

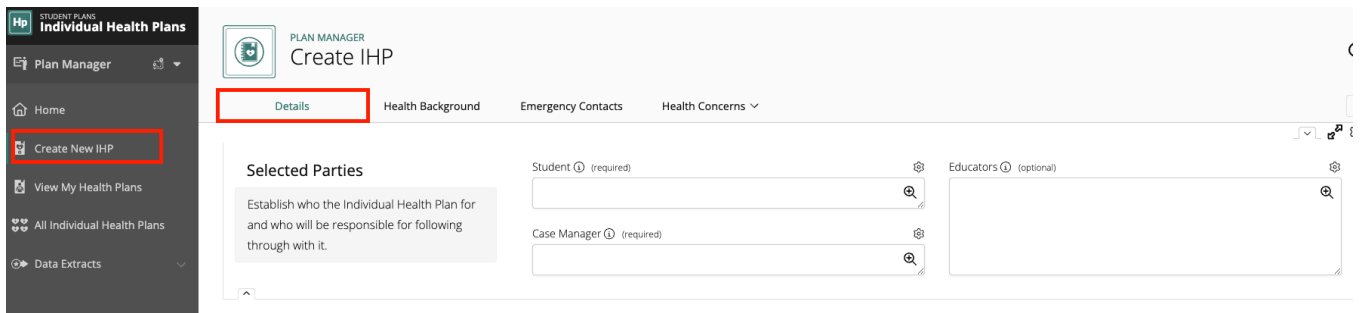
Create a New Individual Health Plan

Creating an Individual Health Plan (IHP) for a student involves several steps to address the student's specific health needs.

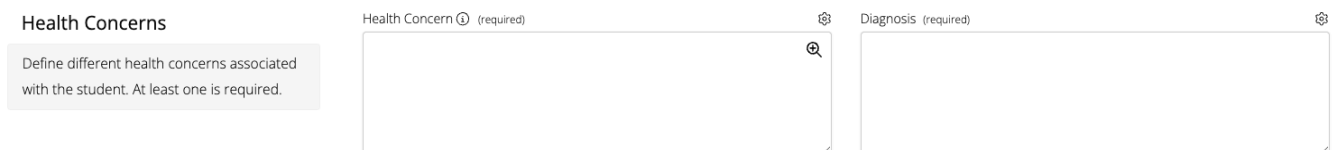
Create New Individual Health Plan (Details Tab)

Here, you will learn how to create an Individual Health Plan.

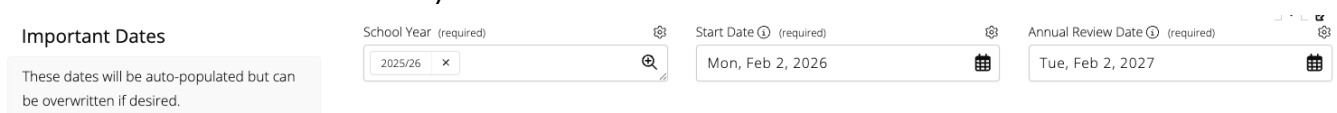
1. Start in the left navigation menu and choose **Create New IHP**.
2. You will see various subpages (tabs) across the top of the page. You will default to the **Details Tab**.
3. Click the **magnifying glass** in the **Student** field, then click the **checkbox** to the left for the chosen student.
4. Select the **Case Manager** field similarly.
5. Click the **magnifying glass** in the **Educators** field, select one or more **checkboxes** to the left of the educators who should have access to the plan, and click **Accept**.



6. In the **Health Concerns** section, click the **magnifying glass** in the **Health Concern** field, select one or more **checkboxes** to the left, and click **Accept**.
7. Fill in the **Diagnosis** field.



8. Next is the **Important Dates** section, which will be pre-populated but can be modified.
 - a. **School Year:** This defaults to the current year.
 - b. **Start Date:** This defaults to today's date.
 - c. **Annual Review Date:** One year from the start date.



9. In the **Additional Student Information** section, fill in additional information about the student (**Transportation, Primary Physician Name, Specialist(s) Names, Bus Number, Primary Physician Phone,**

Specialist(s) Phone, Non-Medication Allergies, Medication Allergies, Current Medications, Preferred Hospital, and Rescue and Maintenance).

