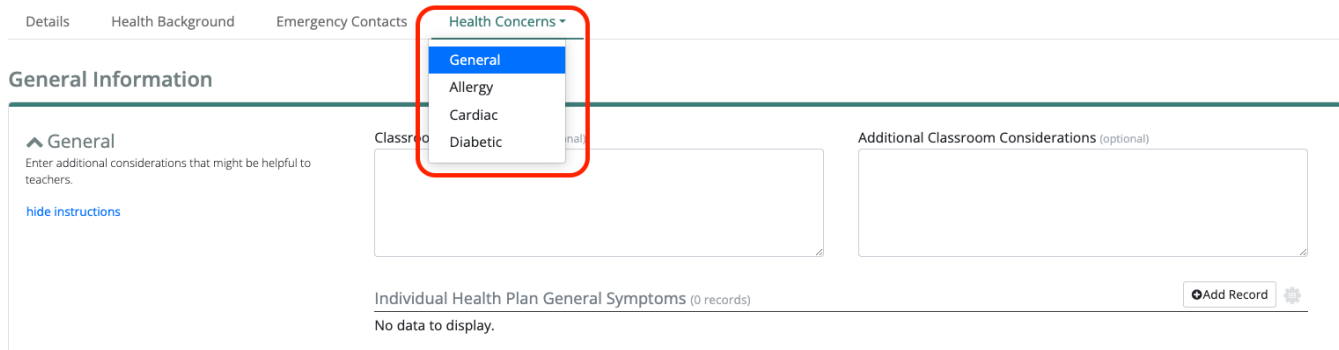


Individual Health Plans: Health Concerns V2

When creating or updating an Individual Health Plan (IHP) for a student, you will select a **Health Concern** from the drop-down menu in the **Health Concerns** section. The menu options will adjust based on the selection made in the **Individual Health Plan Details** tab. Below is a detailed guide for each health concern category and the specific fields to complete.

Helpful Resource: [Create a New Individual Health Plan \(V2\)](#).

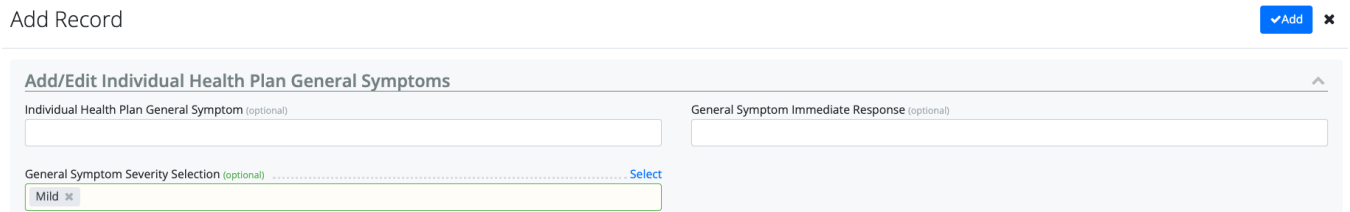


The screenshot shows the 'Individual Health Plan Details' tab with the 'Health Concerns' dropdown menu open. The 'General' option is selected and highlighted in blue. Below the dropdown, the 'General Information' section is visible, including a 'Classroom Modifications (Optional)' field and an 'Additional Classroom Considerations (Optional)' field. At the bottom, there is a table for 'Individual Health Plan General Symptoms (0 records)' with an 'Add Record' button.

GENERAL

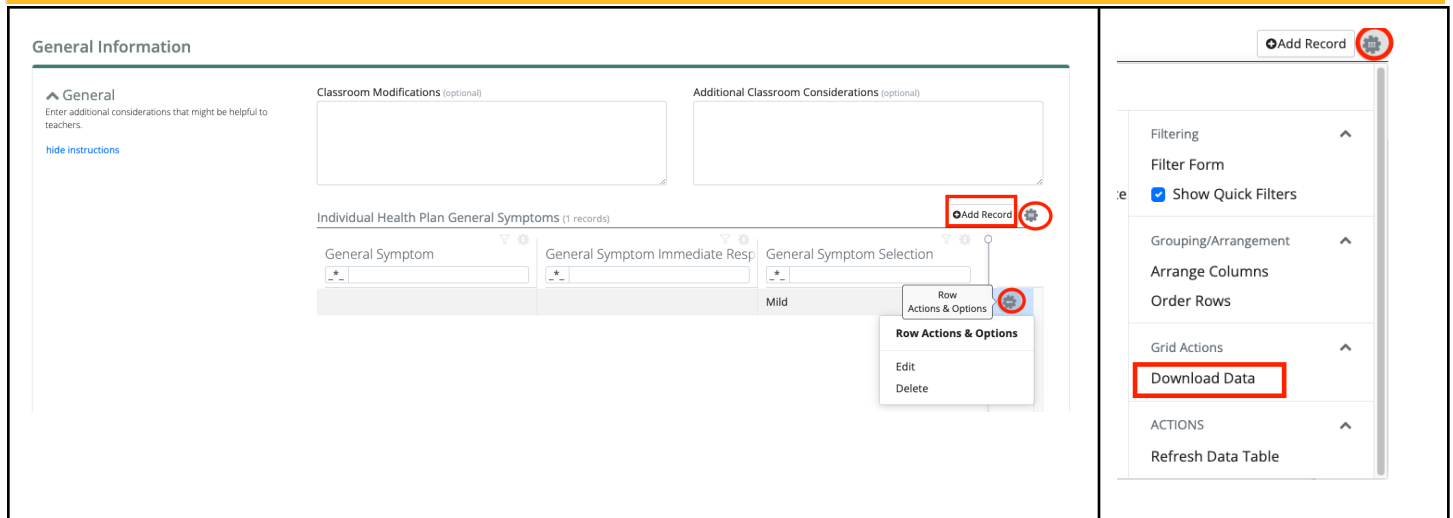
General (Other) will always be displayed in the Health Concerns menu. The General section only needs to be completed when "Other" is selected as the Health Concern on the Details page. Leave General blank when another Health Concern is selected.

