

School District
Confidential Individualized Healthcare Plan
 Student Name

SCHOOL YEAR
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<u>Student Name:</u>	<u>Birth Date</u>	<u>School</u>	<u>Grade</u>	<u>Student #</u>
Parent/Guardian:	Name & Phone #			
Parent/Guardian:	Name & Phone #			
Healthcare Provider	Name & Phone #			
Healthcare Provider	Name & Phone #			
Preferred Hospital:	Preferred Hospital			
Emergency Contact:	Name & Phone #			
CURRENT HEALTH ISSUES	ADHD, Peanut allergy			
PERTINENT HEALTH HISTORY	<p>A.B. had an acute allergic reaction after eating peanut butter cookies at 1 year of age. 911 was called and epinephrine was given by EMS. Per parent, allergy testing revealed a peanut allergy only.</p> <p>When A. B. started kindergarten, significant behavioral problems were identified and parents sought an evaluation by a child psychologist who diagnosed him with ADHD and prescribed Concerta.</p>			
ALLERGIES:	Peanuts			
RESTRICTIONS:	Per parent A.B. should not eat any food that is not sent from home.			
CURRENT MEDICATIONS:	AT HOME Concerta 54 mg Q AM			
	AT SCHOOL: None at this time			
HEALTH PROBLEM(S):				
<p>Nursing Diagnosis: Ineffective role performance related to Inattention/distraction as evidenced by off task behavior and inadequate social skills</p> <p>Assessment: (Review student's condition. Include assessment of relevant developmental history, current status and management of diagnosis, student's psychosocial status and academic performance.) A.B. is not progressing academically due to incomplete work and 2-3 times a week he requires removal from the classroom due to inappropriate behavior. He gets frustrated with classwork and will refuse to do work. He will take things from other students and become aggressive.</p>	<p>Goal: A.B. will increase his appropriate social interactions and on task behavior at school</p> <p>Action/Interventions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with student assistance team to develop plan <input type="checkbox"/> Provide parent with feedback regarding academic performance and behavior at school <input type="checkbox"/> Obtain consent for 2-way communication with treating physician and psychologist <input type="checkbox"/> Assess student for expected and side effects of medication <input type="checkbox"/> Support and advocate for student <input type="checkbox"/> Assist the student in identifying sources of support within the school environment <input type="checkbox"/> Collect behavior monitoring information from various school settings on a quarterly basis <p>Expected Outcome: A.B. will demonstrate a decrease in inappropriate social behaviors and off task/ work refusal behaviors</p> <p>Evaluation: The nurse should document quarterly evaluations on the students progress</p>			

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<p>Nursing Diagnosis: Risk for ineffective breathing pattern related to bronchospasm and inflammation of airways</p> <p>Assessment:A.B. has a severe allergic reaction to peanuts. An Epi-pen Jr. has been ordered for use at school by MD.</p>	<p>Goal: A.B. will be safe in all school environments</p> <p>Action/Interventions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop and implement an Illinois Food Allergy Emergency Action Plan and Treatment Authorization with parent, student (if appropriate) and physician. Provide teacher’s and appropriate staff with copies of the Action Plan <input type="checkbox"/> Provide in-service for school staff about allergic reaction/anaphylaxis <input type="checkbox"/> Monitor medications to make certain that used or expired medications are replaced <input type="checkbox"/> Establish a safe environment in lunch room by seating A.B at a peanut free table and restricting his food to that brought from home <input type="checkbox"/> Collaborate with EMS staff regarding the potential for an allergic reaction <input type="checkbox"/> Encourage student to wear medical alert bracelet <p>Expected Outcome: A.B. will safely participate in all school activities</p> <p>Evaluation: The nurse will document quarterly evaluations on the students progress</p>			
<p>Nursing Diagnosis:</p> <p>Assessment:</p>	<p>Goal:</p> <p>Action/Interventions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <p>Expected Outcome:</p> <p>Evaluation:</p>			
EMERGENCY ACTION PLAN	<p>Illinois Food Allergy Emergency Action Plan and Treatment Authorization Evacuation plan</p>			

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I will update the school when changes are made in the medical management plan. I approve this Individualized Healthcare Plan for my child.

 parent/guardian date

 school nurse date

 health care provider
 date

 administrator date

 student (optional)
 date