Additional Student Information Enter additional information about the student.	Transportation (optional) <input type="text"/> Aa	Primary Physician Name (optional) <input type="text"/> Aa	Specialist(s) Names (optional) <input type="text"/> Aa
	Bus Number (optional) <input type="text"/> Aa	Primary Physician Phone (optional) <input type="text"/> Aa	Specialist(s) Phone (optional) <input type="text"/> Aa
	Non-medication Allergies (optional) <input type="text"/> Aa	Medication Allergies (optional) <input type="text"/> Aa	Current Medications (optional) <input type="text"/> Aa
	Preferred Hospital (optional) <input type="text"/> Aa	Rescue and Maintenance (optional) <input type="text"/> Aa	
	Student has 504 Plan? (opt) <input type="text"/>		

10. Select **Yes** or **No** from the **Student has 504 Plan** dropdown menu.

11. When finished, click **Save**.

Health Background Tab

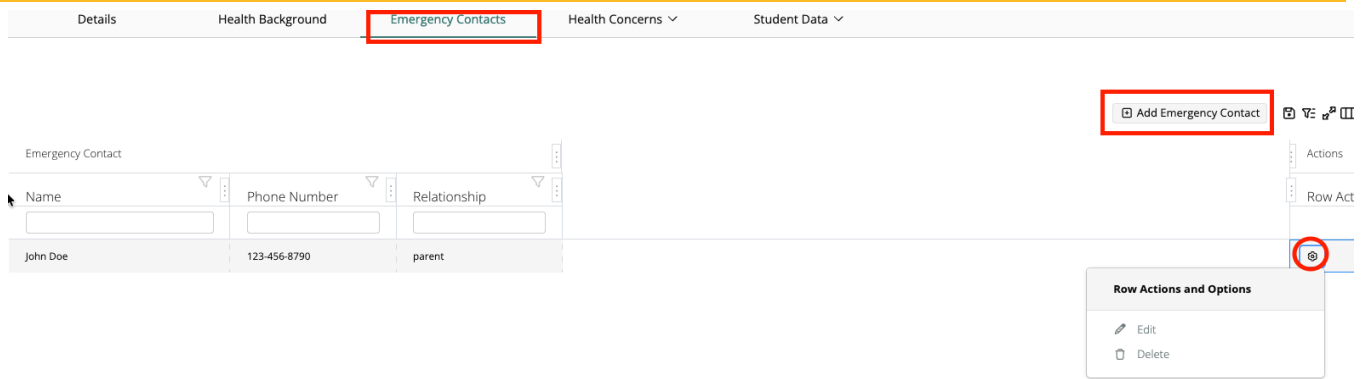
- Continue creating by clicking the **Health Background tab** at the top of the page.
 - Alternatively, start by going to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View column**.
- You will see four areas to fill in additional information about the student's health history: **Triggers, Special Precautions**, and any **P.E. or Athletic Restrictions**.
- When finished, click **Save**.

Details	Health Background	Emergency Contacts	Health Concerns ▾	Student Data ▾
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Background Information Enter additional information about the student's health background, precautions, or restrictions.	History (optional) <input type="text"/>	Triggers (optional) <input type="text"/>
	Special Precautions (optional) <input type="text"/>	PE / Athletics / Physical Restrictions (optional) <input type="text"/>

Emergency Contacts Tab

- Continue creating by clicking the **Emergency Contacts tab** at the top of the page.
 - Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View column**.
- You will see an Emergency Contacts data table.



3. Click the **Add Contact** button.
 - a. Fill in the **Contact Name, Phone Number, and Relationship**.
 - b. Click **Save**.
4. Use the **Add Contact** button to add additional contacts, then repeat the process.

