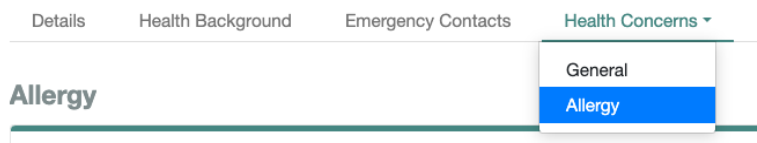


Individual Health Plans - Health Concerns

From the Health Concerns drop-down menu, choose the Health Concern you previously selected from the Details page. Fields and selections are specific to the selected Health Concern.

For example, in this case, our option was Allergy. **Note:** [Individual Health Plans](#) are created for a single Health Condition. Additional Health Conditions require a new plan to be created.

Individual Health Plan: a, a



Updating the Health Concern on the Details tab will update the Health Concerns menu to display the updated Health Concern Selection.

A student can only have one Individual Health Plan per Health Concern per school year.

Quick Links

| | | |
|-------------------------|-------------------------|--------------------------|
| GENERAL | ASTHMA | DIABETIC |
| ALLERGY | CARDIAC | SEIZURE |

GENERAL ([Quick Links](#))

General (Other) will always be displayed in the Health Concerns menu. The General section only needs to be completed when Other is the selected Health Concern on the Details page. Leave General blank when another Health Concern is selected.

Fill in any **Classroom Modifications (optional)** or **Additional Classroom Considerations (optional)**. Click **Add Record** to enter **General Symptoms**.

General Information

▲ General

Enter additional considerations that might be helpful to teachers.

[hide instructions](#)

Classroom Modifications (optional)

Additional Classroom Considerations (optional)

Individual Health Plan General Symptoms (0 records)

→

[Add Record](#) ⚙️

No data to display.

Type in the **Individual Health General Symptom (optional)** and **General Symptom Immediate Response (optional)**, then select the **General Symptom Severity Selection (optional - Mild, Moderate, Severe)**. Click **Add**.

Add Record
Add
✕

Add/Edit Individual Health Plan General Symptoms

Individual Health Plan General Symptom (required)

Individual Health Plan General Symptom Immediate Response (required)

General Symptom Severity Selection (required) Select

After adding, each column can be **Filtered** and sorted as needed by clicking the **Column Actions & Options Gear**.

To **Edit** or **Delete** the contact, click the **Row Actions & Options Gear** to the right of the line.

Individual Health Plan General Symptoms (1 records) Add Record ⚙

| General Symptom | General Symptom Immediate Response | General Symptom Selection |
|-----------------|------------------------------------|---------------------------|
| Allergy | Hives | Severe |

Column Actions & Options

- Sort Ascending
- Sort Descending
- Filter
- Pin Left
- Pin Right

Row Actions & Options

- Edit
- Delete

Records can also be downloaded by clicking on the **Action gear** at the top of the container and selecting **Download Data**. This will provide an Excel data sheet for review, saving, or printing.

Individual Health Plan General Symptoms (0 records) Add Record ⚙

No data to display.

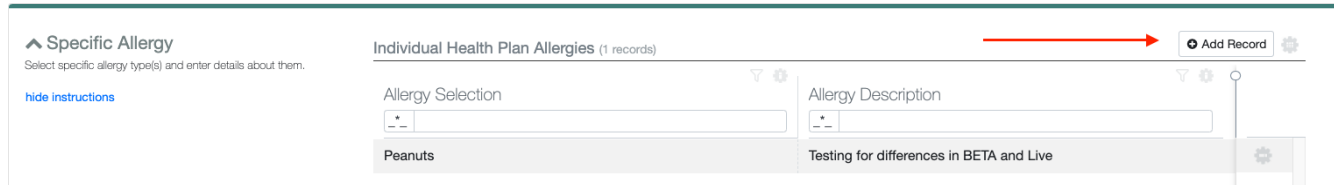
Data Table Actions & Options

| | | |
|---|---|--|
| <p>Display Options</p> <p>Display as</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">Table Columns</div> <p>Text Lines Per Row</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">1 text line</div> <p><input type="checkbox"/> Show Pagination Controls</p> | <p>Columns / Properties</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> General Symptom <input checked="" type="checkbox"/> General Symptom Immediate F <input checked="" type="checkbox"/> General Symptom Selection | <p>Filtering</p> <p>Filter Form</p> <p><input checked="" type="checkbox"/> Show Quick Filters</p> <p>Grouping/Arrangement</p> <p>Arrange Columns</p> <p>Order Rows</p> <p>Grid Actions</p> <div style="border: 1px solid #007bff; padding: 2px; width: 100%;">Download Data</div> <p>ACTIONS</p> <p>Refresh Data Table</p> |
|---|---|--|

