



Student: \_\_\_\_\_ School Year: \_\_\_\_\_  
Individualized Healthcare Plan (IHP) for SEVERE Anaphylaxis/ ALLERGY (Secondary)

\_\_\_\_\_ School

SCHOOL YEAR: \_\_\_\_\_

SCHOOL MANAGEMENT PLAN - SEVERE ALLERGY TO: \_\_\_\_\_

Student also has ASTHMA?  YES  NO

(optional)

(optional)

SECTION II -Nurse Check or Circle all that apply (Please Print)

IF YOU SEE THIS...	DO THIS...
Contact with or ingestion of allergen with no symptoms	1. Administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____ Medication dosage: _____ 2. Call parent or emergency contact 3. Observe student for ___ minutes before return to class 4. Recheck student in 1 hour.
Symptoms of mild or early allergic reaction: <ul style="list-style-type: none"> <li>• Itching</li> <li>• Hives</li> <li>• <b>No Respiratory Distress</b></li> </ul>	1. Administer medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____ Medication Dosage: _____ 2. Other: _____ Medication _____ Dose _____
•	3.
Symptoms of severe allergic reaction: <ul style="list-style-type: none"> <li>• Mouth tingling</li> <li>•</li> <li>• Respiratory distress: cough, wheeze, stridor</li> <li>• Weak pulse, low BP, pallor</li> <li>• Abdominal cramps, nausea</li> </ul>	Administer Epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Epipen: <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg <input type="checkbox"/> Twinject: <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg Other: _____ <b>Follow instructions for administration as illustrated on box.</b> <ol style="list-style-type: none"> <li>1. Call 9-1-1</li> <li>2. Call parent/emergency contact</li> <li>3. Remain with student until EMS personnel arrive</li> <li>4. Give used autoinjector, to EMS personnel, if administered</li> </ol>

\* ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION SIGNED BY THE PRESCRIBER

If student "self-carries" and "self-administers" medication, may a "back up" dose be kept with school nurse?  Yes  No

I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:

/

FOR SCHOOL NURSE USE ONLY

Medication	Self Carry?	Self Administer?	Expiration	Location of Medication

Notes /Special Instruction \_\_\_\_\_

\_\_\_\_\_