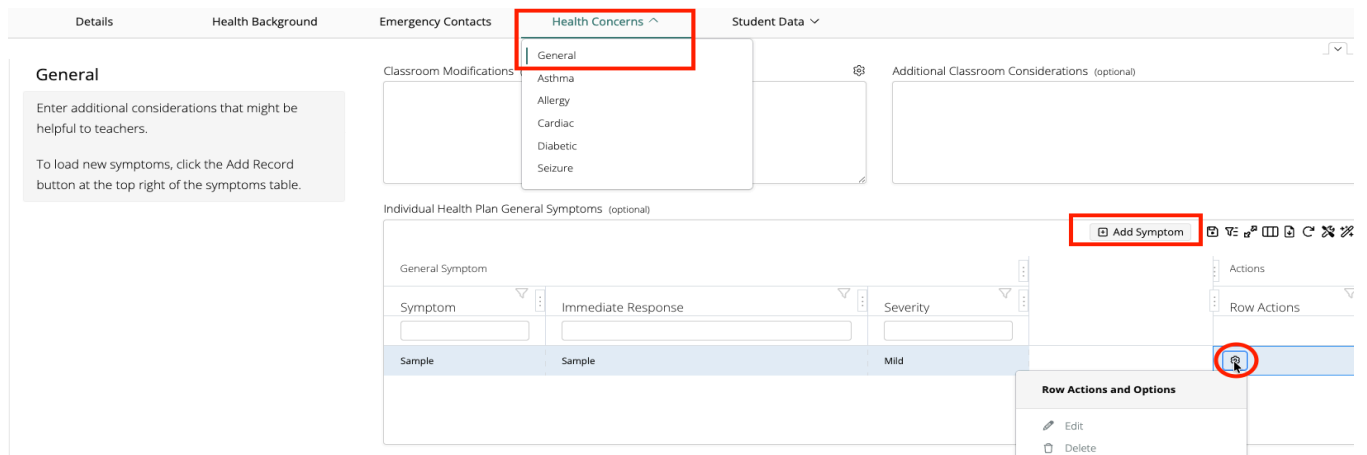
Add Emergency Contact

Contact Name (required)	Phone Number (req)	Relationship (req)
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Click the **Row Actions and Options** gear to **edit** or **delete** an existing contact.
 - a. A confirmation window will appear when deleting. Click **Yes** to remove the contact.

Health Concerns Tab: General

1. Continue creating by clicking the **Health Concerns** tab at the top of the page and choosing **General** from the dropdown menu.
 - a. Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View** column.



2. In the **General** section, fill in any **Classroom Modifications** and **Additional Classroom Considerations**.
 - a. Below is a data table of **Individual Health Plan General Symptoms**.
 - i. Click the **Add Symptom** button in the top right.
 1. Fill in the **Individual Health Plan General Symptom** and **General Symptom Immediate Response**.

2. Select the severity (**mild, moderate, severe**) from the **General Symptom Severity Selection** dropdown menu.

Add General Symptom

Individual Health Plan General Symptom (optional) Aa

General Symptom Immediate Response (optional) Aa

General Symptom Severity Selection (optional)

- Mild
- Moderate
- Severe

- ii. Click **Save**.
- b. Click the **Row Actions and Options** gear to the far right to **edit** or **delete**.

3. Fill in the **Additional Student Instructions** field if necessary.

4. Click **Save**.

Health Concerns Tab: Asthma

1. Continue creating by clicking the **Health Concerns tab** at the top of the page, then selecting **Asthma** from the dropdown menu.
 - a. Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View column**.
2. Review the **Moderate** and **Severe Symptoms** and **Moderate** and **Severe Immediate Responses**, describing how a student is affected and how to respond to the student.

Details Health Background Emergency Contacts **Health Concerns** Student Data

Moderate Symptoms

Enter information about student's typical experience of moderate symptoms and how to treat them.

Moderate Symptoms

- Excessive coughing
- Wheezing
- Shortness of breath
- Chest tightness
- Nostrils flaring
- Shoulders hunched over
- Anxious or scared
- Peak Flow

Not all students will experience all symptoms during an asthma attack.

Moderate Immediate Response:

- 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

Severe Symptoms

Provide any additional information about recognizing or treating this student's severe symptoms.

Severe Symptoms include:

- Lips or nail beds turning gray or blue (students with light complexions) / Paling of lips or nail beds (students with dark complexions)
- Grunting
- Inability to speak in complete sentences without taking a breath
- Severe restlessness
- Decreasing or loss of consciousness
- Peak Flow

Severe Immediate Response:

- Call 911
- Notify parent
- Notify school nurse
- Notify principal
- Do not leave the student unattended

Moderate Symptoms - Additional Student Information (optional)

Moderate Immediate Response - Additional Student Information (optional)

Severe Symptoms - Additional Student Information (optional)



Severe Immediate Response - Additional Student Information (optional)

- Fill in the **Moderate or Severe Symptoms** and **Moderate or Severe Symptoms** fields as needed.
- Next, in the **Asthma Triggers** section, you will see a data table of asthma triggers.

Asthma Triggers

Use the Add Record button to select the events or environments that trigger this student's asthma reactions.

Asthma Triggers (optional)

Asthma Trigger Selection	Asthma Trigger Description	Row Actions
Animals		 

Row Actions and Options

- Edit
- Delete

- Click the **Add Record** button in the top right.
 - Click the **magnifying glass** in the **Asthma Trigger Selection** field and click the **checkbox** to the left.
 - Fill in the **Asthma Trigger Description** field.
 - Click **Save**.