ALLERGY ([Quick Links](#))

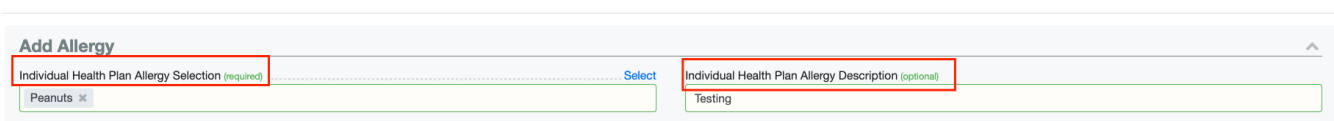
Specific Allergy: Click **Add Record** to add an Allergy.

Allergy

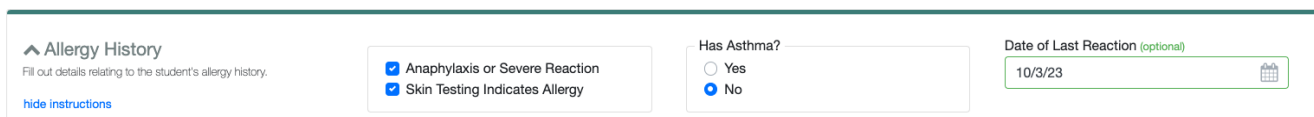


Select the **Individual Health Plan Allergy Selection (Required - Peanuts, Tree Nuts, Dairy, Eggs, Seeds, Sesame, Fruit, Bees, Seafood, Legumes, Shellfish))** and **Description (optional)**, then click **Add**.

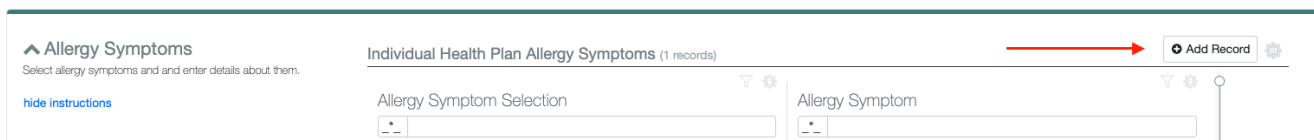
Add Record



Select options for **Allergy History: Anaphylaxis or Severe Reaction, Skin Testing Indicates Allergy, Has Asthma? (Yes/No)** and enter the **Date of Last Allergy Reaction (optional)** as applicable.

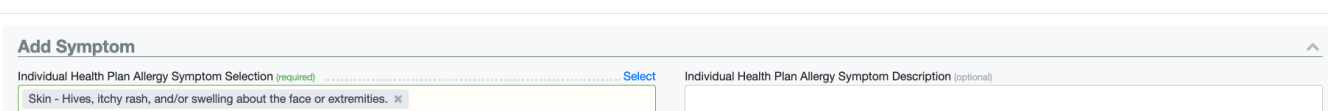


Allergy Symptoms: Click **Add Record** to add a Symptom.

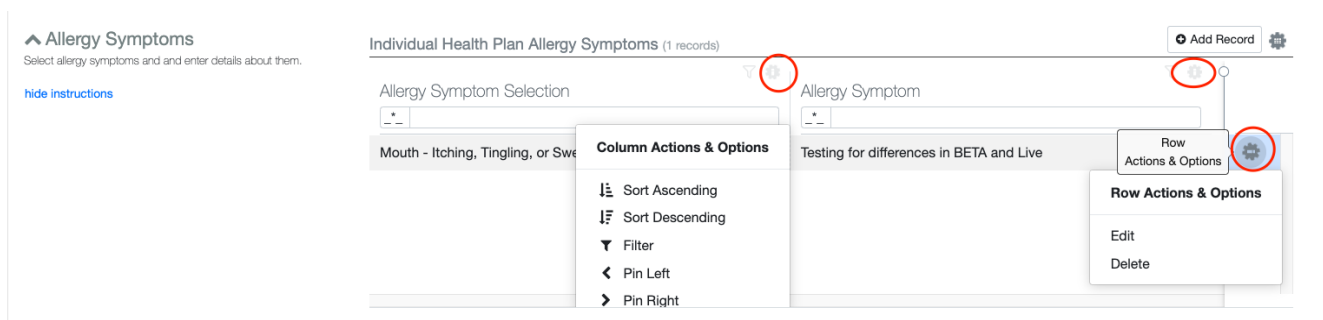


Select **Individual Health Plan Allergy Symptom Selection (Required- Mouth, Skin, Throat, Gut, Lung, Heart, General, Other)** and **Individual Health Plan Allergy Symptom Description (optional)** Click **Add**.

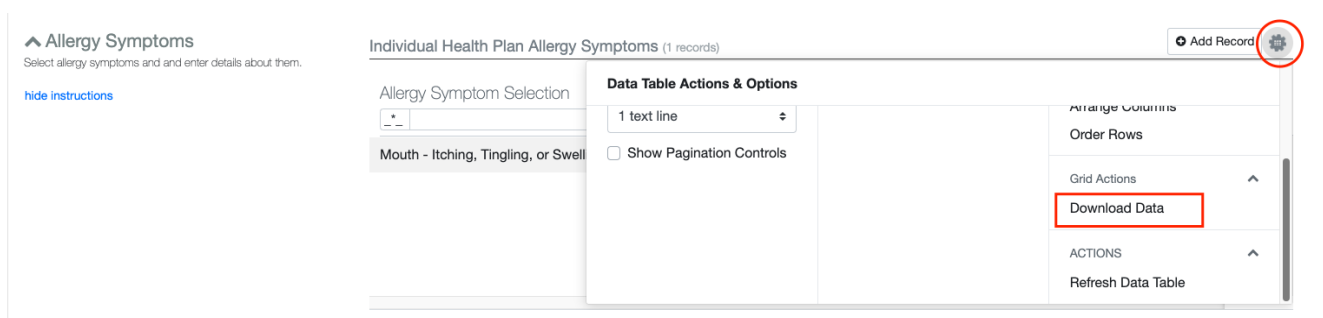
Add Record



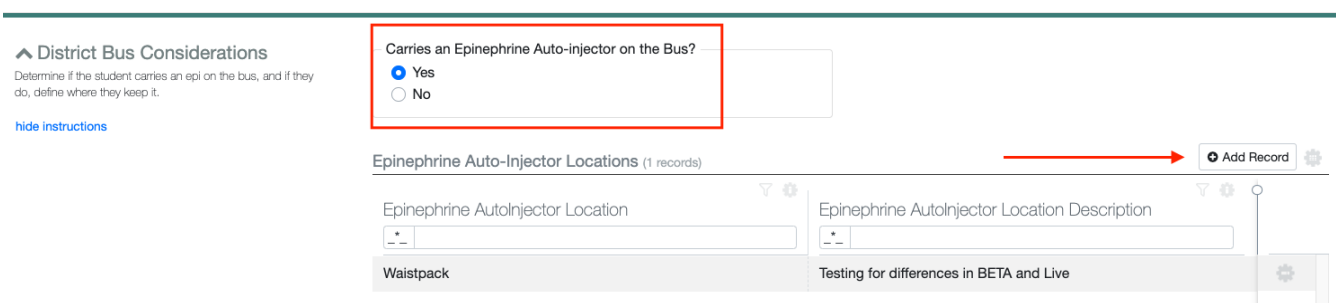
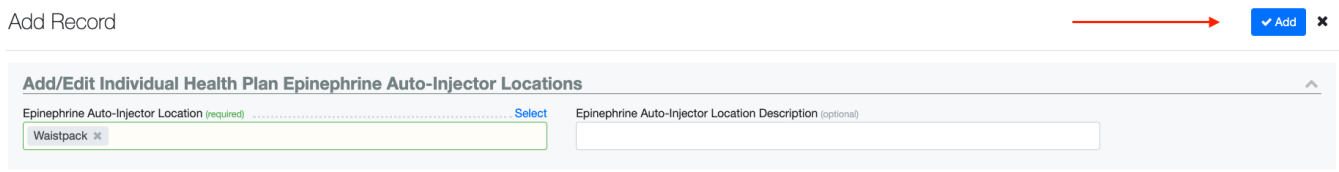
After adding, each column can be **Filtered** and sorted as needed by clicking the **Column Actions & Options Gear** in each column. To **Edit** or **Delete** the contact, click the **Row Actions & Options Gear** to the right of the line.



Records can also be downloaded by clicking on the **Action gear** at the top of the container and selecting **Download Data**. This will provide an Excel data sheet for review, saving, or printing.



Select options for **District Bus Considerations: Carries an Epinephrine Auto-Injector on the Bus? (Yes/No)**. Add **Record** to add **Epinephrine Auto-Injector Locations (Required - Backpack, Waistpack, On-Person)** and **Epinephrine Auto-Injector Location Description (Optional)**. Click **Add**.

Note: After adding, each column can be **Filtered** and sorted as needed by clicking the **Column Actions & Options Gear** in each column. To **Edit** or **Delete** the contact, click the **Row Actions & Options Gear** to the right of the line. Records can also be downloaded by clicking on the **Action gear** at the top of the container and selecting **Download Data**. This will provide an Excel data sheet for review, saving, or printing.

Select options for **Classroom Food: Has Classroom Food Restrictions (Yes/No)**, Click **Add Record** to add **Food Restriction Selection (Required - Tree Nuts, Peanuts, Cheese, Grapes, Pine Nuts)** and **Individual Health Plan Food Restriction (optional)**. Click **Add**.

Classroom Food

Select what classroom foods are restricted (if applicable) and enter details about them.

[hide instructions](#)

Has Classroom Food Restrictions

Yes

No

Individual Health Plan Food Restrictions (1 records)

Food Restriction Selection

Pine Nuts

Individual Health Plan Food Restriction

Testing for differences in BETA and Live

[Add Record](#)

Add Record

[Add](#)

Add/Edit Individual Health Food Restrictions

Food Restriction Selection (required) [Select](#)

Pine Nuts

Individual Health Plan Food Description (optional)

Note: After adding, each column can be **Filtered** and sorted as needed by clicking the **Columns Actions & Options Gear** in each column. To **Edit** or **Delete** the contact, click the **Row Actions & Options Gear** to the right of the line. Records can also be downloaded by clicking on the Action gear at the top of the container and selecting **Download Data**. This will provide an Excel data sheet for review, saving, or printing.

Select options for **Cafeteria: Has Classroom Food Restrictions (Yes/No)**, Fill in **Cafeteria Restrictions (Optional)**.

Cafeteria

Determine the cafeteria restrictions (if applicable) and enter details about them.

[hide instructions](#)

Has Cafeteria Restrictions

Yes

No

Cafeteria Restrictions (optional)

Testing for differences in BETA and Live

Optionally, fill in **Additional Classroom Considerations, Additional Student Instructions, and Classroom Modifications** related to the Health Concern Allergy.

Additional Classroom Considerations

Enter additional considerations that might be helpful to teachers.

[hide instructions](#)

(optional)

Testing for differences in BETA and Live

Additional Student Instructions

Enter additional instructions.

[hide instructions](#)

(optional)

Testing for differences in BETA and Live

Classroom Modifications

[hide instructions](#)

(optional)

Testing for differences in BETA and Live

ASTHMA [\(Quick Links\)](#)

Review and add **Additional Student Information (optional)**, **Immediate Response - Additional Student Information (optional)** for **Moderate and Severe Symptoms**.

