

Individualized Healthcare Plan(IHP)/Emergency Action Plan(EAP) for Student Requiring Oxygen Supplementation

Student's Name _____ Date of Birth _____

Parent/Guardian Names _____

Phone (w) _____ (h) _____ (c) _____

Phone (w) _____ (h) _____ (c) _____

Physician _____ Phone _____

Fax _____

Oxygen Vendor _____ Phone _____

Contact Person _____

Specific Instructions for use of Portable Oxygen:

Oxygen delivery system: (Concentrator/Cylinder/etc) _____

Liters per minute: _____

Delivered via:

- Nasal cannula
- Mask
- Tracheostomy collar

Times of use:

- Continuous
- While sleeping/napping
- During activity (specify) _____
- PRN--**please provide SPECIFIC guidelines for PRN use:**

Pulse Oximeter:

Student's Normal Baseline oxygen saturation is _____%

Please indicate when student should have oxygen saturation checked with a pulse oximeter. Check all that apply. If PRN please provide SPECIFIC guidelines:

- Before breathing treatment
- After breathing treatment
- Before activity
- After activity
- Before riding bus
- Upon arrival/return to school
- When signs of respiratory distress--specific individual symptoms

- PRN--please provide SPECIFIC guidelines: _____
- _____

Please note any **ACTIVITY Limitations/Restrictions:** _____

Recommended Interventions to improve O2 saturations. Check all that apply.

- Encourage student to assume position of comfort.
- Encourage slow, deep, even breaths.
- Administer
Inhaler: _____
- Administer
Nebulizer: _____
- Increase oxygen to _____ liters/minute.

If oxygen saturations remain between _____% and _____% after interventions listed, call parent/guardian.

If oxygen saturations remain below _____% after interventions listed, CALL 911

EMERGENCY PLAN OF ACTION

1. Call 911 if the student's color becomes pale, cyanotic (bluish), or ashen OR student has other signs of respiratory distress such as difficulty breathing, gasping, etc.
2. School personnel trained in CPR will respond and initiate CPR if needed prior to EMS arrival.
3. Contact parent/guardian immediately.
4. If 911 is called the student must be transported via ambulance to the emergency facility, OR parent/guardian must sign release with EMS and then assume responsibility for the student. The student may not return to school that day.
5. When a student is transported via EMS a GIPS staff member must ride with the student unless a parent accompanies them.
6. If a student requires medical treatment while on the bus, the driver will proceed to the nearest school where 911 will be called if indicated.

Additional Physician or Parents Comments:

Physician Consent for Oxygen IHP

I have reviewed and approved this management plan and included any recommended modifications. This consent is for a maximum of one year. If changes in procedure are indicated, I will provide written orders accordingly.

Physician Signature

Date

Parent Consent for Oxygen IHP

I, as parent/guardian, concur with the above management plan, will provide the necessary supplies and equipment, and authorize the school nurse to contact the physician when necessary.

Parent/Guardian Signature

Date