

Allegheny Valley School District
Individualized Health Care Plan (IHP)
Allergy with Risk of Anaphylaxis (**with use of Epi-Pen**)

School Year _____

Student name _____ Grade _____ HR Teacher _____

Assessment Data – Parent/Guardian, please answer each question below:

ALLERGEN(s)

History of anaphylaxis _____ yes _____ no

If yes, please provide date of most recent reaction, symptoms, treatment, outcomes:

Medications prescribed for school use:

Does your child require an allergen free eating area? _____ yes _____ no

Nursing Diagnosis

Potential for ineffective airway/breathing pattern related to bronchospasm, inflammation of airway

Goals:

Limit exposure to allergens and be prepared to provide emergency treatment in case of exposure
Student will avoid exposure to allergens
Student will not have any allergic reactions

Interventions:

Follow physician's orders
Follow Emergency Care Plan (ECP)

Outcomes:

The student, parents and school personnel will work together to limit the risk of exposure to the allergen(s) and be prepared to provide emergency treatment in case of an allergic reaction.

PARENT/GUARDIAN RESPONSIBILITIES (please initial each statement below)

- _____ Will submit an Allergy/Anaphylaxis Emergency Action Plan prior to the first day of school
_____ Will provide Epi-auto injector, with physician order to keep at school or student self-carry
_____ Will attach a photograph of your child to the Allergy (Anaphylaxis) Emergency Action Plan

I have read this Individualized Health Plan and have had the opportunity to modify it for my child.

Parent/Guardian Signature

Date

School Nurse Signature

Date