Add Asthma Trigger

Asthma Trigger Selection (required)

Asthma Trigger Description (optional)

- Click the **Row Actions and Options gear** to the far right to **edit or delete**.
 - A confirmation window will appear when deleting. Click **Yes** to remove the trigger.

- In the **Home Controller Medications** section, fill in the **Asthma Medications** field.

Home Controller Medications

Enter the prescription or OTC medications used by students at home to manage their asthma.

Asthma Medications (optional)

- In the **Emergency Response** section, fill in the **Medication Name** and **Dose** fields.

Emergency Response

Which medication(s) should be given to students in an emergency?

Medication Name (optional)

Dose (optional)

- Provide a quick reference for students' treatment in the **Yellow Zone** section. For each line, click the **blank** area and use the up and down arrows to enter the correct number.

Yellow Zone

Provide a quick reference for student's treatment in the yellow (symptomatic) zone.

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.

8. Provide a quick reference for students' treatment in the **Red Zone section**. For each line, click the **blank** area and use the up and down arrows to enter the correct number.

Red Zone

Provide a quick reference for student's treatment during an asthma attack.

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.

Enter further instructions (optional)

If severe symptoms continue, administer the following and refer to the Severe... (optional)

Yes
No

- a. Fill in the **Enter further instructions** field as needed.
- b. Select **Yes or No** from the **If severe symptoms continue, administer the following and refer to our severe allergy form** dropdown menu.

9. Next in the **Exercise Pretreatment section**, enter the number in the **Give Puffs** field.

- a. Select **as needed** or **consistently** from the **of quick relieve inhaler** dropdown menu.
- b. Fill in numerically the **minutes prior to exercies/PE/sports** field.
- c. For each line, click the **blank** area and use the up and down arrows to enter the correct number.

Exercise Pretreatment

Provide a quick reference for student's treatment prior to PE or other exercise.

Give puffs (req) # of quick relieve inhaler (required) # minutes prior to exercise / PE / sports. (optional) #

Pretreatment should not be given more than every hours.

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

as needed
consistently

10. Lastly, fill in the **Additional Student Instructions** and **Classroom Modifications** fields if necessary.

Additional Student Instructions

Is there anything staff should be aware of regarding this student's asthma treatment that was not indicated above?

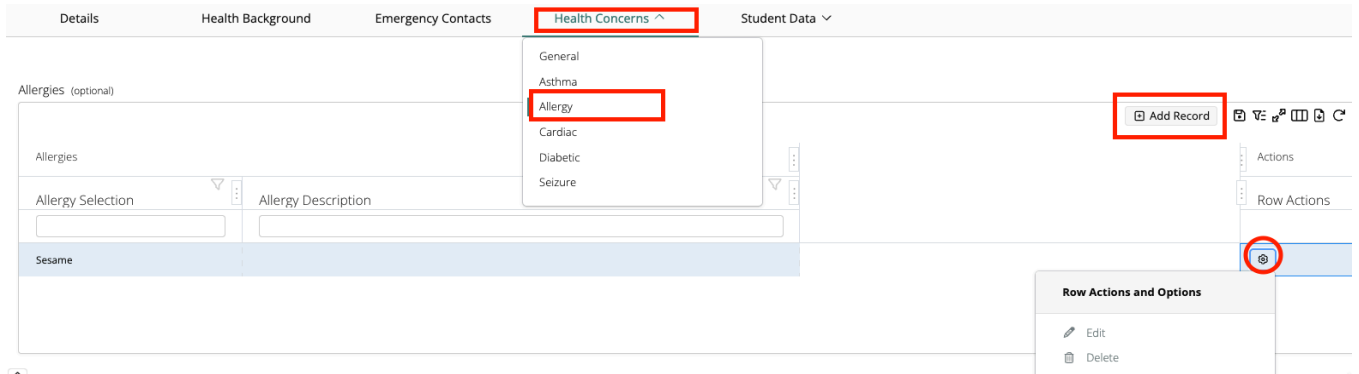
Classroom Modifications

Does this student's condition require any special considerations in the classroom?

11. Click **Save**.

Health Concerns Tab: Allergy

1. Continue creating by clicking the Health Concerns tab at the top of the page and choosing **Allergy** from the dropdown menu.
 - a. Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View** column.
2. You will see a data table for Specific Allergy.



