

ASPIRATION INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____	
School: _____		Grade/Teacher: _____	
HEALTH CONCERN – Dysphagia: 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

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

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.

Licensed Health Care Provider's signature: _____ <small>Signature authorizes medication for length of school year</small>	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

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.

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