|  |  |  |
| --- | --- | --- |
| **AsthmaDetailed individualized healthcare plan (IHP) template**Utah Department of Health & Human Services | School year:504 date:IEP date (if applicable): | Picture |
| **Student information** |
| **Student:** | **DOB:** | **Grade:** | **School:** |
| **Parent:** | **Phone:** | **Email:** |
| **Physician:** | **Phone:** | **Fax or email:** |
| **School nurse:** | **School Phone:** | **Fax or email:** |
| **Medical diagnosis(es):**  | **Age at diagnosis:** | **Confirmed by HCP? 🞏 Yes 🞏 No**  |
| **Plan initiated by:** | **Date:** |

Asthma detailed individualized healthcare plan

|  |
| --- |
| **Nursing assessment** |
|

|  |
| --- |
| Review all information provided by parents and health records or orders from current healthcare providers.Check this student’s usual signs/symptoms of an asthma attack or exacerbation:❏ Difficulty breathing, gasping❏ Stopping/avoiding activity❏ Daytime drowsiness/fatigue❏ Coughing❏ Nasal flaring❏ Nighttime wakening or cough❏ Wheezing❏ Chest-tightness❏ Skin in neck and between ribs sinking in with breathing❏ Blue or grey skin color❏ Peak flow value <80% of personal best or for age and gender❏ Shortness of breath❏ Pallor❏ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check any known triggers for this student’s asthma:❏ Upper respiratory infections❏ Environmental tobacco smoke❏ Damp conditions/molds❏ Physical activity/exercise❏ Strong odors/emissions❏ Foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Cold weather❏ Grasses/pollen❏ Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Poor outdoor air quality❏ Furry animals/bird feathers❏ Hard laughing/crying❏ Poor indoor air quality❏ House dust mites❏ Emotional stress or upset 🞏 Other (specify):  |

 |

|  |
| --- |
| **Nursing diagnoses** |
|

|  |
| --- |
| 🞏 Ineffective airway clearance related to:* chronic airway inflammation causing bronchoconstriction and excessive mucus production
 |

 🞏 Impaired gas exchange related to:* airway inflammation, bronchoconstriction, and excessive mucus production due to asthma

🞏 Risk for activity intolerance related to:* exacerbation of symptoms associated with exercise-induced bronchospasm

🞏 Disturbed sleep pattern related to:* nighttime asthma symptoms

|  |
| --- |
| 🞏 Deficient knowledge related to:* lack of education about asthma and asthma management

🞏Ineffective health management related to:* insufficient knowledge of therapeutic regimen
* insufficient social support
* perceived benefit
* perceived barrier

🞏 Readiness for enhanced self-care related to:* expressed desire to enhance knowledge of self-care strategies
* expressed desire to enhance independence with life

🞏 Anxiety related to:* experiencing a chronic illness and exacerbations of symptoms that can be life-threatening
* insufficient knowledge of therapeutic regimen
* decisional conflict
 |

🞏 Other (specify): |

|  |
| --- |
| **Nursing interventions** |
| The school nurse will:🞏 obtain and have on hand AAP from identified healthcare provider and incorporate plan into IHP, EAP, and 504 plans.🞏 identify student’s asthma severity by monitoring peak flows and asthma signs and symptoms to help establish priorities for interventions.🞏 identify and obtain necessary medications, medication devices, and asthma supplies.🞏 provide training and monitoring of designated school staff in activation of EAP when needed..🞏 monitor availability of prescribed medications and devices to student on her person and in health office for emergencies and bus and field trips.🞏 in collaboration with student and other school personnel, promote a healthy school environment by:* reducing and eliminating allergens and irritants (e.g., no furry pets in classroom)
* avoiding strong odors or use of chemicals, cleaning supplies, perfumes, painting in classroom and other areas
* controlling moisture and mold by reporting and wiping up spills as soon as possible;
* keeping student indoors on days of poor air quality or extreme cold or heat
* reinforcing student’s efforts to avoid and control exposure to triggers
* communicating with student and parent(s) regarding exacerbations or signs of poor asthma control

🞏 educate student and appropriate school personnel about expectations for good asthma control and components of student’s EAP, including the importance of adherence to therapeutic regimen, proper medication administration, trigger control/avoidance, and actions to take for worsening symptoms.🞏 periodically assess the effectiveness of the AAP, IHP, EAP, and 504 plan and revise, modify, or referas needed for full school participation.🞏 provide opportunities for student to make decisions regarding asthma management.🞏 address asthma knowledge deficits as indicated (e.g., etiology, signs and symptoms, peak flow meter use and interpretation, treatment regimen, proper use of inhaler, self-carry responsibilities, avoidance/control of triggers, actions to take for worsening symptoms and for acute exacerbations) via one-to-one instruction and participation in group asthma education class.🞏 help student identify factors that interfere with compliance with the therapeutic regimen and develop strategies to deal with the barriers.🞏 ask student about his or her sense of well-being; encourage discussion of feelings; promote mastery of new skills through manageable incremental learning with demonstration and return-demonstration; and use positive reinforcement as student takes on increasing responsibility for self management.🞏 assess student’s developmental and emotional readiness for self-carrying of quick-relief medication.🞏 provide health counseling and allergy awareness opportunities to classmates. 🞏 encourage student to wear medical alert bracelet or necklace at all times.🞏 encourage student self-advocacy and immediate communication with school personnel.🞏 encourage student to disclose (type of) allergy to peers and how they can support him/her at school in promoting safety.🞏 request that classroom teacher(s) notify all families about food allergy awareness and classroom implications.* + Give classroom teacher(s) an allergy aware school letter for families.
	+ Request that foods containing peanut/tree nut products or other classroom allergens not be eaten in the classroom.
	+ Request that classroom teachers notify families of students with life-threatening allergies about any classroom activities that will involve food and allow alternative foods.
	+ Make field trip modifications as needed (e.g., medication must be taken along on all field trips).
	+ Make extracurricular activity (e.g., dances, carnivals) modifications as needed.

🞏 provide in-service for designated school staff (including school bus driver, substitute teachers) about allergic reaction/anaphylaxis.* + Discuss symptoms of mild to severe allergic reactions, including anaphylaxis.
	+ Develop EAP for treatment (from mild to severe).
	+ Review location of student’s medication and EAP.
	+ Review administration of epinephrine and discuss monitoring and treatment measures before emergency medical services arrival.
	+ Review albuterol administration.

🞏 maintain and monitor availability of quick acting relief medications by:* + self-carry medication.
	+ easily accessible medication through designated school staff.
	+ ongoing monitoring of storage medication and staff training.

🞏 Other (specify):  |

|  |
| --- |
| **Expected student outcomes** |
| The student will:🞏 demonstrate good asthma control (e.g., decreased number of days per week with symptoms, fewer night awakenings) and improved participation in school activities within 6 weeks.🞏 report feeling greater confidence in self-management and improved well-being within 2 weeks.🞏 articulate an age appropriate understanding of asthma and the proper use of medications (controller and quick-relief, as needed), including self-carry responsibilities, within 2 weeks.🞏 identify actions to take and strategies to use to manage symptoms as identified in the AAP within 2 weeks.🞏 Other (specify):  |

|  |
| --- |
| **Plan** |
|  |

|  |
| --- |
| **Evaluation** |
|  |