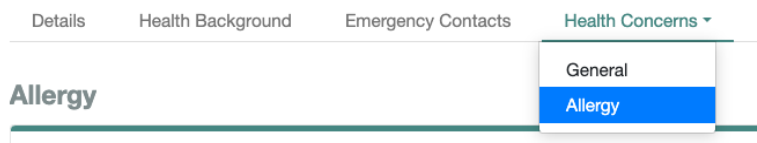# Individual Health Plans - Health Concerns

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.*

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**.

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**.

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.

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.

ALLERGY ([Quick Links](#))

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

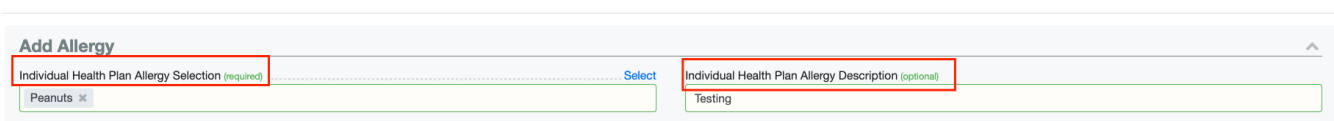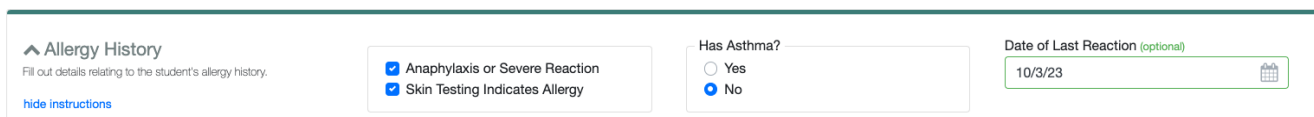Select the **Individual Health Plan Allergy Selection (Required** - Peanuts, Tree Nuts, Dairy, Eggs, Seeds, Sesame, Fruit, Bees, Seafood, Legumes, Shellfish)**) and Description (optional)**, then click **Add**.
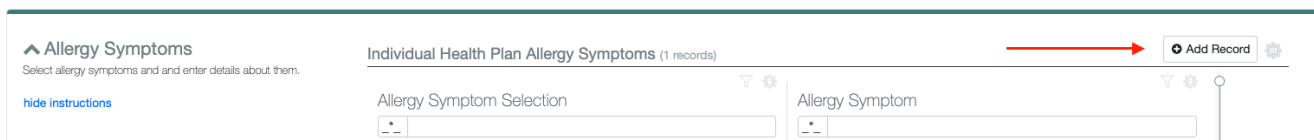
Select options for **Allergy History: Anaphylaxis or Severe Reaction, Skin Testing Indicates Allergy, Has Asthma? (Yes/No)** and enter the **Date of Last Allergy Reaction (optional)** as applicable.
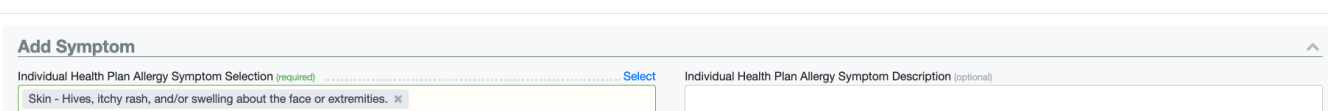
Allergy Symptoms: Click **Add Record** to add a Symptom.
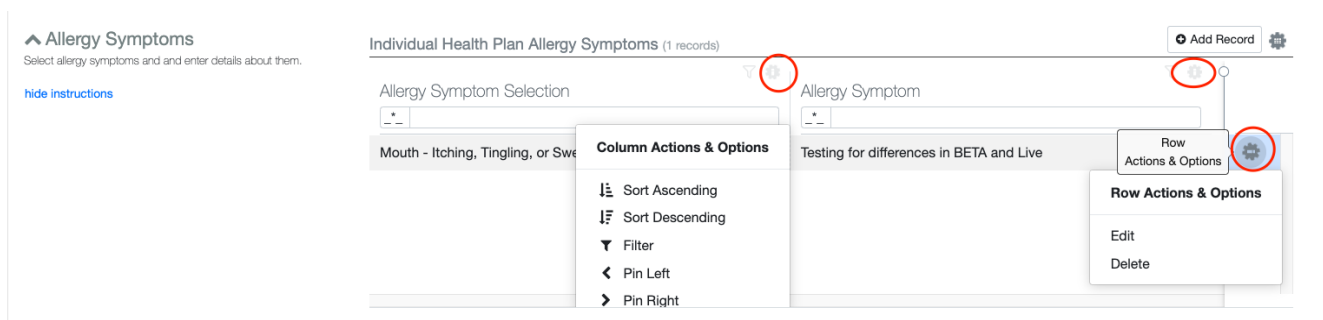
Select **Individual Health Plan Allergy Symptom Selection (**Required**-** Mouth, Skin, Throat, Gut, Lung, Heart, General, Other **)** and **Individual Health Plan Allergy Symptom Description** (optional) Click **Add.**

