

Individualized Healthcare Plan Severe Food Allergy

STUDENT NAME: _____		DOB _____		
Student Address: Home Phone: Parent/Guardian: Day/Work Phone: Healthcare Provider: Provider Phone: IHP Written By:		School: Teacher/Counselor: Grade: IHP Date: IEP Date: Review Date(s): ICD-9 Codes:		
Assessment Data	Nursing Diagnosis	Goals	Interventions	Outcome
Potential for anaphylactic shock secondary to severe food allergy. Asthma: YES/NO (circle one)	Risk for ineffective breathing related to bronchospasm and inflammation of the airways secondary to allergic reaction.	Student will have FAAP/EAP and IHP in place to include student, parental and staff roles in preventing and managing an anaphylactic reaction.	Secure medical documentation of food allergy, FAAP/EAP and information about food substitutions. <ul style="list-style-type: none"> • Educate school staff on early signs of potential anaphylaxis and appropriate steps to take in emergency care. <ul style="list-style-type: none"> - School wide training on recognition of signs of allergic reaction. - Student specific training for classroom, administrative, cafeteria, custodial and transportation personnel. - Train designated staff in the use of the epi auto-injector, first aid care, EMS contact. - Designated personnel receive copy of FAAP/EAP and IHP. 	* Medical documentation received (FAAP/EAP) * Yearly staff awareness training conducted and documented. * Student specific training delivered and documented in student file. * Staff demonstrate proper use of epi auto-injector. In event of allergic reaction, staff responds according to FAAP/EAP. * Staff responds to student report of allergen exposure and supports student with self-care or by administering epi auto-injector. * Post crisis review conducted in the event of an allergen exposure.
		Student will demonstrate awareness of the significance of allergic reactions, symptoms and treatment.	Educate staff regarding allergen and institute environmental controls. <ul style="list-style-type: none"> • Have students/personnel wash hands or use hand wipes before and after food handling or consumption. Emphasize that hand sanitizer is NOT effective in removing food allergens from hands or surfaces. • Review food allergy and exposure prevention strategies with food service staff. 	* Student will read food labels before ingestion. * Student will not accept food offered by others. * Student can demonstrate assertiveness when encountering situations that have potential to result in exposure to food allergen. * Student will identify allergic reactions, notify school personnel and treat immediately.

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			<ul style="list-style-type: none"> • Secure medical documentation for food substitutions. • Secure “emergency meal” from parent in event food allergen can not be avoided. • Review cleaning procedures with custodial staff. Establish a food safe environment for student with food allergies. • Notify classroom parents and staff of need to restrict presence of food allergen in student’s classroom activities. • Avoid use of food for instruction/reward purposes. • Adhere to bus policy about food consumption on the bus. • Minimum 2 week advance notice on field trips and other off campus activities. • Facilitate student participation in full range of school activities. 	
		Establish a food safe environment for students with food allergies.	<ul style="list-style-type: none"> • Zero tolerance for bullying related to food allergy. • Educate student on assertiveness techniques. • Empower student to educate classmates. 	* Student is NOT exposed to food allergen and has no allergic reactions.
	Potential for diminished self-esteem secondary to food allergy diagnosis.	Protect/Enhance student’s self-image.	<ul style="list-style-type: none"> • Zero tolerance for bullying related to food allergy. • Educate student on assertiveness techniques. • Empower student to educate classmates. 	* Student does not experience bullying or discrimination related to food allergy. * Student demonstrates positive self-esteem related to food allergy via verbal and non-verbal communication.

Parental/Guardian statement: *I/We have read this plan and agree to its implementation.*

Signature: _____ **Date:** _____