| | |
|--|---|
| <p>Moderate Symptoms Review and add additional information about moderate symptoms, if applicable.</p> <p>hide instructions</p> <p>Moderate Symptoms include:</p> <ul style="list-style-type: none"> Excessive coughing Wheezing Shortness of breath Chest tightness Nostrils flaring Shoulders hunched over Anxious or scared Peak Flow <p>Not all students will experience all symptoms during an asthma attack.</p> <p>Moderate Symptoms - Additional Student Information <small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 40px;"></div> <p>Moderate Immediate Response:</p> <ul style="list-style-type: none"> Accompany student to health room (do not send alone) Give medication as prescribed by LHP Guide student to inhale medication slowly and fully Keep student sitting up and reassure student Encourage to relax and take deep slow breaths Encourage student to drink warm water Stay with student until improvement noted Contact the school nurse Contact parent if no improvement after 15-20 minutes <p>Moderate Immediate Response - Additional Student Information <small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 40px;"></div> | <p>Severe Symptoms Review and add additional information about severe symptoms, if applicable.</p> <p>hide instructions</p> <p>Severe Symptoms include:</p> <ul style="list-style-type: none"> Lips or nail beds turning gray or blue (students with light complexions) / Paling of lips or nail beds (students with dark complexions) Groaning Inability to speak in complete sentences without taking a breath Severe restlessness Decreasing or loss of consciousness Peak Flow <p>Severe Symptoms - Additional Student Information <small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 40px;"></div> <p>Severe Immediate Response:</p> <ul style="list-style-type: none"> Call 911 Notify parent Notify school nurse Notify principal Do not leave the student unattended <p>Severe Immediate Response - Additional Student Information <small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 40px;"></div> |
|--|---|

Fill in Asthma Triggers: Click **Add Record** to add **Asthma Trigger Selection (Required - Exercise, Colds, Pollens, Animals, Cold Air, Chemicals, Smoke, Odors, Skin-blistering)** and **Asthma Trigger Description (Optional)**

^ Asthma Triggers
Select allergy symptoms and enter details about them.

[hide instructions](#)

Individual Health Plan Asthma Triggers (0 records) **Add Record** ⚙️

No data to display.

Add Record **Add** ✕

Add/Edit Asthma Triggers

Asthma Trigger Selection (required) [Select](#)

Exercise ✕

Asthma Trigger Description (optional)

Note: After adding, each column can be **Filtered** and sorted as needed by clicking the **Action Gear** in each column. To **Edit** or **Delete** the contact, click the **Row Actions & Options Gear** to the right of the line. Records can also be downloaded by clicking on the Action gear at the top of the container and selecting **Download Data**. This will provide an Excel data sheet for review, saving, or printing.

Fill in any Home Controller Medications: Asthma Medications (optional), Emergency Response: Medication Name (Optional), and Dose (Optional).

^ Home Controller Medications
Enter who to contact in the event of an emergency. At least one Emergency Contact is required. To add additional contacts, click the "plus" button to the right.

Asthma Medications (optional)

Emergency Response

Determine if the student carries an epi on the bus, and if they do, define where they keep it.

Medication Name (optional)

Dose (optional)

Yellow /Red Zone/Exercise Pretreatment: Determine if the student carries an Epi or inhaler on the bus, and if they do, enter further instructions. Define where they keep it.

Yellow Zone

Determine if the student carries an epi on the bus, and if they do, define where they keep it.

[hide instructions](#)

For asthma symptoms, give ____ puffs of quick relieve inhaler with spacer.

If symptoms persist, repeat in ____ minutes.

May administer quick relief inhaler every ____ hours, as needed.

Red Zone

Determine if the student carries an epi on the bus, and if they do, define where they keep it.

[hide instructions](#)

For severe symptoms, give ____ puffs of quick relieve inhaler with spacer.

If symptoms persist, repeat in ____ minutes.

May administer quick relief inhaler every ____ hours, as needed.

Enter further instructions (optional)

If severe symptoms continue, administer the following and refer to the Severe Allergy form —

Give Epi Auto-injector

Exercise Pretreatment

Determine if the student carries an epi on the bus, and if they do, define where they keep it.

[hide instructions](#)

Give ____ puffs _____ of quick relieve inhaler ____ minutes prior to exercise / PE / sports.

Pretreatment should not be given more than every ____ hours.

May repeat ____ puffs of quick relief inhaler if symptoms occur during activity.

Type in **Additional Student Instructions (optional)** and **Classroom Modifications (optional)**

Additional Student Instructions

Enter additional instructions.