The screenshot shows the 'Health Concerns' tab selected in the top navigation. A dropdown menu is open, showing options: General, Asthma, Allergy (highlighted with a red box), Cardiac, Diabetic, and Seizure. To the right, an 'Add Record' button is also highlighted with a red box. Below the dropdown is a table with columns 'Allergy Selection' and 'Allergy Description'. The first row contains 'Sesame'. To the right of the table is a 'Row Actions and Options' panel with 'Edit' and 'Delete' buttons.

- a. Click the **Add Record** button in the top right.

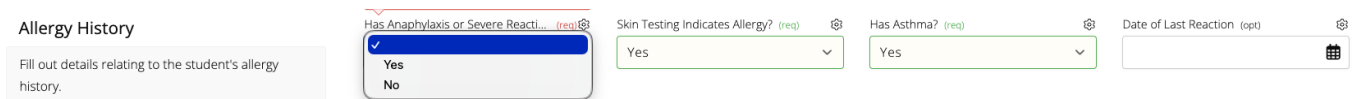


The screenshot shows the 'Essentials' section with two input fields: 'Allergy Selection (required)' and 'Allergy Description (optional)'. The 'Allergy Selection' field has a magnifying glass icon on the right and a checkbox on the far left.

- i. Click the **magnifying glass** in the **Allergy Selection** field and click the **checkbox** to the far left.
- ii. Fill in the **Allergy Description** field.
- iii. Click **Save**.

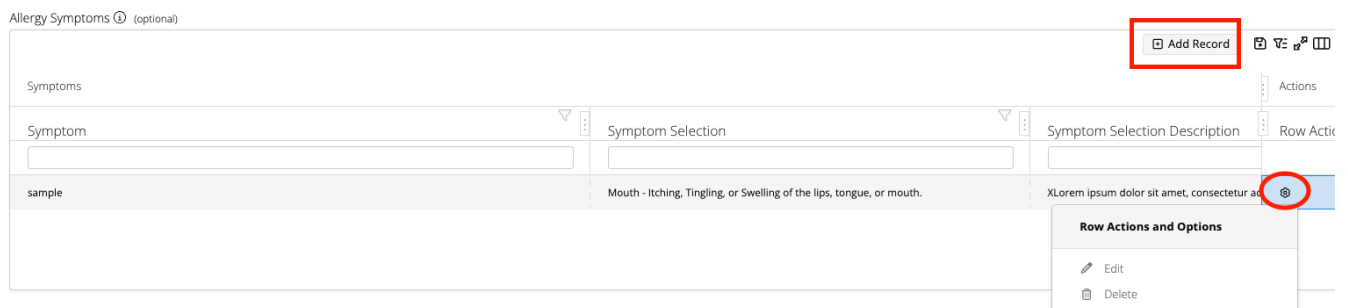
- b. Click the **Row Actions and Options** gear to the far right to **edit or delete**.

3. In the **Allergy History** section, select **Yes** or **No** from the **Has Anaphylaxis or Severe Reaction**, **Skin Testing Indicate Allergies**, and **Has Asthma** dropdown menus.
 - a. Select the **Date of Last Reaction** from the calendar.



The screenshot shows the 'Allergy History' section. It includes a text area for 'Fill out details relating to the student's allergy history.' and four dropdown menus: 'Has Anaphylaxis or Severe Reaction?' (with a 'Yes' option selected), 'Skin Testing Indicates Allergy?', 'Has Asthma?', and 'Date of Last Reaction' (with a calendar icon).

4. Next, you will see the **Allergy Symptoms** data table.



The screenshot shows the 'Allergy Symptoms' data table. The table has columns: 'Symptom', 'Symptom Selection', and 'Symptom Selection Description'. The first row contains 'sample', 'Mouth - Itching, Tingling, or Swelling of the lips, tongue, or mouth.', and 'XLorem ipsum dolor sit amet, consectetur ad'. To the right of the table is a 'Row Actions and Options' panel with 'Edit' and 'Delete' buttons. The 'Add Record' button is highlighted with a red box in the top right.

- a. Click the **Add Record** button in the top right.

Essentials

Allergy Symptom Selection (required)

Allergy Symptom Description (required)

- i. Click the **magnifying glass** in the **Allergy Symptoms Selection** field and click the **checkbox** to the left.
 - ii. Fill in the **Allergy Symptom Description** field.
 - iii. Click **Save**.
- b. Click the **Row Actions and Options gear** to the far right to **edit or delete**.

