

Severe Allergy & Anaphylaxis

INDIVIDUAL HEALTH CARE PLAN School Year:

Student Name	Grade	Teacher
---------------------	--------------	----------------

Parent #1	Preferred Contact #
Parent #2	Preferred Contact #

<p>Health Concern Description Anaphylaxis is a life-threatening reaction triggered by an immune response, most often occurring to a previously encountered allergen. Chemicals released in the body as a result of exposure can cause tingling in the mouth, hives, vomiting, difficulty breathing, dizziness and swelling of the tongue/throat. Symptoms of anaphylaxis (also referred to as anaphylactic shock) usually begin within seconds, but can also be delayed for hours. The severity of past reactions does not necessarily predict the seriousness of the next reaction Refer to the student’s Emergency Action Plan for a more complete list of symptoms by body system signaling a severe allergic reaction.</p> <p>Management of severe allergies focuses on avoidance of the known allergen(s), education, and preparation to respond immediately in the event signs and symptoms of a severe reaction are present.</p> <p>This student has a known severe allergic reaction to:</p> <p>This student’s past response to allergen(s) included:</p> <p>Other related medical conditions:</p>
--

<p>Nursing Diagnoses</p> <ul style="list-style-type: none"> • Risk for allergy response and shock • Noncompliance related to understanding, self-care deficit, non-adherence behavior, peer pressure, self-concept, etc. • Other: 	<p>Nursing Interventions</p> <ul style="list-style-type: none"> • Annually, obtain healthcare provider orders including emergency medication(s) • Identify potential sources of allergens in school and work with other staff to lessen exposure potential • Provide education and training to staff members including avoidance of allergens and how to recognize and respond to a severe allergic reaction (anaphylaxis) • Encourage student self-advocacy behaviors
---	---

Severe Allergy & Anaphylaxis

	YES	NO
Wears medical alert jewelry		
Knows what foods/triggers to avoid		
Asks about food ingredients		
Reads and understands food labels		
Tells an adult immediately after an exposure		
Identifies symptoms of an allergic response		
Self-carries emergency medication (requires healthcare provider order)		
Knows how to use emergency medication		
*****I would like my child to sit at the Allergy Aware table		

Transportation to and from school & field trips	<i>No food eaten on bus. No food sharing allowed. Check ahead for potential allergens at field trip destination/activity. Trained staff member is present on all field trips and medications will accompany child.</i>
School Snack & Lunch	<i>Student washes hands prior to eating. No food sharing allowed. Menu item ingredients can be discussed with Cafeteria staff. Parent will instruct student what to eat and/or student brings food from home.</i>
Classroom celebrations	<p><i>All food for classroom celebrations will be provided by the school cafeteria. Ingredient lists will be available prior to the party.</i></p> <p style="text-align: center;">OR</p> <p><i>The student knows about foods to avoid and may eat snacks/treats provided by others.</i></p>
Location of Emergency Supplies	<i>Teacher will keep all medications in the top right drawer of desk according to district protocol.</i>
Emergency Action Plan (EAP)	<p><i>Should be provided by the child's physician</i></p> <p><i>Note: The standard of care for any person having a severe allergic reaction and receiving epinephrine is the calling of 911 and transport, observation, and care in an Emergency Department.</i></p>

School Nurse	Date
---------------------	-------------

Parent Signature	Date
-------------------------	-------------