

**SUMTER COUNTY SCHOOLS
INDIVIDUALIZED HEALTH CARE PLAN SEVERE ALLERGY (ANAPHYLAXIS)**

Date Initiated: _____
 Date Reviewed: _____
 Date Reviewed: _____
 Date Discontinued: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____
 Parent/Guardian: _____ Contact #'s: Home _____ Cell _____ Work _____
 _____ Home _____ Cell _____ Work _____
 Other Emergency Contacts: _____ Contact #: _____
 _____ Contact #: _____
 Physician: _____ Phone #: _____ Fax #: _____

Medical Diagnosis: _____ Allergies: _____ Medications at Home: _____ at School: _____

History of Asthma	Yes	No	ESE:	Yes	No	IEP:	Yes	No	504:	Yes	No
--------------------------	-----	----	-------------	-----	----	-------------	-----	----	-------------	-----	----

Parent Signature: _____ Date _____ Nurse Signature _____ Date _____

Preferred Hospital : _____

Nursing Diagnosis	Goals	Nursing Interventions	Outcome/By Whom/When
1. __ Potential for severe allergic or life threatening episode from: <ul style="list-style-type: none"> • Peanuts • Bees/ Wasp • Latex • Fire Ants • Shellfish • Eggs • Medication • Other _____ 	1. __ Student will maintain optimal health and safety necessary for learning.	A. __ Student is allergic to the following: <ul style="list-style-type: none"> • _____ • _____ • _____ B. __ Events that may cause and allergic response are: <ul style="list-style-type: none"> • _____ • _____ • _____ C. __ Symptoms of student's allergic response: Mild Reaction: itching of skin, raised rash, localized swelling. May progress to a Severe Reaction: ___ <u>Mouth</u> – itching/swelling of lips and tongue ___ <u>Throat</u> – sudden dry, hacking cough, hoarseness, constricted feeling in chest/throat ___ <u>Skin</u> – hives, itchy rash, flushed skin, sweating, swelling of face or extremities	

		<p>___ Lungs – difficulty breathing, wheezing, blue color to lips or nails</p> <p>___ Heart – rapid, thread pulse, passing out</p> <p>___ GI – abdominal pain, nausea, vomiting</p> <p>___ Mental Status – anxiety, fright, confusion</p> <p>D. ___ Accommodations needed for severe allergic reaction to:</p> <p>_____</p> <p>_____</p> <p>Mild Reaction:</p> <ul style="list-style-type: none"> • remove from causative agent. • Initiate physician’s PRN prescribed medication of _____ • If skin irritation, cleanse with soap and water and apply ice. <p>Severe Reaction:</p> <ul style="list-style-type: none"> • Call 911 (EMS) • Notify, administration, school nurse and parent/guardian • Don’t leave student unattended • Keep student calm and warm. <p>1. ___ School personnel will assist student to avoid:</p> <ul style="list-style-type: none"> • Exposure to allergens (food, insects, chemicals, etc.) as much as possible. • Student will self-monitor exposure to allergens in order to prevent allergic response - when age/developmentally appropriate. <p>2. ___ If symptoms of allergic response/event are noted:</p> <ul style="list-style-type: none"> • ___ Student will be accompanied to the school clinic, if appropriate. If not, staff will respond to student’s location for appropriate intervention. • ___ Follow student’s orders as written by the physician. <p>Medication(s) Dose Time: _____</p>	<p>Classroom and school personnel</p> <p>Student when age/developmentally able, school nurse, school personnel</p>
--	--	--	--