[hide instructions](#)

(optional)

Classroom Modifications

[hide instructions](#)

(optional)

CARDIAC [\(Quick Links\)](#)

Review and add any additional **Moderate Symptoms: Additional Student Information (Optional)**, **Severe Symptoms: Additional Student Information (optional)**, and any **Additional Student Instructions (optional)** or **Classroom Modifications (Optional)**.

Cardiac

| | |
|--|---|
| <p>^ Moderate Symptoms Review and add additional information about moderate symptoms, if applicable.</p> <p>hide instructions</p> | <p>Moderate Symptoms include:</p> <ul style="list-style-type: none"> • Chest Pain • Rapid Heart Rate • Clubbing of Fingers • Dizziness • Fear and Panic • Irritability • Sweating • Palpitations • Cyanosis • Shortness of Breath • Dysrhythmia • Fatigue <p>Moderate Symptoms - Additional Student Information <small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Moderate Immediate Response:</p> <ul style="list-style-type: none"> • Because each student's needs are unique to their condition/diagnosis, the nurse must acquire directions from the student's licensed health care provider (LHP) in order to individualize the ECP. • Nursing Assessment (ABC's) • Vital Signs |
| <p>^ Severe Symptoms Review and add additional information about severe symptoms, if applicable.</p> <p>hide instructions</p> | <p>Severe Symptoms include:</p> <ul style="list-style-type: none"> • Extreme chest pain • Fainting or collapse with any known heart condition • Irregular heart rate • Difficulty breathing • Tachycardia that does not resolve <p>Severe Symptoms - Additional Student Information <small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Severe Immediate Response:</p> <ul style="list-style-type: none"> • Call 911 • Call parents • If student is not breathing, start CPR/AED |
| <p>^ Additional Student Instructions Enter additional instructions.</p> | <p><small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> |
| <p>^ Classroom Modifications</p> | <p><small>(optional)</small></p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> |

DIABETIC [\(Quick Links\)](#)

Select options for **Medication Regime: Has Insulin Pen (Yes/No)** or **Has Insulin Pump (Yes/No)**, and select any **Emergency Trained Staff Members (Optional)**

Diabetic

Medication Regime

Review and add additional information about moderate symptoms, if applicable.

[hide instructions](#)

Has Insulin Pen? [Select](#)

Yes

No

Has Insulin Pump? [Select](#)

Yes

No

The following staff members are trained to deal with an emergency and initiate the appropriate procedures

Emergency Trained Staff Members (optional)

Fill in Health Concern: Low Symptoms (optional) and Supplies/Equipment (optional).

Health Concern

Define different health concerns associated with the student. At least one is required.

Low Symptoms (optional)

Supplies / Equipment (optional)

Mild Symptoms: Fill in Mild Symptoms (Optional), Mild Additional Information (Optional) Self / Staff treats one of the following, and Mild Treatment Additional Information (Optional).

Mild Symptoms

Select specific allergy type(s) and enter details about them.

[hide instructions](#)

Mild Symptoms (optional) [Select](#)

Mild Additional Information (optional)

Self

Staff treats with one of the following:

- 2-3 glucose tablets
- 4-8 oz. juice
- 4-8 oz. regular soda
- Glucose gel product
- 3-8 lifesavers

• Wait fifteen minutes

• Repeat food if symptoms persist or blood sugar is less than _____ then follow with a snack or carbohydrate and protein, e.g. crackers and cheese

Mild Treatment Additional Information (optional)

Moderate Symptoms: Fill in Moderate Symptoms (Optional), Moderate Symptoms Additional Information (Optional), Moderate Treatment, and Moderate Treatment Additional Information (Optional).

Moderate Symptoms

Select specific allergy type(s) and enter details about them.

[hide instructions](#)

Moderate Symptoms (optional) [Select](#)

Moderate Symptoms Additional Information (optional)

Moderate Treatment

- Insist on child drinking quick sugar source per MILD guidelines
- Wait fifteen minutes
- Repeat food if symptoms persist or blood sugar is less than _____ then follow with a snack or carbohydrate and protein, e.g. crackers and cheese

Moderate Treatment Additional Information (optional)

Severe Symptoms: Fill in **Severe Symptoms Additional Information (optional)** and **Severe Treatment Additional Information (optional)**.