1. Fill in **Classroom Modifications (Optional)** and **Additional Classroom Considerations (Optional)**.
2. Click **Add Record** to input symptoms.
 - a. Fill in **General Symptom (Optional)** and **Immediate Response (Optional)**.
 - b. Click Select in the **Symptom Severity (Optional)** field and click the **checkmark** to the left.
 - c. Click **Add**.



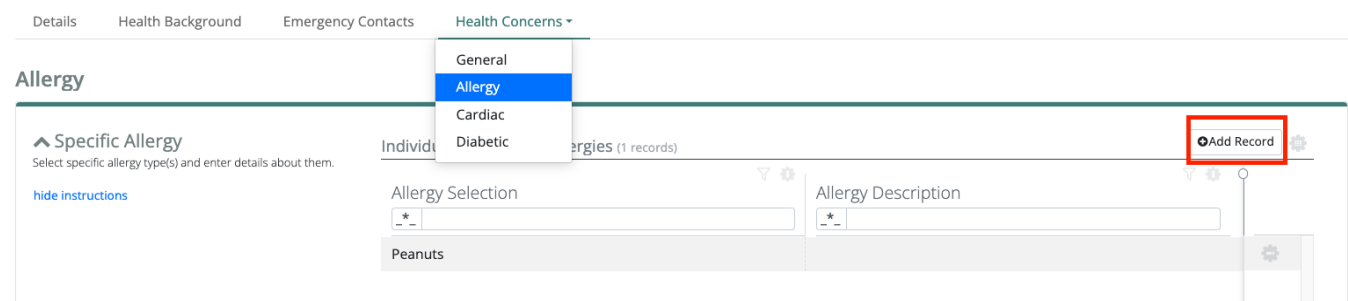
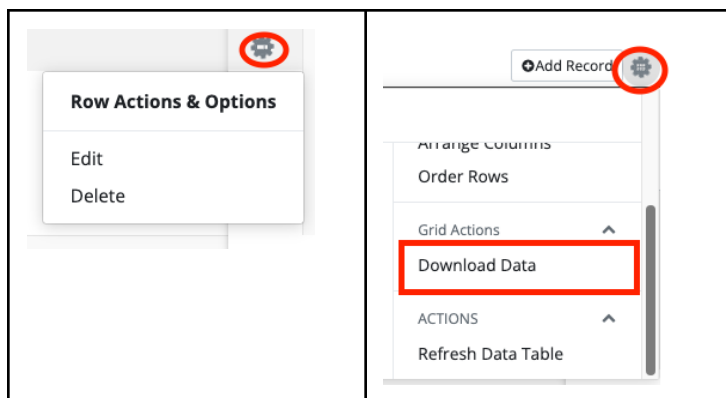
The screenshot shows the 'Add Record' form for 'Add/Edit Individual Health Plan General Symptoms'. It includes fields for 'Individual Health Plan General Symptom (optional)', 'General Symptom Immediate Response (optional)', and 'General Symptom Severity Selection (optional)'. The severity selection is currently set to 'Mild' with a 'Select' button to the right. An 'Add' button is visible in the top right corner.

3. After adding columns, you can filter and sort them by clicking the **Row Actions Gear** and choosing **Edit** or **Delete**.
4. To download data in Excel, click the **Action Gear** at the top of the container and select **Download Data**.



