



Individual Health Plan

Cystic Fibrosis

Name:

Birth Date:

Symptoms:

Respiratory	Chronic cough, noisy breathing and wheezing, chronic inflamed sinuses
GI	Chronic digestive problems, large, foul-smelling stools, stomach aches, poor appetite

Health Care Provider to Complete

- No, this condition is not life threatening. No intervention is needed at this time.
- No, this condition is not life threatening. Accommodations needed (see below).
- Yes, this is a life threatening condition. A medication order and action plan is needed (see below for plan and complete attached medication form).

Action Plan: If sending student anywhere, send with an escort

If difficulty breathing	Call 911 if this happens
<ul style="list-style-type: none"> Stay calm and reassure student Stay with student Have student use inhaler, if available Have student drink warm water Call parent Call school nurse if not in the building If improvement takes place, student may return to class after 15 minutes' observation Other: 	<ul style="list-style-type: none"> Chest/neck retracting when breathing Student is hunched over Student is struggling to breath Blue lips or fingernails Difficulty walking or talking Other:

Please check appropriate boxes:

- No Yes Special diet requirements: _____
- No Yes Enzymes, per Health Care Provider's orders
- No Yes Nebulizer/Inhaler per Health Care Provider's orders
- No Yes Flutterer, how often: _____
- No Yes Monitor weight, how often: _____

Further instructions from HCP: (classroom, school bus, field trips, disaster, PE restrictions etc.):

Classroom Information/Accommodations (as needed):

- Allow the student to cough as needed – never encourage them to suppress their cough.
- Report increased coughing to nurse.
- Exercise and activities at recess and PE should be as tolerated.
- Allow frequent rest periods as needed and indicated by student.
- Send student to office if refuses to eat after taking enzymes. Office, call parents.

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature