Our Lady of the VISITATION SCHOOL

There Are Different Gifts, But The Same Spirit.

Individualized Healthcare Plan (IHP)

Emergency Action Plan (EAP)

Dear Parent or Guardian:

One of the responsibilities of the school nurse is to manage students' special health needs during the school day. One way I do that is to work with parents and school staff to develop a plan for day to day care (called an Individualized Healthcare Plan or IHP) and a plan for potential emergency situations (called an Emergency Action Plan or EAP).

These plans help teachers and school staff to either prevent emergencies, or care for a student during an emergency before the school nurse arrives. Each plan must be reviewed and approved by the parent before giving it to school staff.

I have enclosed a copy of the IHP/EAP for your child. Please review the plan and circle what applies to your child. Feel free to make any changes you feel are necessary. Please sign and date the plan at the bottom. Your signature indicates that you agree with the plan, and agree that it can be distributed to school staff that may have contact with your child during the school day.

If you have any questions, please do not hesitate to contact me.

Thank you for your prompt response.

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INDIVIDUALIZED HEALTH CARE PLAN
ASTHMA

Name of Student _____

Grade _____ Homeroom _____ Bus Rider (circle) YES NO Bus # _____

Additional health concerns: _____

_____

Parent/Guardian Name _____

Phone: (home) _____ (work) _____

I.D. Photo

DAILY ASTHMA MANAGEMENT PLAN

Identify what triggers an asthma episode (check all that apply):		
❑ Exercise	❑ Food	❑ Molds
❑ Respiratory infections	❑ Animals	❑ Other
❑ Changes in temperature	❑ Chalk dust	
❑ Strong odors or perfumes	❑ Pollens	

Control of school environment (control measures, pre-med, dietary restrictions) _____

_____

_____

Medications to be taken prior to exercise

_____ YES _____ NO Physical Education day(s) _____ time _____

Peak Flow Monitoring

Personal best peak flow number _____

Monitoring times _____ _____ _____

Medications to be taken at school

Name	Amount	When to Use

Student has EMERGENCY ACTION PLAN ☐ YES ☐ NO

Parent/Guardian Signature _____ Date _____

Nurse Signature _____ Date _____

Any revision to the student's IHP or EAP requires a new form to be completed, signed and dated by parent.

EMERGENCY ACTION PLAN
ASTHMA

Name of Student _____

Grade _____ Homeroom _____ Bus Rider (circle) YES NO Bus # _____

I.D. Photo

Signs and symptoms of an asthma attack: (Circle all that apply)	
• Coughing	• Itchy chin or neck
• Wheezing	• C/o "chest hurts or is tight"
• Short of breath	• C/o "neck feels funny"
• Rapid breathing	• C/o "I don't feel well"
• Mouth is dry	• Other
• Clipped speech	

Steps to take during an asthma episode:

1. Never leave the child alone.
2. Check peak flow.
3. Give medication as listed below:

Name of Medication	Dosage	When to Use

1. **Student should respond to treatment in 15-20 minutes.**
2. Contact parent/guardian if _____.
3. SEEK EMERGENCY MEDICAL CARE if the student has any of the following:
   - Peak flow of _____.
   - Hard time breathing with:
     - Chest and neck pulled in with breathing.
     - Child is hunched over.
     - Child is struggling to breathe.
     - Child has anxiety or feeling of impending doom.
   - Trouble walking or talking.
   - Stops playing and can't start activity again.
   - Lips, inside of cheek, or fingernail are gray or blue.
   - No improvement 15 –20 minutes after initial treatment with medication and parent or relative can't be reached.

Emergency contact #1

Name _____ Relationship_____ Phone (h)_____ (w)_____

Emergency Contact #2

Name _____ Relationship_____ Phone (h)_____ (w)_____

Emergency Contact #3

Name _____ Relationship_____ Phone (h)_____ (w)_____

Child's Physician _____ Phone _____

Parent/Guardian Signature _____ Date _____

Nurse Signature _____ Date _____

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