

# HEALTH PLAN

**STUDENT** \_\_\_\_\_ **DOB** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**DIAGNOSIS/CONDITION:  
 SEVERE ALLERGIC REACTION AND/OR ANAPHYLAXIS**

<i>Person to Contact</i>	<i>Relationship</i>	<i>Work Phone</i>	<i>Home Phone</i>	<i>Cell Phone</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ALLERGIES/TRIGGERS FOR ALLERGIC REACTION**

Milk/dairy     Eggs     Insect bites (kind \_\_\_\_\_)  
 Seafood     Latex     Animals (list \_\_\_\_\_)  
 Medications (list \_\_\_\_\_)  
 Nuts (list \_\_\_\_\_)     Other (list \_\_\_\_\_)

**Student knows how to avoid known allergens?**     Yes     No

**USUAL SIGNS AND SYMPTOMS of severe allergic reaction (✓ if experienced by your child)**

Tightness of throat and/or chest     Swelling of eyes, lips, tongue, or throat     Facial flush  
 Wheezing/difficulty breathing     Rapid, weak or unattainable pulse     Seizures  
 Generalized tingling or itching     Generalized rash or hives     Anxiety  
 Acute coughing or sneezing     Cyanosis (bluish colored skin due to lack of oxygen)  
 Loss of consciousness     GI symptoms (list \_\_\_\_\_)  
 Other (list \_\_\_\_\_)

**MEDICATIONS**

**SCHOOL    HOME**  
 (✓ below if experienced by your child)

Name _____	Dose _____	Time _____	_____	_____
Name _____	Dose _____	Time _____	_____	_____
Name _____	Dose _____	Time _____	_____	_____

**Number of Emergency Room Visits for an Allergic Reaction** \_\_\_\_\_

**FIELD TRIP PLAN** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNS OF EMERGENCY**

- **Exposure to known allergen → proceed to Emergency Plan of Action**
- Tightness of throat and/or chest
- Difficulty breathing or talking
- Generalized itching, rash, or hives
- Swelling of eyes, lips, tongue, or throat
- Blue discoloration of lips or fingernails
- Vomiting, stomach cramps, or diarrhea
- Seizures
- Loss of consciousness
- Other symptoms (list \_\_\_\_\_)

**EMERGENCY PLAN OF ACTION**

1. Call the School Health Office at Ext. \_\_\_\_\_.
2. Administer medication as ordered and in accordance with the District Medication Policy.  
 -Name of Medication \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_  
 \* ***Epi pens are administered by licensed school nurse (LSN) or LSN delegated/ trained staff***
3. Call 911. Inform paramedics of exposure prior to symptoms.
4. Remain calm and stay with student.
5. Monitor and maintain: A (airway) B (breathing) C (cardiac function)
6. Notify parent/guardian(s).
7. Other \_\_\_\_\_

***Notify office when 911 is called***

Health Care Provider \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital of Choice \_\_\_\_\_

NURSING DIAGNOSIS	GOALS			
1. Potential for life threatening condition	To maintain cardiac and respiratory function			
2. Knowledge deficit related to allergens	Student will increase knowledge of trigger allergens			
	<b><i>Plan Initiated (Initial)</i></b>	<b><i>Plan Reviewed/Updated</i></b>		
Parent/Guardian(s) Signature _____	Date _____	Date _____	Date _____	
Licensed School Nurse _____	Date _____	Date _____	Date _____	
Health Assistant _____	Date _____	Date _____	Date _____	

Please contact the Licensed School Nurse if you have questions regarding this health plan or if you would like to meet to discuss other accommodations that may be needed.

**\*Co-curricular and Extra-curricular Activities:** If your child is involved in co-curricular / extra-curricular or other school sponsored activities or programs that take place during or outside of the school day, please contact the program coordinator, teacher, or coach to discuss accommodations that may be needed as it relates to your child's medical condition. Please provide needed emergency medications directly to the program coordinator, teacher, or coach.

I give permission for the Licensed School Nurse to consult (both verbally and in writing) with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the medical condition and/or medication(s)/treatment(s)/procedure(s) being used to treat the condition.

LSN signature \_\_\_\_\_ Date copy sent to Parent/Guardian(s) \_\_\_\_\_