# Bellevue School District ASPIRATION Individual Health Plan

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|---|---|---|---|---|
| **Name:** | _____ | Birth Date: | _____ | |
| School: | _____ | Grade | _____ | |

**At risk for aspiration:** (when swallow food/fluid/secretions and it enters the trachea or lungs – not the throat/esophagus or stomach). Typically due to dysphagia (difficulty chewing or swallowing) and can lead to choking.

**EMERGENCY CARE PLAN**

**SIGNS & SYMPTOMS OF CHOKING:**

- ✓ Coughing or gagging
- ✓ Pointing to or grabbing throat
- ✓ Unusual breathing sounds
- ✓ Inability to expel object with cough
- ✓ Ineffective/weak cough
- ✓ High pitched or noisy breathing, difficulty breathing.
- ✓ Unable to talk or make a sound
- ✓ Blueness of lips, nails, or skin
- ✓ Unconscious, stops breathing


Universal sign of choking

**CALL 911 WHENEVER A STUDENT IS SUSPECTED OF ASPIRATING/CHOKING ON FOOD, LIQUID, OR OTHER FOREIGN MATERIALS AND SHOWS SIGNS OF RESPIRATORY DISTRESS, MEDICAL INSTABILITY, OR IS UNCONSCIOUS.**

- Watch closely while student is eating/drinking. Gently encourage student to expel the object. KEEP CALM!
- Watch that student does not put too much food into their mouth while eating.
- Perform Heimlich Maneuver and repeat until object is expelled or student becomes unconscious.
- If student is unconscious, CALL 911 and start CPR

**MEDICATION/TREATMENT ORDERS:** *Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM. IHP can be filled out by School Nurse based on BSD "Medication Authorization Form – 3416P Exhibit A" or other completed provider orders. *In accordance with RCW 18.79.040, if a registered nurse is on site, they may utilize the nursing process, which includes assessment, specialized knowledge, judgment, and skill in determining plan of care or treatment.*

**DIETARY CONSIDERATIONS:**

☐ Regular Diet ☐ Mechanical Soft Diet ☐ Pureed ☐ Thickened fluids ☐ G-tube*

***If G-tube feedings are required during school hours, please complete G-Tube Authorization form***

☐ Other: _____

☐ Foods to avoid: _____

☐ Examples of "safe" foods: _____

**STAFF ASSISTANCE/SAFETY PRECAUTIONS:**

☐ No lunchroom accommodations required

☐ Other: _____

☐ Follow swallow study and/or OT/PT recommendations. See attached study/recommendations.

| | | | | |
|---|---|---|---|---|
| **Licensed Health Care Provider's signature:** _____ *Signature authorizes medication for length of school year* | **Date:** | _____ | **Phone:** | _____ |
| | **School year:** | _____ | **Fax:** | _____ |

**PARENT/GUARDIAN/STUDENT (age 18 and older) RESPONSIBILITIES:**

- I will notify the school nurse of any changes in health status or healthcare provider instructions.
- If my student attends extended day/childcare, clubs before- and after-school, evening, and summer activities, I will notify the program director of my child's medication and health care needs.

*I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of any injury resulting from reasonable and prudent administration of medication, the reasonable performance of health care procedures, or the liabilities arising out of self-administration and self-carrying of medication by my student/me. BSD staff have been trained to assist with medication administration.*

**I accept this Individual Health Plan.** *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*

| **Parent/Guardian/Student (age 18) signature:** _____ | **Date:** _____ | **Phone:** _____ |
|---|---|---|
| | | _____ |

**INDIVIDUAL CONSIDERATIONS:**

**Classroom:**

- Teacher to inform substitute teachers of the student's Individual Health Plan
- Teachers will notify parent/guardian of classroom food celebrations
- Student should not be given food at school unless it is first approved by the parent/guardian
- Parent/guardian is encouraged to provide alternative snacks to be kept in classroom

**Field Trip Procedures:** Students who self-carry are responsible for their own medication. Medication and IHP will accompany student during any off-campus activity.

**School Nurse:** Will notify teachers, other school staff, transportation, and nutrition services of student's IHP

**Please return to:**

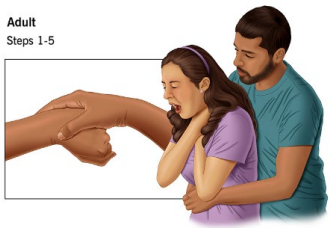
| **School Nurse:** _____ | **Email:** _____@bsd405.org | **Phone:** 425-456-_____ |
|---|---|---|
| | | **Fax:** 425-456-_____ |

Updated 2/23/26

# HEIMLEICH MANEUVER

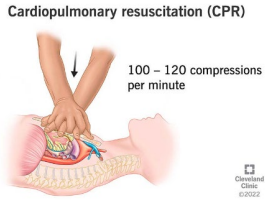
**IF AWAKE/CONSCIOUS**

1. Ask person if they are choking and if you can assist.
2. Stand behind person and put arms around their abdomen
3. Make a fist with one hand and clasp other hand around it.
4. Place thumb side of fist just below ribs and about two inches above their belly button.
5. Quickly thrust hands inward and upward five times.
6. Repeat until the object is dislodged or the person becomes unconscious.




**IF UNCONSCIOUS: START CPR**

1. Ask person if they are OK. If they don't respond, call 911.
2. Ask someone nearby to get an AED
3. Tilt person's head back and listen/look for breathing
4. Place hands over the center of their chest (right under nipples)
5. Push on hands using heel of hand and keep arms straight.
6. Keep pushing 100-120 times per minute, 2 inches down.
7. Let chest come back up between compressions.
8. You can give 2 mouth-to-mouth rescue breaths (pinching nose) for every 30 seconds of compressions or continue compression-only-CPR until more help arrives.




See also BSD Policy/Procedures: 2410 Student Health; 3411 Life Threatening Health Conditions; 3413 Student Immunization and Life-Threatening Health Conditions; 3418 Emergency Treatment

Other Resources: https://my.clevelandclinic.org/health/treatments/21675-heimlich-maneuver