

OTHER

HEALTH CONCERN: _____

✚ INDIVIDUAL HEALTH PLAN ✚

Child Name: _____ DOB: _____ Classroom/Center: _____

SYMPTOMS MAY INCLUDE ANY/ALL OF THESE:

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① TREATMENT/PREVENTION

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② EMERGENCY CALLS

Call Parent/Guardian

Call 911

*Students should be transported to the hospital by ambulance only. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Additional orders/notes:

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

HealthCare Provider Signature: _____ Date: _____

This plan is in effect for the current school year.

ASTHMA

+ INDIVIDUAL HEALTH PLAN +

SEVERITY CLASS: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

Child Name: _____ DOB: _____ Classroom/Center: _____

SYMPTOMS OF AN ASTHMA EPISODE MAY INCLUDE ANY/ALL OF THESE:

- **CHANGES IN BREATHING:** coughing, wheezing, breathing through mouth, shortness of breath
- **VERBAL REPORTS OF:** chest tightness, chest pain, cannot catch breath or breathe, dry mouth, "neck feels funny", doesn't feel well, "I'm sick", speaks quietly
- **APPEARS:** anxious, sweating, confused, withdrawn, nauseous, fatigued, stands/sits with shoulders hunched over, cannot straighten up easily, nasal flaring

SIGNS OF AN ASTHMA EMERGENCY:

- Breathing with chest and/or neck pulled in, sits hunched over, nose opens wide when inhaling
- Difficulty in talking and walking
- Blue-gray discoloration of lips and/or fingernails
- Fast, rapid breathing and/or heart rate
- Failure of rescue medication to reduce worsening symptoms with no improvement 15-20 minutes after initial treatment

① TREATMENT

Stop activity immediately.

Help child assume a comfortable position. Sitting up is usually more comfortable.

Encourage purse-lipped breathing.

Give medication as ordered: _____

(See Written Medication Consent)

Notify parent.

Observe for relief of symptoms. If no relief noted in 15-20 minutes, follow steps below for an asthma emergency.

② TO FOLLOW FOR ASTHMA EMERGENCY

Call 911 and inform them that you have an asthma emergency.

Students should be transported to the hospital by ambulance only. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Call parent/guardian.

Additional orders/notes:

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

HealthCare Provider Signature: _____ Date: _____

This plan is in effect for the current school year.

STINGING INSECT ALLERGY

+ **INDIVIDUAL HEALTH PLAN** **+**

o **ALLERGY TO:** _____

Child Name: _____ DOB: _____ Classroom/Center: _____

Asthmatic Yes* No *increased risk for severe reaction

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching, tingling & swelling of lips, tongue or mouth
- **SKIN** Hives, itchy rash, redness, swelling of face & extremities
- **THROAT** Itching, tightness in throat, hoarseness, cough, difficulty swallowing
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** Thready pulse, low blood pressure, fainting, pale & blue skin, "passing out"
- **OTHER** Confusion, anxiety, withdraw
- **If reaction is progressing (several of the above areas affected), GIVE EPINEPHRINE**

① TREATMENT (see also Written Med Consent Form)

Inject Epinephrine Immediately: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinjet™ 0.3mg Twinjet™ 0.15mg Auvi-Q™ 0.3mg Auvi-Q™ 0.15mg AdrenaClick®

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

② EMERGENCY CALLS

Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed. Students receiving Epinephrine should be transported to the hospital by ambulance only. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Call parent/guardian.

Additional orders/notes:

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

HealthCare Provider Signature: _____ Date: _____

This plan is in effect for the current school year.

FOOD ALLERGY

+ **INDIVIDUAL HEALTH PLAN** **+**

o **ALLERGY TO:** _____

Child Name: _____ DOB: _____ Classroom/Center: _____

Asthmatic Yes* No *increased risk for severe reaction

1 PREVENTION

Avoid food allergen; follow dietary modification, allergen free classroom.
Hand washing of all children upon entering class & after meals.
Cleaning of surfaces and food equipment.

SYMPTOMS OF AN ALLERGIC REACTION MAY INCLUDE ANY/ALL OF THESE:

- **MOUTH** Itching, tingling & swelling of lips, tongue or mouth
- **SKIN** Hives, itchy rash, redness, swelling of face & extremities
- **THROAT** Itching, tightness in throat, hoarseness, cough, difficulty swallowing
- **STOMACH** Nausea, abdominal cramps, vomiting, diarrhea
- **LUNG** Shortness of breath, repetitive cough, wheezing
- **HEART** Thready pulse, low blood pressure, fainting, pale & blue skin, "passing out"
- **OTHER** Confusion, anxiety, withdraw
- **If reaction is progressing (several of the above areas affected), GIVE EPINEPHRINE**

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

2 TREATMENT

Medication ordered:

(See written med consent form)

Benadryl for: _____
(List symptoms)

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr.
Auvi-Q™ 0.3mg Auvi-Q™ 0.15mg

3 EMERGENCY

INJECT EPINEPHRINE IMMEDIATELY

Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

*Students receiving Epinephrine should be transported to the hospital by ambulance only. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Call parent/guardian.

Additional orders/notes:

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

HealthCare Provider Signature: _____ Date: _____

This plan is in effect for the current school year. Child must also have a completed Dietary Modification.

SEIZURE

+ **INDIVIDUAL HEALTH PLAN** **+**

Child Name: _____ DOB: _____ Classroom/Center: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

Tonic-Clonic-Atonic: Symptoms may include an aura, muscle rigidity, followed by violent muscle contractions, loss of alertness (consciousness), biting the cheek or tongue, clenched teeth or jaw, loss of bladder or bowel control, difficulty breathing, blue skin color. In Atonic seizures, atonic means, "without tone," so the muscles suddenly lose strength. These seizures are called "drop attacks".

Simple or Complex Focal: The child will remain conscious but experience unusual feelings or sensations that can take many forms, may experience sudden and unexplainable feelings of joy, anger, sadness, or nausea. In complex the child has a change in or loss of consciousness, may display strange, repetitious behaviors such as blinks, twitches, mouth movements, or even walking in a circle

Simple or Complex Absence: Lapses in awareness usually very brief lasting seconds. The child may stop walking and start again a few seconds later, stop talking in mid-sentence and start again a few seconds later. Symptoms may include: changes in activity (blinking, chewing, hand gestures) or change in alertness (staring off, "daydreaming" and lack of awareness).

Febrile: Children aged 3 months to 6 years may have tonic-clonic seizures when they have a high fever. This is more likely to occur if there is a family history of febrile seizures. Most children do not require daily treatment with medication.

① TREATMENT

Clear the area around the child to avoid injury. DO NOT PUT ANYTHING IN THE CHILD'S MOUTH. Place child on side if possible, speak to child in reassuring tone. Stay with child until help arrives.

Give Emergency Medication as ordered _____

(See also Written Medication Consent)

② EMERGENCY CALLS

Call 911 and inform them you have a child having seizure activity.

*Students should be transported to the hospital by ambulance only. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Call parent/guardian.

Additional orders/notes:

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

HealthCare Provider Signature: _____ Date: _____

This plan is in effect for the current school year.