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-Intector 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.**
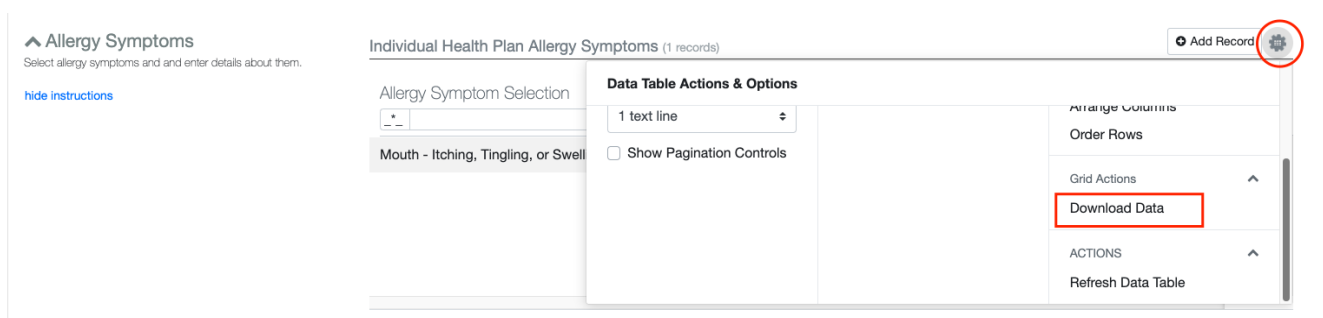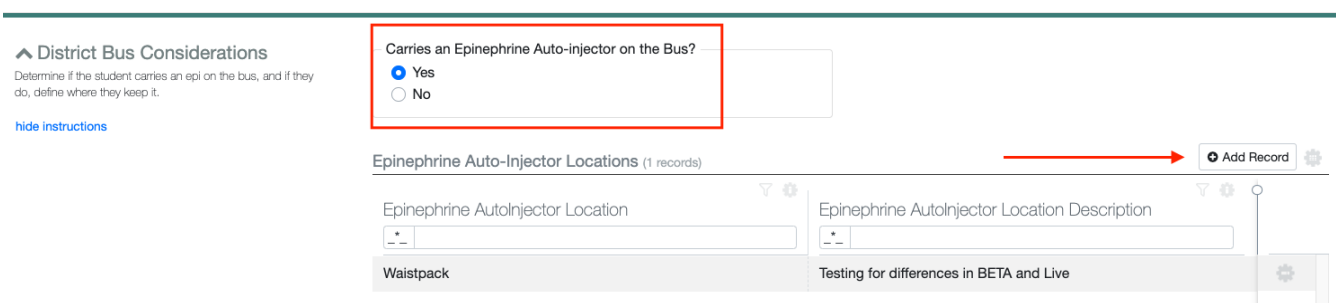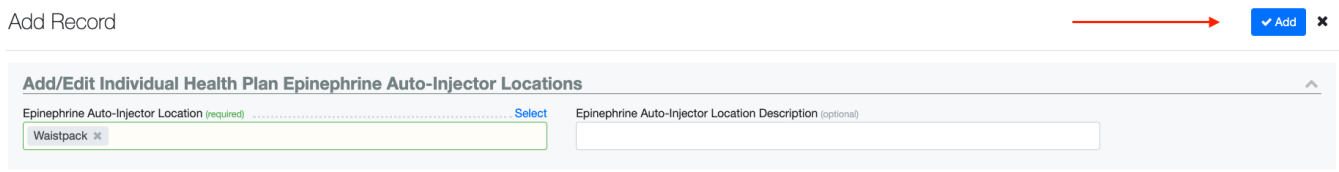

Note: After adding, each column can be **Filtered** and sorted as needed by clicking the **Columns Actions & Options Gear** in each column. To **Edit** or **Delete** the contact, click the **Row Actions & Options Gear** to the right of the line. Records can also be downloaded by clicking on the Action 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).**

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

ASTHMA (Quick Links)

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

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)

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).**

SchoolData.net

⌃ 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

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

hide instructions

Moderate Symptoms include:
- Chest Pain
- Rapid Heart Rate
- Clubbing of Fingers
- Dizziness
- Fear and Panic
- Irritability
- Sweating
- Palpitations
- Cyanosis
- Shortness of Breath
- Dysrythmia
- Fatigue

Moderate Symptoms - Additional Student Information (optional)

Moderate Immediate Response:
- 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

∧ Severe Symptoms
Review and add additional information about severe symptoms, if applicable.

hide instructions

Severe Symptoms include:
- Extreme chest pain
- Fainting or collapse with any known heart condition
- Irregular heart rate
- Difficulty breathing
- Tachycardia that does not resolve

Severe Symptoms - Additional Student Information (optional)

Severe Immediate Response:
- Call 911
- Call parents
- If student is not breathing, start CPR/AED

∧ Additional Student Instructions
Enter additional instructions.

(optional)

∧ Classroom Modifications

(optional)

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?
○ Yes
● No

Has Insulin Pump?
○ 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).**

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

SEIZURE ([Quick Links](#))

Seizure Information: Select the option **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
- Protect head
- Turn on side
- Keep child safe
- Do not restrain the student
- Keep airway open and watch breathing
- Clear area
- Do not put anything in mouth
- 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)