ALLERGY

- Click **Add Record** to add an allergy (e.g., Peanuts, Tree Nuts, Dairy, Eggs, etc.)
 - Click **Select** to choose an **Allergy Selection (Required)**, then click the **checkmark** to the left.
 - Fill in an **Allergy Description (Optional)**.
 - Click **Add**.
- Click the **Row Action Gear** to the far right to **Edit** or **Delete**.
- Records can also be downloaded by clicking 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.

Add Record

Add

Add Allergy

Individual Health Plan Allergy Selection (required) [Select](#)
Peanuts

Individual Health Plan Allergy Description (optional)

4. Select relevant **Allergy History** options:
 - a. Click the checkbox for **Anaphylaxis, Severe Reaction, or Skin Testing Indicates Allergy**.
 - b. Select the radio button for **Has Asthma?** (Yes/No).
 - c. Fill in the **Date of Last Allergy Reaction (Optional)**.

^ Allergy History

Fill out details relating to the student's allergy history.

[hide instructions](#)

☐ Anaphylaxis or Severe Reaction
☐ Skin Testing Indicates Allergy

Has Asthma?
☐ Yes
☒ No

Date of Last Reaction (optional)

5. In the Allergy Symptoms section, click **Add Record** to input symptoms related to the allergy (e.g., mouth, skin, throat, gut, lung, etc.) similar to earlier.
6. Click the **Row Action Gear** to the far right to **Edit** or **Delete**.
7. Records can also be downloaded by clicking 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 Symptoms

Select allergy symptoms and enter details about them.

[hide instructions](#)

Individual Health Plan Allergy Symptoms (1 records)

Add Record

Allergy Symptom Selection	Allergy Symptom	Row Actions & Options
Mouth - Itching, Tingling, or Swelling of the lips, tongue, or m...		Edit Delete

Add Record

Add

Add Symptom

Individual Health Plan Allergy Symptom Selection (required) [Select](#)
Skin - Hives, itchy rash, and/or swelling about the face or extremities.

Individual Health Plan Allergy Symptom Description (optional)

8. In the **District Bus Considerations** section:
 - a. Click the radio button for **Carries an Epinephrine Auto-injector on the Bus?** (Yes/No).
 - b. Click **Add Record** to select an **Epinephrine Auto-injector Location (Required)** Backpack, Waistpack, On-Person) and a location and description similar to the previous options.
 - c. Click the **Row Action Gear** to the far right to **Edit** or **Delete**.
 - d. Records can also be downloaded by clicking 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.

^ District Bus Considerations

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

[hide instructions](#)

Carries an Epinephrine Auto-injector on the Bus?

☐ Yes
☒ No

Epinephrine Auto-Injector Locations (1 records)

[Add Record](#)

Epinephrine AutoInjector Location	Epinephrine AutoInjector Location Description
Backpack	

Row Actions & Options

Edit

Delete

Add Record

[Add](#)

Add/Edit Individual Health Plan Epinephrine Auto-Injector Locations

Epinephrine Auto-Injector Location (required) [Select](#) Epinephrine Auto-Injector Location Description (optional)

Backpack

9. Select the radio button for **Has Classroom Food Restrictions?** (Yes/No)
 - a. If Yes, click **Add Record**, then add Food Restriction Selection (e.g., Tree Nuts, Peanuts, Cheese) and Food Restriction Description (Optional), as in earlier steps.
10. Click the **Row Action Gear** to the far right to **Edit** or **Delete**.
11. Records can also be downloaded by clicking 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.

^ 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 (0 records)

[Add Record](#)

No data to display.

12. Select the radio button for **Has Cafeteria Food Restrictions** (Yes/No).
 - a. If yes, fill in **Cafeteria Restrictions (Optional)**.
13. Click the **Row Action Gear** to the far right to **Edit** or **Delete**.
14. Records can also be downloaded by clicking 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.

^ Cafeteria

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

[hide instructions](#)

Has Cafeteria Restrictions

☒ Yes
☐ No

Cafeteria Restrictions (optional)



15. Optionally, fill in **Additional Classroom Considerations, Additional Student Instructions, and Classroom Modifications.**

^ Additional Classroom Considerations
Enter additional considerations that might be helpful to teachers.

[hide instructions](#)

(optional)

^ Additional Student Instructions
Enter additional instructions.

