

## Severe Allergy Individualized Healthcare Plan (IHCP)

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher/Staff Contact Person:** \_\_\_\_\_

**Student's Secondary Health Concerns (if applicable):** \_\_\_\_\_

**Nursing Diagnoses:** Knowledge deficit related to disease management and prescribed treatment regimen.  
Risk for allergy response related to history of hypersensitivity to allergen.

**Student Goal:** Student will demonstrate understanding of the disease process and management.

	<b>NURSING INTERVENTIONS</b>	<b>NURSING OUTCOME INDICATORS</b>																																										
Implemented (Date & Initial)	<p><b>Allergy management (6410)</b></p> <ul style="list-style-type: none"> <li>Student and unlicensed assistive personnel (UAP) to identify known allergies and usual reaction</li> <li>Provide life-saving measures during anaphylactic shock or severe reaction</li> <li>Provide medication to reduce or minimize an allergy response</li> <li>Instruct student to avoid allergic substance, as appropriate</li> <li>Instruct student to avoid further use of substance causing allergic response</li> <li>Instruct UAP on use of epinephrine auto-injector</li> <li>Ensure school staff is able to recognize signs/symptoms of anaphylaxis</li> </ul>	<p><b>Knowledge: Disease Process (1803)</b></p> <p>a. Cause and contributing factors (180304) b. Signs and symptoms of disease(180306) c. Strategies to minimize disease progression (180308) d. Signs and symptoms of disease complication (180310)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>No Knowledge</th> <th>Limited</th> <th>Moderate</th> <th>Substantial</th> <th>Extensive Knowledge</th> <th></th> </tr> <tr> <th>Indicator</th> <th>1 (Date)</th> <th>2 (Date)</th> <th>3 (Date)</th> <th>4 (Date)</th> <th>5 (Date)</th> <th>N/A (Date)</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		No Knowledge	Limited	Moderate	Substantial	Extensive Knowledge		Indicator	1 (Date)	2 (Date)	3 (Date)	4 (Date)	5 (Date)	N/A (Date)	a.							b.							c.							d.						
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Implemented (Date & Initial)	<p><b>Health Education (5510)</b></p> <ul style="list-style-type: none"> <li>Determine current health knowledge and lifestyle behavior of student and family</li> <li>Emphasize importance of healthy patterns of eating, sleeping, exercising, etc.</li> </ul> <p><b>Teaching: Disease Process (5602)</b></p> <ul style="list-style-type: none"> <li>Review &amp; acknowledge student's knowledge about condition</li> <li>Describe the disease process, and common signs and symptoms of the disease, as appropriate</li> <li>Discuss lifestyle changes that may be required to prevent future complications, and/or control the disease process</li> </ul>	<p><b>Knowledge: Disease Process (1803)</b></p> <p>a. Description of specific disease process (180302) b. Description of signs and symptoms (180306) c. Potential complications of disease (180309) d. Description of precautions to prevent complications (180311)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>No Knowledge</th> <th>Limited</th> <th>Moderate</th> <th>Substantial</th> <th>Extensive Knowledge</th> <th></th> </tr> <tr> <th>Indicator</th> <th>1 (Date)</th> <th>2 (Date)</th> <th>3 (Date)</th> <th>4 (Date)</th> <th>5 (Date)</th> <th>N/A (Date)</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		No Knowledge	Limited	Moderate	Substantial	Extensive Knowledge		Indicator	1 (Date)	2 (Date)	3 (Date)	4 (Date)	5 (Date)	N/A (Date)	a.							b.							c.							d.						
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Implemented (Date & Initial)	<p><b>Medication Management (2380)</b></p> <ul style="list-style-type: none"> <li>• Determine student's ability to self-medicate, as appropriate</li> <li>• Monitor effectiveness of the medication administration modality</li> <li>• Monitor student for therapeutic effect of the medication</li> <li>• Determine the student's and UAP's knowledge about medication</li> <li>• Teach UAP the method of drug administration, as appropriate</li> <li>• Instruct student when to seek medical attention</li> <li>• Review with the student and UAP strategies for managing medication regimen</li> </ul>	<p><b>Knowledge: Medication (1808)</b></p> <p>a. Identification of the correct name of medication (180802)</p> <p>b. Medication side effect (180805)</p> <p>c. Correct use of prescribed medication (180810)</p> <p>d. Proper medication storage (180812)</p> <p>e. Proper disposal of medication (180815)</p> <p>f. Proper technique for self-injection (180822)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align:center;">No Knowledge</th> <th style="text-align:center;">Limited</th> <th style="text-align:center;">Moderate</th> <th style="text-align:center;">Substantial</th> <th style="text-align:center;">Extensive Knowledge</th> <th></th> </tr> <tr> <th style="text-align:left;">Indicator</th> <th style="text-align:center;">1 (Date)</th> <th style="text-align:center;">2 (Date)</th> <th style="text-align:center;">3 (Date)</th> <th style="text-align:center;">4 (Date)</th> <th style="text-align:center;">5 (Date)</th> <th style="text-align:center;">N/A (Date)</th> </tr> </thead> <tbody> <tr><td style="text-align:left;">a.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:left;">b.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:left;">c.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:left;">d.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:left;">e.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align:left;">f.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		No Knowledge	Limited	Moderate	Substantial	Extensive Knowledge		Indicator	1 (Date)	2 (Date)	3 (Date)	4 (Date)	5 (Date)	N/A (Date)	a.							b.							c.							d.							e.							f.						
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Implemented (Date & Initial)	<p><b>Medication Administration (2300)</b></p> <ul style="list-style-type: none"> <li>• Verify medication order before administration</li> <li>• Monitor student for therapeutic effect of the medication</li> <li>• Monitor student for adverse effects, toxicity, and interactions of the administered medication</li> </ul>	<p><b>Medication Response (2301)</b></p> <p>a. Expected therapeutic effects (230101)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align:center;">Severely Compromised</th> <th style="text-align:center;">Substantially</th> <th style="text-align:center;">Moderately</th> <th style="text-align:center;">Mildly</th> <th style="text-align:center;">Not Compromised</th> <th></th> </tr> <tr> <th style="text-align:left;">Indicator</th> <th style="text-align:center;">1 (Date)</th> <th style="text-align:center;">2 (Date)</th> <th style="text-align:center;">3 (Date)</th> <th style="text-align:center;">4 (Date)</th> <th style="text-align:center;">5 (Date)</th> <th style="text-align:center;">N/A (Date)</th> </tr> </thead> <tbody> <tr><td style="text-align:left;">a.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Severely Compromised	Substantially	Moderately	Mildly	Not Compromised		Indicator	1 (Date)	2 (Date)	3 (Date)	4 (Date)	5 (Date)	N/A (Date)	a.																																									
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School Nurse's Name: \_\_\_\_\_ Nurse's Signature: \_\_\_\_\_ Date of IHCP: \_\_\_\_\_

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**Student Name:** \_\_\_\_\_

Implemented (Date & Initial)

**Student Health Status (2005)**

- a. Physical health (200501)
- b. Mental health (200502)
- c. School attendance (200503)
- d. Readiness to learn (200504)
- e. Return to class after visit to health office (200508)
- f. Reports to the health office for medications at appropriate time (200511)
- g. Participation in self-care activities (200514)
- h. Students with chronic illness or special needs managed according to IHCP/IEP (200515)
- i. Participation in physical activities (200519)
- j. Healthy dietary habits (200523)

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