SISD Food Allergy Healthcare Plan

This is a basic Individualized Healthcare Plan. For a more comprhensive IHP that includes Nursing Intervention Classifications (NIC) and Nursing Outcome Indicators (NOC) please go to the National Association of School Nurses website:

www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis

Name:		DOB:	Current Date		
Student ID: Diagnosis:					
This plan reflects updates from SB 27 and TASB Policy Update 94.					
Assessment	Nursing	Goals	Interventions	Outcome	
Data	Diagnosis				
Potential for anaphylactic shock secondary to severe food allergy. Asthma: YES/NO (circle one)	Risk for innefective 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 mananging an anaphylactic reaction.	Secure medical documentation of food allergy, FAAP/EAP and information about food substitutions. • Educate school staff on early signs of potential anaphylaxis and appropriate steps to take in emergency care. - School wide training on recognition of signs of allergic reation. - Student specific training for classroom, administrative, cafeteria, custodial and transprotation 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 receieved (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 selfcare 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.	 Review with student food allergen and potential that allergen may be "hidden" ingrediant. Review with student procedures to follow if they perceive a situation that may exposue them to a food allergen. Review with student treatment methods including how/when to report allergic symptoms to school personnel. Ensure that students who have permission to carry epi autoinjector have adequate knowledge to perform self-care. Educate as nessary to ensure student and school community safety. 	* 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 treate immediately.	

	Establish a food safe environment for students with food allergies.	Educate staff regarding allergen and institute environmental controls. • 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. • 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.	* Student is NOT exposed to food allergen and has no allergic reactions.
		instruction/reward purposes.Adhere to bus policy about food	
Potential for dimished self-esteem secondary to food allergy diagnosis.	Protect/Enhance student's self-image.	 Zero tolerance for bullying related to food allergy. Educate student on assertiveness techniques. Empower student to educate classmates. 	* Student does not experience bullying or discrmination related to food allergy. * Student demonstrates positive self-esteem related to food allergy via verbal and non-verbal communication.