Individualized Health Care Plan

		Date
Student Name:	DOB:	Class/Grade
Physician's Diagnosis:_Anaphylactic Reac	tion to Peanuts and Pea	anut Products
Prescribed Medications and Treatments: Benadrylmg Epi-Pen Jr. Epi-Pen		
(see Medication Kardex for dosage and oth side effects)	ner information re: drug	action and
Nursing Assessment		
Numerine Dien	• •	c reaction roncheal response to allergen (peanuts/peanut products)
Goals The student will:		
Effective airway clearance and cardiac output aeb no aberrant breath sounds, pulse WNL, respiration WNL, blood pressure WNL.	at first sign of reaction: who hoarseness, "light-heade cyanosis, flualteration in generalized if	er from Dr If anaphylactic eezing, dyspnea, pallor, edema, tachycardia, dness", postural hypotension, esh, diaphoresis, respiration, or blood pressure, itching/burning sensation indicates difficulty talking, start treatment. Benadrylmg (cc of c solution) by mouth per creathing/pulse-initiate CPR as of anaphylactic reaction lls to: sessment and transportation call
		nt warm and avoid exertion.

	Offer reassurance to facilitate relaxation. 6. Monitor pulse, respirations, blood pressure until EMTs/paramedics arrival
Avoid contact with allergen or possible source of anaphylactic reaction aeb no anaphylactic reactions.	 Inservice staff regarding use of products in various food preparation. Alert room parents and teachers to avoid food products at school unless approved by parents. Have parents provide an alternate box of safe snacks for to use in the dassroom when needed.
3. Be provided with rapid response to anaphylactic reactions in the school environment aeb emergency plan in immediate effect when needed at school.	 Staff will be taught on signs & symptoms an anaphylactic reaction Emergency medications and care plan will be sent on field trips All staff will be alerted to special medical needs Student will be encouraged to wear medic alert identification Classmates will receive information on anaphylactic reactions and allergies.
D.M. Cupaniana Data	Doront Circumstance Date
R.N. Supervisor Date	Parent Signature Date
Delegated Personnel Nurses Notes with Evaluation	