5. The **District Bus Considerations** section explains how the student manages their allergies on a bus or when using district transportation.

Carries an Epinephrine Auto-injector on the Bus? (optional)

Enephrine Auto-Injector Locations (optional)

Locations	Location Selection	Location Description	Actions
Backpack			Add Record Row Action: Edit Delete

- a. Select **Yes or No** from the **Carries an Epinephrine Auto-injector on the Bus** dropdown menu.
- b. Below that, you will see a data table for **Epinephrine Auto-injector Locations**.
 - i. Click the **Add Record** button in the top right.

Essentials

Epinephrine Auto Injector Location (required)

Location Description (optional)

1. Select the **magnifying glass** in the **Epinephrine Auto-injector Location** field and click the **checkbox** to the left.
 2. Fill in a **Location Description** if necessary.
 3. Click **Save**.
- ii. Click the **Row Actions and Options gear** to the far right to **edit or delete**.

6. In the **Classroom Food** section, select **Yes or No** from the **Has Classroom Food Restrictions** dropdown menu.

- a. Click the **Add Record** dropdown menu to select the records to add.
 - i. Click the **magnifying glass** in the **Food Restriction Selection** field and click the **checkbox** to the left.
 - ii. Fill in the **Food Restriction Description** field if necessary.
 - iii. Click the **Trash icon** to the far right to delete the record.

Classroom Food [View Instructions](#) ^

Use the drop down menu and change to yes if student has a food restriction. Click the add record button to add a food restriction. Use the trash can on the left to delete a record.

Has Classroom Food Restrictions (optional)

Yes
No

1. Food Restriction Selection (opt)

Peanuts x

Food Restriction Description (optional)

Add Record

7. In the **Cafeteria** section, select **Yes** or **No** from the **Has Cafeteria Restrictions** dropdown menu.
 - a. Fill in the **Cafeteria Restrictions** field.

Cafeteria

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

Has Cafeteria Restrictions (optional)

Yes
No

8. Fill in the **Additional Classroom Considerations**, **Additional Student Instructions**, and **Classroom Modifications** fields.

Additional Classroom Considerations

Enter additional considerations that might be helpful to teachers.

Additional Classroom Considerations (optional)

Additional Student Instructions

Is there anything staff should be aware of regarding this student's allergy that was not indicated above?

Additional Student Instructions (optional)

Classroom Modifications

Does this student's condition require any special considerations in the classroom?

Classroom Modifications (optional)

9. Click **Save**.

Health Concerns Tab: Cardiac

1. Continue creating by clicking the **Health Concerns** tab at the top of the page and choosing **Cardiac** from the dropdown menu.
 - a. Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View** column.

Details Health Background Emergency Contacts **Health Concerns ^** Student Data v

Moderate Symptoms

Enter information about student's typical experience of moderate symptoms and how to treat them.

Moderate Symptoms

- Chest Pain
- Dizziness
- Sweating
- Shortness of Breath
- Rapid Heart Rate
- Fear and Panic
- Palpitations
- Dysrhythmia
- Clubbing of Fingers
- Irritability
- Cyanosis
- 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

Provide any additional information about recognizing or treating this student's severe symptoms.

Severe Symptoms include:

- Extreme chest pain
- Irregular heart rate
- Difficulty breathing
- Fainting or collapse with any known heart condition
- 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

- Review the **Moderate or Severe Symptoms and Immediate Responses**.
- Fill in the **Moderate or Severe Symptoms - Additional Student Information** fields as necessary.
- Next, fill in any **Additional Student Instructions** and **Classroom Modifications** that may be helpful when helping a student through a cardiac episode.

Additional Student Instructions

Is there anything staff should be aware of regarding this student's cardiac treatment that was not indicated above?

