Student

Photo

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

**Please attach applicable procedure and physician’s orders to this ISHP**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | **DOB/ID #:** | |  | | **Date:** | |  |
| **School Site:** |  | | **Rm. #** |  | | **School Phone:** | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| Student is allergic to peanuts, tree nuts, milk, gluten, tomatoes, dust, and shellfish.  Student has severe food and environmental allergies which require emergency medications and daily prophylactic medications. The allergic response and/or medication side effects will alter his attention and alertness in class, decreasing his ability to learn. An anaphylactic reaction is potentially life threatening. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Mouth itches, mouth and/or throat hurts, vomiting, asthma symptoms  1) Assess airway 2) GIVE EPI PEN 3) Call 911 4) Get help: call nurse and/or office 5) Call parent/guardian  6) give inhaler if coughing | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| * Peanut & Tree Nut free lunch table, designated staff training for lunch time monitoring of food allergy table, designated exclusive cleaning supplies for food allergy table * Staff in-service on food allergy emergency plan, nut free classroom, nut free snacks and art projects * Student may carry own water bottle secondary to possible drinking fountain contamination with peanut oils, snacks provided for classroom parties will be accompanied by food contents labels * Encourage frequent hand washing by students * Parent to pack lunch daily (parent's preference), parent to provide a box of safe snacks for student to eat as needed   School Anaphylaxis Action Plan; Physician's Recommendation for Medication; HIPAA - Authorization for Release of Information; lock box in classroom for emergency medications; fanny pack for teacher to carry emergency medications during off campus educational trips; staff in-service on school action plan, medication administration, caution school staff to be vigilant of signs/symptoms of allergic reactions; parent information newsletter, food allergy informational lecture by school nurse, designated staff, or parent volunteer; cross contamination of climbing structures and play equipment cannot be avoided | | | | | | | | | | | | |
| **STUDENT ATTENDANCE** | | | | | | | | | | | | |
| **No Concerns**  **Concerning Absenteeism (5 – 9.9%) Chronic Absenteeism (> 10%)**  **INTERVENTIONS**  **Parent/Guardian Contact**  **Attendance letter**  **HIPAA/MD Contact**  **Medical Referral**  **Teacher(s) Collaboration**  **SART/SARB** | | | | | | | | | | | | |
| **IN THE EVENT OF AN EMERGENCY EVACUATION** | | | | | | | | | | | | |
| The following designated and trained staff member(s): should have access to a communication device and are responsible for assuring that the student’s medication and emergency plan accompanies him/her to the evacuation command center.  The following designated and trained staff member(s): are responsible to evacuate the student following the pre-determined (attached) path of travel. If the student is unable to ambulate or utilize his/her powerchair/wheelchair, then the Med-Sled must be used to evacuate. The Med Sled is located: | | | | | | | | | | | | |
| **DESIGNATED STAFF:** | | | | | | | | | | | | |
| **Name** | | | **Training Date** | **Name** | | | | | | | | **Training Date** |
| 1. | | |  | 4. | | | | | | | |  |
| 2. | | |  | 5. | | | | | | | |  |
| 3. | | |  | 6. | | | | | | | |  |
| **DISTRIBUTION DATE(S):** | | | | | | | | | | | | |
| **Principal** | | **Date** |  | **Parent/Guardian** | | | | | | **Date** | |  |
| **Teacher** (Put copy in sub folder) | | **Date** |  | **Other** | |  | | | | **Date** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Nurse Signature** |  | | **Date** |  |
| **Parent/Guardian Signature** | |  | **Date** |  |