[hide instructions](#)

(optional)

^ Classroom Modifications

[hide instructions](#)

(optional)

ASTHMA

1. Review and add additional information about moderate symptoms if applicable.
 - a. **Moderate Symptoms - Additional Student Information**
 - b. **Moderate Immediate Response - Additional Student Information**
 - c. **Severe Symptoms - Additional Student Information**
 - d. **Severe Immediate Response - Additional Student Information**

^ Moderate Symptoms Review and add additional information about moderate symptoms, if applicable. hide instructions Moderate Symptoms Include: • 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 Symptoms - Additional Student Information (optional) 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 Moderate Immediate Response - Additional Student Information (optional)	^ Severe Symptoms Review and add additional information about severe symptoms, if applicable. hide instructions Severe Symptoms Include: • Lips or nail beds turning gray or blue (students with light complexions) / Faling 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 Symptoms - Additional Student Information (optional) Severe Immediate Response: • Call 911 • Notify parent • Notify school nurse • Notify principal • Do not leave the student unattended Severe Immediate Response - Additional Student Information (optional)
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2. Click **Add Record** to add asthma triggers such as exercise, colds, smoke, etc.
 - a. Click Select and click the **checkmark** to the left.
 - b. Fill in Asthma Trigger Description (Optional)
 - c. Click **Add**.
3. Click the **Row Action Gear** to the far right to **Edit** or **Delete**.



4. Records can also be downloaded by clicking 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.

^ Asthma Triggers
Select allergy symptoms and enter details about them.
[hide instructions](#)

Individual Health Plan Asthma Triggers (1 records)

Add Record

Individual Health Plan Asthma Trigger Selection	Individual Health Plan Asthma Trigger Description
Exercise	

Row Actions & Options

- Edit
- Delete

Add Record

Add/Edit Asthma Triggers

Asthma Trigger Selection (required)

Asthma Trigger Description (optional)

5. Fill in **Home Controller Asthma Medications** such as inhalers or other asthma treatments.
6. Fill in the **Emergency Response Medication Name** and Dose.

^ Home Controller Medications
[show instructions](#)

Asthma Medications (optional)

^ Emergency Response
[show instructions](#)

Medication Name (optional)

Dose (optional)

7. Determine whether the student carries an Epi or an inhaler on the bus, and, if they do, enter further instructions in the **Yellow/Red Zone/Exercise Pretreatment** and **Exercise Pretreatment** sections.

^ 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.



8. Optionally, fill in **Additional Student Instructions** and **Classroom Modifications**.

Additional Student Instructions

Enter additional instructions.

[hide instructions](#)

(optional)

Classroom Modifications

[hide instructions](#)

(optional)

CARDIAC

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)**.

^ 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 • Dyspnea • 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 • Tachycardia that does not resolve • Difficulty breathing Severe Symptoms - Additional Student Information (optional) Severe Immediate Response: • Call 911 • Call parents • If student is not breathing, start CPR/AED
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Additional Student Instructions

[show instructions](#)

(optional)

Classroom Modifications

[show instructions](#)

(optional)

DIABETIC

- Review and add additional information about moderate symptoms, if applicable.
 - Select the radio button for **Has Insulin Pen (Yes/No)** or **Has Insulin Pump (Yes/No)**.
 - Fill in **Emergency Trained Staff Members (Optional)**

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)



2. Fill in the Health Concern, Low Symptoms, and Supplies/Equipment.

Health Concern

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

[hide instructions](#)

Low Symptoms (optional)

Supplies / Equipment (optional)

3. Select Mild Symptoms:

- Click **Select** to choose **Mild Symptoms**, click one or more **checkboxes** to the left, and then click **Add Mild Symptom**.
- Click the **Self** or **Staff treats** checkbox.
- Fill in the **Mild Treatment Additional Information**.

Mild Symptoms

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

[hide instructions](#)

Mild Symptoms (optional) [Select](#)

☐ 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)

Mild Additional Information (optional)

4. Select Moderate Symptoms similarly.

Moderate Symptoms

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

[hide instructions](#)

Moderate Symptoms (optional) [Select](#)

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)

Moderate Symptoms Additional Information (optional)

5. Fill in Severe Symptoms and Treatment Information.

Severe Symptoms

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

[hide instructions](#)

Severe Symptoms

- Loss of Consciousness
- Seizure

Severe Symptoms Additional Information (optional)

Severe Treatment

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

Severe Treatment Additional Information (optional)



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

^ Additional Student Instructions

Enter additional instructions.

[hide instructions](#)

(optional)

^ Classroom Modifications

[hide instructions](#)

(optional)

SEIZURE

1. Select the radio button for **Has Vagus Nerve Stimulator?** (Yes/No).

^ Seizure Information

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

[hide instructions](#)

Has Vagus Nerve Stimulator?

☐ Yes

☒ No

2. Review and add information about Grand Mal (Tonic-Clonic) Seizure, Petit Mal Seizure, Psychomotor Seizure, and when a Seizure is an Emergency.

^ 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)

^ 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)



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)

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

Seizure Emergency Additional Information (optional)

Emergency Seizure Immediate Response

- Call 911
- Call Parents

Observed Seizure Immediate Response Additional Information (optional)

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

Additional Student Instructions

Enter additional instructions.

[hide instructions](#)

(optional)

Classroom Modifications

[hide instructions](#)

(optional)