

ALLERGY INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

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:		

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 [Click or tap here to enter text.](#) minutes (may cause increased heart rate, jitteriness, nausea)

Antihistamine*: <small>*Given ONLY after Epinephrine administration</small>	Oral Dose:	Frequency:
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Is an inhaler required for allergic reaction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>See below for dosing/administration orders.</i>	Inhaler Located: <input type="checkbox"/> Health Room <input type="checkbox"/> Self-carry
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Bronchodilator: _____ (Medication name) 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. **(STAFF HAS BEEN TRAINED TO ASSIST WITH EPINEPHRINE ADMINISTRATION)**

*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: _____	Date:		Phone:	
	School year:		Fax:	

Signature authorizes medication for length of school year

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/Student (age 18) signature: _____	Date:	
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Family Responsibility:

- I will keep track of expiration dates for the medication(s)
- I will furnish medication(s) in original container and pick up medication(s) from the school

If the student **DOES NOT** self-carry, I request an authorized/trained person(s) at **school assist my student** in taking the medicine(s) described below.

If the student has permission to **SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION** I/my student understand the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount. I/my student agrees 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 myself/my student.

Parent/Guardian/Student (age 18) signature: _____	Date:		Phone:	
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INDIVIDUAL CONSIDERATIONS:

Cafeteria:

- Nutrition services staff and lunchroom staff will be informed of the students' allergies.
- **Middle/High School:** Student will be making his/her own decision regarding food and seating choices.
- **Elementary School:** Parent may request the option for their child to eat in an allergen-aware area in the lunchroom.

Classroom:

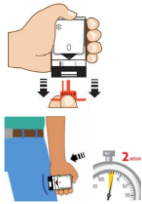

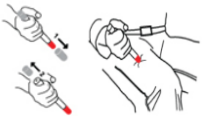
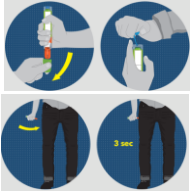
- Teacher to inform substitute teachers of the student's Individual Health Plan
- Teachers will notify parent/guardian of classroom food celebrations
- Student should not be given food at school unless it is first approved by the parent/guardian
- Parent/guardian is encouraged to provide alternative 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


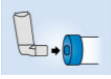
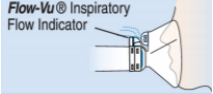












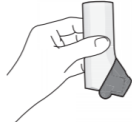
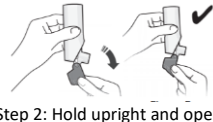



School Nurse: Will notify teachers, specialists, recess staff, transportation, and nutrition services of student's IHP

Parent Responsibility: 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.

EPINEPHRINE DIRECTIONS

<p>AUVI-Q (Epinephrine)</p> <ol style="list-style-type: none"> 1. Remove outer case. 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. 	<p>EPIPEN (Epinephrine)</p> <ol style="list-style-type: none"> 1. Remove from carrying case. 2. Pull off blue safety release (with orange tip facing down). 3. Place orange tip against mid-outer thigh. 4. Swing and push firmly until it "clicks" and hold for 3 seconds. 5. Remove from thigh and massage area for 10 seconds. 
<p>ADRENACLICK (Epinephrine)</p> <ol style="list-style-type: none"> 1. Remove from carrying case. 2. Pull off grey end caps (with red tip facing down). 3. Place red tip against mid-outer thigh. 4. Press down hard for 10 seconds. 5. Remove from thigh and massage area. 6. Carefully cover the needle with carrying case. 	<p>TEVA (Epinephrine)</p> <ol style="list-style-type: none"> 1. Twist off yellow or green cap 2. Grasp with orange tip facing down. 3. Pull off blue safety release. 4. Swing and push firmly until it "clicks" and hold for 3 seconds. 5. Remove from thigh and massage for 10 seconds 

RESCUE INHALER DIRECTIONS

 <p>SPACER + MASK Step 1: Remove the cap and shake the medicine</p>	 <p>Step 2: Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.</p>	 <p>Step 3: Apply mask to face and ensure an effective seal.</p>	 <p>Step 4: Breathe out gently and press the inhaler down ONCE at the beginning of a slow inhalation. Breathe in an out slowly for 5 to 6 breaths. Slow down breathing if you hear a whistle sound.</p>	 <p>Step 5: After waiting one minute, repeat steps 3-4 if directed. Repeat as directed.</p>
 <p>SPACER ONLY Step 1: Remove the cap and shake the medicine.</p>	 <p>Step 2: Insert the mouthpiece of the inhaler into the back end of the spacer.</p>	 <p>Step 3: Put mouthpiece into mouth and close lips around it.</p>	 <p>Step 4: Breathe out gently and press the MDI at the beginning of a slow inhalation. Breathe in slowly and deeply through the mouth until a full breath has been taken. Hold breath for 5-10 seconds OR breathe 2-3 times through your mouth after the MDI is pressed. Slow down breathing if you hear a whistle sound.</p>	 <p>Step 5: After waiting one minute, repeat steps 3-4 if directed. Repeat as directed.</p>
 <p>INHALER ONLY Step 1: Insert the metal canister into the plastic holder if they are not already put together. Make sure the canister is firmly in place. Take the cap off the plastic holder.</p>	 <p>Step 2: Shake the inhaler (MDI-metered dose inhaler).</p>	 <p>Step 3: Hold the MDI with a finger on top of the metal canister and your thumb on the bottom of it. Stand or sit up straight. Breathe out.</p>	 <p>Step 4: Place the mouthpiece of the MDI into your mouth. Make sure the MDI is between your teeth and your tongue is flat. This will allow the medicine to go into your lungs. Close your lips around the mouthpiece. Tilt your head back slightly.</p>	 <p>Step 5: Breathe in very slowly. About one-third of the way into the breath, press down on the canister firmly. Keep breathing in all the way until your lungs are full. Hold your breath for 10 seconds. Breathe out very slowly through your nose. If you need to take more puffs, wait for 1 minute, then repeat steps 2 to 4.</p>
 <p>DRY POWDER INHALER Step 1: Make sure cap is closed.</p>	 <p>Step 2: Hold upright and open the cap all the way back until you hear a 'click'.</p>	 <p>Step 3: Breathe out through your mouth and push as much air from the lungs as you can (exhale).</p>	 <p>Step 4: Put mouthpiece in the mouth and close lips around it (do not breathe OUT into the inhaler). Breathe in deeply through the mouthpiece and the medication will be delivered into the lungs. Hold breath for 10 seconds.</p>	 <p>Step 5: Remove inhaler from mouth. Check the dose counter at the back. Close the cap firmly into place after using. If you need to take more puffs, wait for 1 minute, then repeat steps 1 to 5.</p>

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