

# ASPIRATION INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

<b>Name:</b>	<b>DOB:</b>	<b>Date:</b>	
<b>School:</b>	<b>Grade/Teacher:</b>		
<b>HEALTH CONCERN – Dysphagia:</b> Dysphagia (difficulty swallowing) & aspiration (inhaling food/liquid into the lungs) can lead to choking. This can be due to a variety of health issues.			

**EMERGENCY CARE PLAN**

<p><b>SIGNS &amp; SYMPTOMS OF CHOKING:</b></p> <ul style="list-style-type: none"> <li>✓ Coughing or gagging</li> <li>✓ Pointing to or grabbing throat</li> <li>✓ Unusual breathing sounds</li> <li>✓ Ability to expel object with cough</li> </ul>	<p><b>SEVERE SYMPTOMS:</b></p> <ul style="list-style-type: none"> <li>✓ Ineffective/weak cough</li> <li>✓ High pitched or noisy breathing, difficulty breathing.</li> <li>✓ Unable to talk or make a sound</li> <li>✓ Blueness of lips, nails, or skin</li> <li>✓ Unconscious, stops breathing</li> </ul>
<ul style="list-style-type: none"> <li>• Watch closely while student is eating/drinking. Gently encourage student if he/she is attempting to expel the object. <b>KEEP CALM!</b></li> <li>• Perform Heimlich Maneuver and repeat until object is expelled or student becomes unconscious.</li> <li>• <b>If student is unconscious, CALL 911 and start CPR</b></li> </ul>	

**DIETARY CONSIDERATIONS:**

Regular Diet   
  Mechanical Soft Diet   
  Pureed   
  Thickened fluids   
  G-tube

Other:

Foods to avoid:

Examples of "safe" foods:

**Field trip/party considerations:**

As above   
  Parent to provide alternative snack/treat   
  Parent will attend field trips/parties

**STAFF ASSISTANCE/SAFETY PRECAUTIONS:**

No additional staffing needed   
  No lunchroom accommodations required

Other:

Requires 1:1 assistance with eating/feeding

Follow swallow study and/or OT/PT recommendations. See attached study/recommendations.

Encourage student to eat slowly. Allow extra time for eating

- Food should be cut into small bite size pieces
- Watch that student does not put too much food into their mouth while eating.
- Allow fluids throughout meal.

<b>Licensed Health Care Provider's signature:</b>  _____	<b>Date:</b>		<b>Phone:</b>
	<b>School year:</b>		<b>Fax:</b>

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 order.

<b>Parent/Guardian signature:</b>  _____	<b>Date:</b>	<b>Phone:</b>
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**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

**HEIMLEICH MANEUVER**



Abdominal thrusts by grabbing the student from behind with one fist supported with other hand. Thrust with fist inward and upward above navel (bellybutton).

**CPR**



If unconscious, place on floor and compress the chest at least 100 times per minute.

<b>School Nurse:</b>		<b>Email:</b>		<b>Phone:</b>	425-456-
				<b>Fax:</b>	425-456-