

ALLERGY INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____
School: _____	Grade/Teacher: _____	
HEALTH CONCERN – Severe allergy to: _____		
DATE OF LAST TEST OR LAST REACTION: _____	PREVIOUS SYMPTOMS (If applicable): <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Vomiting <input type="checkbox"/> Hives/Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Other: _____	
Asthmatic? <input type="checkbox"/> No <input type="checkbox"/> Yes, <i>higher risk for severe reaction –</i> Inhaler Located: _____ <i>See below for dosing/administration orders.</i>		

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

							OR A COMBINATION of symptoms from different body areas.
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	

- 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 IM autoinjector: 0.3 mg. 0.15 mg.

If symptoms persist, may repeat dose in _____ minutes (may cause increased heart rate, jitteriness, nausea)

Antihistamine*:

*Given ONLY after Epinephrine administration

Oral Dose: _____

Frequency: _____

Bronchodilator: _____ puffs every _____ hours as needed for symptoms.
 (May cause shakiness, jitteriness, increased heart rate)

May repeat _____ puffs of quick relief medication in _____ (time) if symptoms have not improved.

Uses inhaler with spacer

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: _____ <i>Signature authorizes medication for length of school year</i>	Date: _____	Phone: _____
	School year: _____	Fax: _____

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*

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 lunchroom staff will be informed of the student's allergies
- Parent may request the option for their child to eat in an allergen-aware area in the lunchroom.

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.

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan
- 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
- Teachers will notify parent/guardian of instructional materials or classroom projects which contain possible allergens of classroom projects containing possible allergens

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

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

Other: RN will notify teachers, specialists, recess staff, and other staff of student's HP

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

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

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

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

ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove 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.

TEVA GENERIC EPINEPHRINE DIRECTIONS

1. Pull off blue safety release
2. Place orange tip against mid-outer thigh
3. Push auto-injector until it 'clicks'
4. Hold for 3 seconds. Remove from thigh.
5. Massage site for 10 seconds.

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