

IHP/EAP for Student with Cystic Fibrosis

Name _____ Date of Birth _____
Parent/Guardian _____
Phone (h) _____ (w) _____ (c) _____
Physician _____ Phone _____
Fax _____

Medical History/ Diagnoses:

Medications:

Activity Limitations or Restrictions:

☐ May participate in physical education class if oxygen saturation over _____
☐ May participate in outdoor recess if oxygen saturation over _____ and outdoor temperature over _____ and under _____.

Nutrition:

☐ Supplement ordered _____ Time to be given at school _____
☐ Use G tube if a student doesn't drink supplement within _____ minutes.
☐ Snacks needed between meals _____
☐ Monitor growth by recording height/weight every _____

Notify Parents when:

☐ Temperature is over _____
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Respiratory:

Student's Normal Baseline oxygen saturation is _____%

Oxygen saturation should be checked: Check all that apply.

- ☐ Before breathing treatment
- ☐ After breathing treatment
- ☐ Before activity
- ☐ After activity
- ☐ Upon arrival/return to school
- ☐ When signs of respiratory distress--specific individual symptoms: _____
- ☐ PRN- please provide SPECIFIC guidelines: _____

Interventions for symptoms of respiratory distress such as appearing pale, shortness of breath, persistent cough, pulse oximeter below baseline, lethargic. Check all that apply.

- ☐ Notify parent/guardian.
- ☐ Encourage student to assume a position of comfort.
- ☐ Encourage slow, deep, even breaths.
- ☐ Administer Nebulizer: _____
- ☐ Rest in Nurse's office for _____

Emergency Plan:

- ☐ If oxygen saturations remain between _____% and _____% after interventions listed, call parent/guardian.
 - ☐ If oxygen saturations remain below _____% after interventions listed, CALL 911
- _____

Physician Consent for Cystic Fibrosis 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.

Healthcare Provider Signature

Date

Parent Consent for Cystic Fibrosis IHP

I, as parent/guardian, concur with the above management plan, and will provide the necessary supplies and equipment, notify the school nurse if there is any change in our child's health status or doctor's orders, and authorize the school nurse to contact the physician when necessary.

Parent/Guardian Signature

Date