		<p>3. ___ Student has:</p> <ul style="list-style-type: none"> • ___ Epi-Pen (0.3mg) • ___ Auvi Q (0.3mg) • ___ Epi-Pen Jr. (0.15mg) • ___ Auvi Q (0.15mg) • ___ Twin-jet (0.3mg or 0.15mg) <p>available in the following location(s):</p> <ul style="list-style-type: none"> • ___ school clinic • ___ classroom • ___ other: _____ • ___ other: _____ • ___ other: _____ <p>4. ___ Epinephrine/Benadryl will be administered according to physician's orders.</p> <p>Document name of trained staff</p> <p>___ Personnel _____ Date: _____</p> <p>___ Personnel _____</p> <p>___ Personnel _____</p> <p>___ Aide _____</p> <p>___ Aide _____</p> <p>___ Aide _____</p> <p>___ Bus Driver _____</p> <p>___ Other _____</p> <p>5. If epinephrine is administered:</p> <ul style="list-style-type: none"> • ___ CALL 911 (EMS) • ___ Notify administration • ___ Call parent/guardian <p>6. ___ Parent/Guardian will be notified when supply of medication needs replacement.</p> <p>7. ___ This plan also covers field trips/after school sponsored activities. These events will be discussed with the parent/guardian in advance so student's medical needs can be accommodated. Trained school staff will accompany student on off campus trips, if needed.</p>	<p>School nurse, student – as ordered</p> <p>School nurse, school health staff, school personnel</p> <p>School nurse, trained school personnel</p> <p>Parent/Guardian – ongoing</p> <p>School nurse, trained school personnel – as ordered</p>
--	--	---	--

<p>2. Knowledge deficit related to allergies and possible hidden allergens.</p>	<p>1. Student will increase responsibility in preventing and managing allergic response in school.</p>	<p>1. The school nurse will provide information on severe allergies and disease management to school staff, as needed, to support the student's needs.</p> <p>2. Student will be provided with ongoing health education and guidance related to severe allergies and treatment according to level of age and learning.</p> <p>3. A copy of the EAP will be given to classroom teacher to be placed in substitute teacher folder, when not in use.</p> <p>4. If needed, a classroom presentation will be given about severe allergies.</p> <p>5. The student's knowledge/understanding of this illness will be discussed with the student, to assess level of awareness and need for update or review.</p>	<p>School nurse, school staff, as indicated</p> <p>School nurse, physician, ongoing, as needed</p> <p>Teachers</p> <p>School nurse, when felt to be beneficial to the student.</p> <p>School nurse, when felt to be beneficial to the student.</p>
<p>3. Potential for change in mental status.</p>	<p>1. Student will increase knowledge of foods containing allergen by products.</p>	<p>1. Parent/guardian will provide school nurse with copy of current physician order's annually or when change in medical status occurs.</p> <p>2. 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 needed and annually</p>
<p>4. An Individual Health Care Plan (IHCP) will be reviewed annually with parent/guardian and with appropriate school personnel. This plan may be revised/updated as needed to ensure the most current treatment for the student.</p>	<p>1. The IHP will be updated and revised annually to meet the health needs of the student.</p>	<p>1. Review/updated Date: _____ RN Initials: _____ Parent/guardian Initials: _____</p> <p>Review/updated Date: _____ RN Initials: _____ Parent/guardian Initials: _____</p>	<p>School nurse, school health staff, parent/guardian, appropriate school personnel</p>

<p>The school nurse, in collaboration with the parent/guardian, will supervise, train and delegate to UAP any portion of this plan as appropriate.</p>		<p>Review/updated Date: _____ RN Initials: _____ Parent/guardian Initials: _____</p>	
--	--	--	--

- Obtained via telephone interview with parent School Year _____
- Obtained via telephone interview with parent School Year _____
- Obtained via telephone interview with parent School Year _____

* As parent/guardian by signing this Health Care Plan, I authorize designated Sumter County School personnel, Sumter County Health Department School personnel, and any other contracted health care agencies to provide emergency care for my child and/or to share or exchange medical information as necessary to support the education and continuity of care of my child. I also give permission for the Sumter County Schools to share this information with faculty/staff who are directly involved in my child's education.

***Note: 1. Significant changes to the health plan of care requires a new Individual Health Care Plan be completed.
2. At the beginning of the 4th school year based on the initial date of this plan a new IHCP will be written.**