

ALLERGY INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2019-2020

Name:	DOB:	Date:
School:	Grade/Teacher:	
HEALTH CONCERN - SEVERE ALLERGY TO:		
Asthmatic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, <i>higher risk for severe reaction – Inhaler Located:</i>
Date and description of previous reaction:		

EMERGENCY CARE PLAN:

IF YOU SUSPECT AN ALLERGIC REACTION, IMMEDIATELY ADMINISTER EPINEPHRINE AND CALL 911.

If student has ingested food item with unknown ingredients – high risk of anaphylaxis, don't hesitate.

**In accordance with RCW 18.79.040, if a registered nurse is on site, he/she may utilize the nursing process, which includes assessment, specialized knowledge, judgment, and skill in determining plan of care or treatment.*

ALLERGY SYMPTOMS



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

- Escort student to Health Room OR Treat student at location where symptoms began (take IHP and medications to student). BSD staff to stay with and monitor student at all times.
- **GIVE EPINEPHRINE AS ORDERED BELOW & CALL 911. NOTE TIME OF ADMINISTRATION _____**
- Alert Main Office - Notify administrator of emergency.
- CALL Parent/Guardian. Contact numbers attached.
- May lay student flat, raise legs & keep warm. If breathing is difficult or student is vomiting, lie on side or sit up.
- Consider giving additional ordered medications following Epinephrine (such as antihistamine, or inhaler if wheezing).
- Give used Epinephrine device to EMS. Send copy of IHP with EMS.

MEDICATION Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM.

ORDERS IHP can be filled out by School Nurse based on BSD "Authorization for Medication to be Taken at School" form

Epinephrine <u>IM</u> autoinjector: <input type="checkbox"/> 0.3 mg. <input type="checkbox"/> 0.15 mg. If symptoms persist, may repeat dose in _____ minutes (may cause increased heart rate, jitteriness, nausea)	Antihistamine*: *Give ONLY after Epinephrine administration
	Oral Dose: _____ Frequency: _____

SELF CARRY, Health Care Provider please check one:

- NO, student MAY NOT self carry.
- YES student may SELF CARRY. *Provider/student/parent/guardian understands the responsibility of self-carrying medication at school and recognizes that the school will not be able to track compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.*

Licensed Health Care Provider's signature: <small>Signature authorizes medication for length of school year</small>	Date: _____	Phone: _____
	School year: _____	Fax: _____
Parent/Guardian signature:	Date: _____	Phone: _____

INDIVIDUAL CONSIDERATIONS:

MS/HS student will be making his/her own decision regarding food and seating choices.

Cafeteria - Elementary School:

- Nutrition services staff and lunch room staff will be informed of the student’s Individual Health Plan
- Parent to notify nutrition services if student plans to buy school lunch
- No seating restrictions **OR**
- Student will sit at a specified “allergy aware” lunch room location



Classroom:

- Teachers will notify parent/guardian of classroom food celebrations
- Student should not be given food at school unless it is first approved by the parent/guardian
- Parent/guardian is encouraged to provide alternative snacks to be kept in classroom
- Store bought, packaged food with clear ingredient list is strongly encouraged for use in food celebrations
- Teacher to inform substitute teachers of the student’s Individual Health Plan
- Teachers will notify parent/guardian of classroom projects containing possible allergens
- Store safe non-perishable food (provided by parent/guardian) for use in the event of emergencies like a shelter in place situation

Transportation: Bus-Transportation will be informed of the student’s Individual Health Plan

Field Trip Procedures: Medication and IHP will accompany student during any off campus activity

Recess: Recess staff will be informed of the student’s Individual Health Plan

Parent: If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child’s medication and health care needs.

Other:

- RN will notify teachers, specialists, and other staff of student’s IHP

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove EpiPen Auto-injector from carrying case.
2. Pull off blue safety release cap.
3. Swing and hold firmly push orange tip against mid-outer thigh.
4. Hold for 3 seconds.
5. Remove and massage area for 10 seconds.

ADRENACLICK® (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case.
2. Remove the grey caps labeled ‘1’ and ‘2’
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q, which activates the voice instructions.
2. Pull off red safety guard .
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 2 seconds.
5. Remove from thigh.

TEVA GENERIC EPINEPHRINE DIRECTIONS

1. Remove the outer case
2. Twist off the yellow or green cap
3. Pull off blue safety release.
4. Place orange tip against mid-outer thigh
5. Push auto-injector until it ‘clicks’
6. Hold for 3 seconds. Remove from thigh.

School Nurse:		Email:	@bsd405.org	Phone:	425-456-
				Fax:	425-456-