Additional Student Instructions (optional)

Classroom Modifications

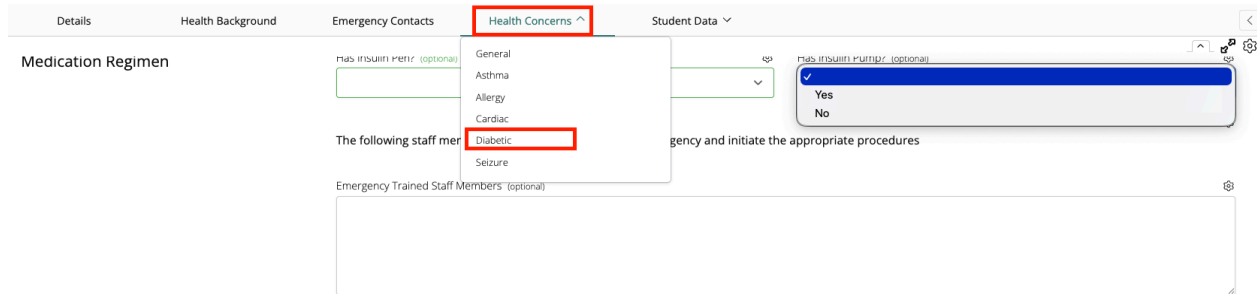
Does this student's condition require any special considerations in the classroom?

Classroom Modifications (optional)

- Click **Save**.

Health Concerns Tab - Diabetic

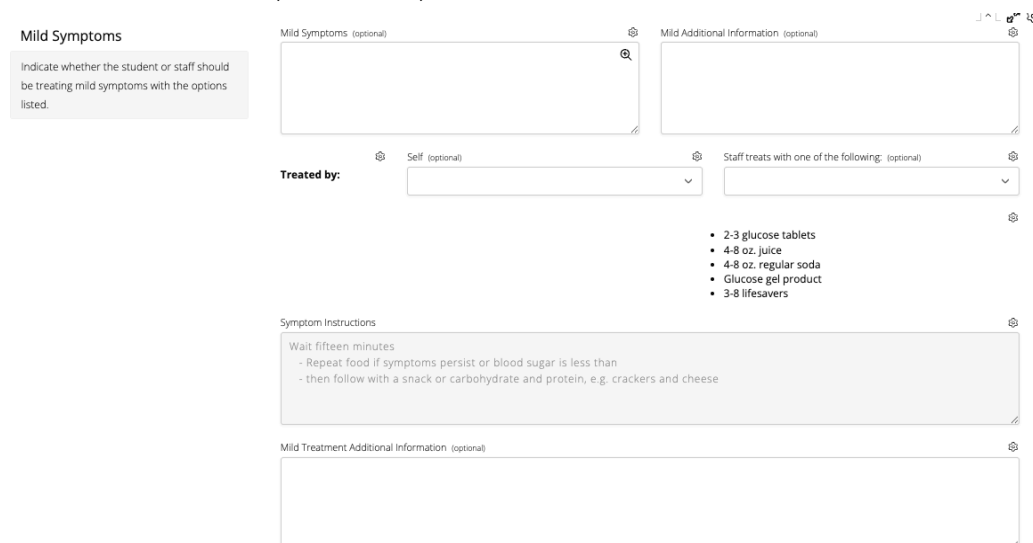
1. Continue creating by clicking the **Health Concerns tab** at the top of the page and choosing **Diabetic** from the dropdown menu.
 - a. Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View column**.



2. First, in the **Medication Regimen** section, select **Yes** or **No** from the **Has Insulin Pen** and **Has Insulin Pump** dropdown menus.
 - a. Fill in the **Emergency Trained Staff Members** field.
3. Under the **Health Concerns** section, fill in the **Low Symptoms** and **Supplies/Equipment** fields.



4. Next are the **Mild, Moderate, and Severe Symptoms** sections.
 - a. Click the **magnifying glass** in the **Mild or Moderate, Symptoms** field, click one or more **checkboxes** to the left, and click **Accept**.
 - i. Review the **Severe Symptoms**.
 - b. Fill in the **Mild, Moderate, or Severe Additional Information** fields.
 - c. Review the **Mild, Moderate, or Severe Treatment** instructions for dealing with this situation.
 - i. **If Mild:** Select **Yes** or **No** from the **Treated by: Self or Staff treats** dropdown menus.
 - d. Fill in the **Mild, Moderate, or Severe Treatment Additional Information** field as needed.



Moderate Symptoms

Enter information about student's typical experience of moderate symptoms and how to treat them.

Moderate Symptoms (optional)

Moderate Symptoms Additional Information (optional)

Moderate Treatment

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

Provide any additional information about recognizing or treating this student's severe symptoms.

Severe Symptoms

- Loss of Consciousness
- Seizure

Severe Treatment

- Don't attempt to give anything by mouth
- Call 911
- Position on side
- Contact parents, licensed nurse, or parent designated adult

Severe Symptoms Additional Information (optional)

Severe Treatment Additional Information (optional)

5. Next, fill in any **Additional Student Instructions** and **Classroom Modifications** that may be helpful when helping a student through a cardiac episode.