^ Moderate Symptoms
Select specific allergy type(s) and enter details about them.

[hide instructions](#)

Moderate Symptoms (optional) [Select](#)

Moderate Symptoms Additional Information (optional)

Moderate Treatment

- Insist on child drinking quick sugar source per MILD guidelines
- Wait fifteen minutes
- Repeat food if symptoms persist or blood sugar is less than _____ then follow with a snack or carbohydrate and protein, e.g. crackers and cheese

Moderate Treatment Additional Information (optional)

Fill in **Additional Student Instructions (optional)** and **Classroom Modifications (optional)**.

^ Additional Student Instructions (optional)

Enter additional instructions.

^ Classroom Modifications (optional)

SEIZURE [\(Quick Links\)](#)

Seizure Information: Select the option **Has Vagus Nerve Stimulator? (Yes/No)**.

Seizure

^ Seizure Information

Review and add additional information about moderate symptoms, if applicable.

Has Vagus Nerve Stimulator?

Yes

No

Review and fill in additional **Grand Mal (Tonic-Clonic) Seizure: Grand Mal Seizure Additional Information (optional)** and **Observed Seizure Immediate Response Additional Information (optional)**.

^ Grand Mal (Tonic-Clonic) Seizure

Review and add additional information about moderate symptoms, if applicable.

[hide instructions](#)

Signs of a seizure include muscles tensing up and a rigid body, followed by a temporary loss of consciousness and shaking of entire body. Usually lasts 2 - 5 minutes.

Grand Mal Seizure Additional Information (optional)

Observed Seizure Immediate Response: follow Licensed Healthcare Provider order about when to call 911.

- | | | |
|----------------------------|--|---|
| • Stay calm and track time | • Keep child safe | • Clear area |
| • Protect head | • Do not restrain the student | • Do not put anything in mouth |
| • Turn on side | • Keep airway open and watch breathing | • Stay with child until fully conscious |

Observed Seizure Immediate Response Additional Information (optional)

Review and fill in additional **Petite-Mal Seizure: Petit Mal Seizure Additional Information (optional)** and **Observed Seizure Immediate Response Additional Information (optional)**.

^ Petit Mal Seizure

Review and add additional information about moderate symptoms, if applicable.

[hide instructions](#)

Signs of a seizure include

- Staring spells
- May drop object(s) or may stumble momentarily
- Usually lasts 2 - 5 minutes

Petit Mal Seizure Additional Information (optional)

Observed Seizure Immediate Response

- Stay calm and track time
- No first aid needed unless seizure becomes convulsive or student is injured
- Keep child safe
- Stay with student until seizure ends
- Notify the parent

Observed Seizure Immediate Response Additional Information (optional)

Review and fill in additional **Psychomotor Seizure: Psychomotor Seizure Additional Information (optional)** and **Observed Seizure Immediate Response Additional Information (optional)**.

^ Psychomotor Seizure

Review and add additional information about moderate symptoms, if applicable.

[hide instructions](#)

Signs of a seizure include

- Some degree of impairment of consciousness
- May be accompanied by automatic movement like lip smacking, roaming, and non-goal oriented activity
- May last several seconds or minutes

Psychomotor Seizure Additional Information (optional)

Observed Seizure Immediate Response

- Stay calm and track time
- No first aid needed unless seizure becomes convulsive or student is injured
- Keep child safe
- Stay with student until seizure ends
- Notify the parent

Observed Seizure Immediate Response Additional Information (optional)

Review and fill in additional **Seizure is an Emergency when: Seizure Emergency Additional Information (optional)** and **Observed Seizure Immediate Response Additional Information (optional)**.

^ Seizure is an Emergency when

Review and add additional information about moderate symptoms, if applicable.

[hide instructions](#)

Convulsive (Tonic-Clonic) seizure lasts longer than 5 min. Call with any seizure activity.

- Repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water
- Diastat has been administered

Emergency Seizure Immediate Response

- Call 911
- Call Parents

Seizure Emergency Additional Information (optional)

Observed Seizure Immediate Response Additional Information (optional)

Fill in Additional Student Instructions (optional) and Classroom Modifications (optional).

^ Additional Student Instructions

Enter additional instructions.

(optional)

^ Classroom Modifications

(optional)