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

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| **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 or avoiding activity  ❏ Daytime drowsiness or 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 or molds  ❏ Physical activity or exercise  ❏ Strong odors or emissions  ❏ Foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❏ Cold weather  ❏ Grasses or pollen  ❏ Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❏ Poor outdoor air quality  ❏ Furry animals or bird feathers  ❏ Hard laughing or crying  ❏ Poor indoor air quality  ❏ House dust mites  ❏ Emotional stress or upset  □ Other (specify): | |

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| **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): |

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| **Nursing interventions** |
| The school nurse will:  □ Obtain and have on hand an asthma action plan (AAP) from the student’s healthcare provider and incorporate the plan into the student’s IHP, EAP, and 504 plans.  □ Identify the 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 for the student available from the nurse directly,in the health office for emergencies, on the bus, and during field trips.  □ Promote a healthy school environment in collaboration with student and other school personnel by:   * Reducing and eliminating allergens and irritants (no furry pets in the classroom). * Avoiding strong odors or use of chemicals, cleaning supplies, perfumes, and painting in the classroom and other areas of the school. * Controlling moisture and mold by reporting and wiping up spills as soon as possible. * Keeping the student indoors on days of poor air quality or extreme cold or heat. * Reinforcing the student’s efforts to avoid and control exposure to triggers. * Communicating with the student and his or her parent(s) regarding exacerbations or signs of poor asthma control.   □ Educate the student and appropriate school personnel about expectations for good asthma control and components of the student’s EAP, including the importance of following their 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. Revise, modify, or refer  as needed for full school participation.  □ Provide opportunities for the student to make decisions regarding their asthma management.  □ Address asthma knowledge deficits as indicated (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 classes.  □ Help the student identify factors that make following their therapeutic regimen difficult and develop strategies to deal with these barriers.  □ Ask the 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. Use positive reinforcement as the student takes on increasing responsibility for self management.  □ Assess the student’s developmental and emotional readiness for self-carrying of quick-relief medication.  □ Provide health counseling and allergy awareness opportunities to classmates.    □ Encourage the student to wear a medical alert bracelet or necklace at all times.  □ Encourage the student to advocate for their health needs and immediately communicate concerns to school personnel.  □ Encourage the student to disclose the type of allergy to their peers and how they can help keep him or her safe at school and provide support.  □ 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 (medication must be taken along on all field trips).   + Make extracurricular activity (dances, carnivals) modifications as needed.   □ Provide in-service for designated school staff (including school bus driver, substitute teachers) about allergic reactions/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): |

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| **Expected student outcomes** |
| The student will:  □ Demonstrate good asthma control (decreased number of days per week with symptoms, fewer night awakenings) and improved participation in school activities by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  □ Report feeling greater confidence in self-management and improved well-being within\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  □ Articulate an age appropriate understanding of asthma and the proper use of medications (controller and quick-relief, as needed), including self-carry responsibilities, within ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  □ Identify actions to take and strategies to use to manage symptoms as identified in the AAP.  □ Other (specify): |

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| **Plan** |
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| **Evaluation** |
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