Additional Student Instructions

Is there anything staff should be aware of regarding this student's diabetic treatment that was not indicated above?

Additional Student Instructions (optional)

Classroom Modifications

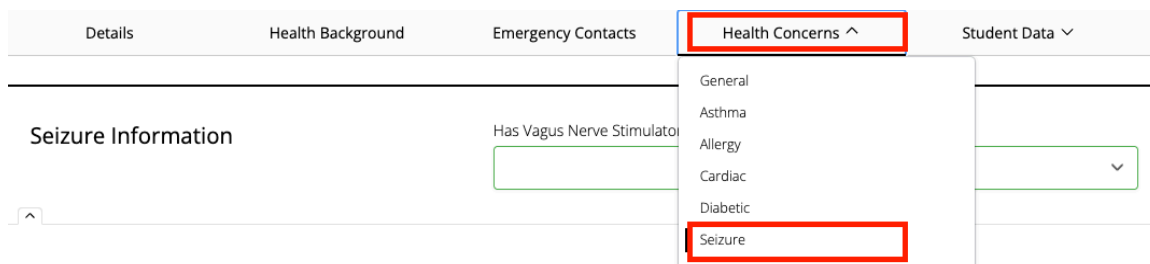
Does this student's condition require any special considerations in the classroom?

Classroom Modifications (optional)

6. Click **Save**.

Health Concerns Tab: Seizure

- Continue creating by clicking the **Health Concerns tab** at the top of the page and choosing **Seizure** from the dropdown menu.
 - Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View column**.
- First is the **Seizure Information** section, select **Yes** or **No** from the **Has Vagus Nerve Stimulator** dropdown menu.



3. In the **Grand Mal (Tonic-Clonic) Seizure, Petit Mal Seizure, and Psychomotor Seizure** sections, review the **Signs of a Seizure**.
4. Fill in any **Grand Mal Seizure, Petit Mal Seizure, Psychomotor Seizure Additional Information**.
5. Review the **Grand Mal (Tonic-Clonic) Seizure, Petit Mal Seizure, and Psychomotor Seizure Observed Seizure Immediate Responses**.
6. Fill in any **Grand Mal (Tonic-Clonic) Seizure, Petit Mal Seizure, and Psychomotor Seizure Observed Seizure Immediate Response Additional Information**.

Grand Mal (Tonic-Clonic) Seizure

Provide any additional information about recognizing or treating this student's grand mal seizures.

Signs of a seizure include muscles tensing up and a rigid body, followed by a temporary loss of consciousness and shaking of the 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.
- Stay with child until fully conscious.
- Keep airway open and watch breathing.

Observed Seizure Immediate Response Additional Information (optional)

Petit Mal Seizure

Provide any additional information about recognizing or treating this student's petit mal seizures.

Signs of a seizure include:

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

Observed Seizure Immediate Response:

- 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

Petit Mal Seizure Additional Information (optional)

Observed Seizure Immediate Response Additional Information (optional)

Psychomotor Seizure

Provide any additional information about recognizing or treating this student's psychomotor seizures.

Signs of a seizure include:

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

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

Psychomotor Seizure Additional Information (optional)

Observed Seizure Immediate Response Additional Information (optional)

7. In the **Seizure is an Emergency when** section, review the **Convulsive (Tonic-Clonic) seizure lasts longer than 5 min. and Emergency Seizure Immediate Response**.
 - a. Fill in the **Seizure Emergency Additional Information and Observed Seizure Immediate Response Additional Information** field.

Seizure is an Emergency when

List any additional info that staff should be aware of if this student has a seizure, such as having diabetes.

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)

- Next, fill in any **Additional Student Instructions** and **Classroom Modifications** that may be helpful when helping a student through a cardiac episode.

Additional Student Instructions

Enter additional instructions.

Additional Student Instructions (optional)

Classroom Modifications

Classroom Modifications (optional)

- Click **Save**.

Student Data Tab

- Continue creating by clicking the **Student Data tab** at the top of the page and choosing one of the following from the dropdown menu. All are read-only reported from the Student Dashboard.
 - Additional Services**
 - Attendance History**
 - Languages**
- Alternatively, go to **View My Health Plans** in the left navigation, then click the **magnifying glass** in the **View column**.

Details	Health Background	Emergency Contacts	Health Concerns ▾	Student Data ^ Additional Services Attendance History Languages
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