and between ribs sinking in with breathing  ❏ Blue or grey skin color  ❏ Peak flow value <80% of personal best or for age and gender  ❏ Shortness of breath  ❏ Pallor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check any known triggers for this student’s asthma:  ❏ Upper respiratory infections  ❏ Environmental tobacco smoke  ❏ Damp conditions/molds  ❏ Physical activity/exercise  ❏ Strong odors/emissions  ❏ Foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❏ Cold weather  ❏ Grasses/pollen  ❏ Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❏ Poor outdoor air quality  ❏ Furry animals/bird feathers  ❏ Hard laughing/crying  ❏ Poor indoor air quality  ❏ House dust mites  ❏ Emotional stress or upset  🞏 Other (specify): | |

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| **NURSING DIAGNOSES** |
| |  | | --- | | 🞏 Ineffective airway clearance related to:   * chronic airway inflammation causing bronchoconstriction and excessive mucus production |     🞏 Impaired gas exchange related to:   * airway inflammation, bronchoconstriction, and excessive mucus production due to asthma   🞏 Risk for activity intolerance related to:   * exacerbation of symptoms associated with exercise-induced bronchospasm   🞏 Disturbed sleep pattern related to:   * nighttime asthma symptoms  |  | | --- | | 🞏 Deficient knowledge related to:   * lack of education about asthma and asthma management   🞏Ineffective health management related to:   * insufficient knowledge of therapeutic regimen * insufficient social support * perceived benefit * perceived barrier   🞏 Readiness for enhanced self-care related to:   * expressed desire to enhance knowledge of self-care strategies * expressed desire to enhance independence with life   🞏 Anxiety related to:   * experiencing a chronic illness and exacerbations of symptoms that can be life-threatening * insufficient knowledge of therapeutic regimen * decisional conflict |   🞏 Other (specify): |

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| **NURSING INTERVENTIONS** |
| The school nurse will:  🞏 obtain and have on hand AAP from identified healthcare provider and incorporate plan into IHP, EAP, and 504 plans.  🞏 identify student’s asthma severity by monitoring peak flows and asthma signs and symptoms to help establish priorities for interventions.  🞏 identify and obtain necessary medications, medication devices, and asthma supplies.  🞏 provide training and monitoring of designated school staff in activation of EAP when needed..  🞏 monitor availability of prescribed medications and devices to student on her person and in health office for emergencies and bus and field trips.  🞏 in collaboration with student and other school personnel, promote a healthy school environment by:   * reducing and eliminating allergens and irritants (e.g., no furry pets in classroom) * avoiding strong odors or use of chemicals, cleaning supplies, perfumes, painting in classroom and other areas * controlling moisture and mold by reporting and wiping up spills as soon as possible; * keeping student indoors on days of poor air quality or extreme cold or heat * reinforcing student’s efforts to avoid and control exposure to triggers * communicating with student and parent(s) regarding exacerbations or signs of poor asthma control   🞏 educate student and appropriate school personnel about expectations for good asthma control and components of student’s EAP, including the importance of adherence to therapeutic regimen, proper medication administration, trigger control/avoidance, and actions to take for worsening symptoms.  🞏 periodically assess the effectiveness of the AAP, IHP, EAP, and 504 plan and revise, modify, or refer  as needed for full school participation.  🞏 provide opportunities for student to make decisions regarding asthma management.  🞏 address asthma knowledge deficits as indicated (e.g., etiology, signs and symptoms, peak flow meter use and interpretation, treatment regimen, proper use of inhaler, self-carry responsibilities, avoidance/control of triggers, actions to take for worsening symptoms and for acute exacerbations) via one-to-one instruction and participation in group asthma education class.  🞏 help student identify factors that interfere with compliance with the therapeutic regimen and develop strategies to deal with the barriers.  🞏 ask student about his or her sense of well-being; encourage discussion of feelings; promote mastery of new skills through manageable incremental learning with demonstration and return-demonstration; and use positive reinforcement as student takes on increasing responsibility for self management.  🞏 assess student’s developmental and emotional readiness for self-carrying of quick-relief medication.  🞏 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.   🞏 maintain and monitor availability of quick acting relief medications by:   * + self-carry medication.   + easily accessible medication through designated school staff.   + ongoing monitoring of storage medication and staff training.   🞏 Other (specify): |

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| **EXPECTED STUDENT OUTCOMES** |
| The student will:  🞏 demonstrate good asthma control (e.g., decreased number of days per week with symptoms, fewer night awakenings) and improved participation in school activities within 6 weeks.  🞏 report feeling greater confidence in self-management and improved well-being within 2 weeks.  🞏 articulate an age appropriate understanding of asthma and the proper use of medications (controller and quick-relief, as needed), including self-carry responsibilities, within 2 weeks.  🞏 identify actions to take and strategies to use to manage symptoms as identified in the AAP within 2 weeks.  🞏 Other (specify): |

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