

INDIVIDUAL HEALTH CARE PLAN

NAME:

GRADE: -

TEACHER:

HISTORY: Severe allergy to

<i>Assessment Data</i>	<i>Nursing Diagnosis</i>	<i>Nursing Interventions</i>	<i>Goals</i>	<i>Evaluation Criteria</i>
Life threatening allergy to	Potential for injury related to accidental ingestion of	<ol style="list-style-type: none"> 1. Student will not eat any foods from school without clearance from mom 2. Parent will send in snacks for class parties 	Prevent accidental exposure to	Student will not eat
Student's symptoms in an allergic reaction: <ul style="list-style-type: none"> • Itching • Swelling lips, tongue or mouth • Tightness in throat, • Hoarseness • hacking cough • wheeze • hives • shortness of breath • passing out • vomiting 	Potential alteration in respiratory function related to allergic reaction	<ol style="list-style-type: none"> 1. Staff will have training in symptom recognition 2. If allergy symptoms are observed Staff member will initiate the Emergency Plan 3. If exposure to allergens occur or child shows symptoms of a reaction, the nurse/ designee will administer Medication as per MD orders 	An allergic reaction will result in the initiation of the Emergency Plan for student	Student received appropriate emergency care for exposure to allergen

MEDICAL DOCTOR SIGNATURE

Date

MEDICAL DOCTOR NAME

I will take the responsibility of educating and instructing the bus drivers and substitute bus drivers of my child's special medical needs as I feel may be necessary.

Parent Signature

Date