



# Detailed Health Information



Aiken, Noah Ethan 12 7000276 NH

Health Codes/Conditions

Emergency Health Instructions/Bus Plan

Care Plan

Emergency Evacuation Plan

## Care Plan (Health Plans)

Medical Diagnosis

Medical Problems

Long Term Goal

Medical Problem 1

Medical Problem 2



Medical Problem 3

Medical Problem 4

Nursing Diagnosis/Short Term Goals	Approaches	Nursing Interventions	Expected Student Outcomes/Evaluation

**Nurse's Notes:**

**Created By:**

Date Created  MM/DD/YYYY 

**Legend**

Icons  - Date Entry

School: ~~Northern Garrett High School~~

Term: 18-19 Semester 1



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### Health Codes and Alerts

Health Code

Medical Alert

Condition  
Frequent  
Nose Bleeds  
Action Allow

### Chronic Health Conditions

ADD/ADHD

Anaphylaxis (Hx of anaphylaxis or potential)

Allergy Alert

Bee Sting

Fish

Latex

Peanuts

Tree Nuts

Medication

Medication Allergy Explanation

Other Allergies

Other Allergy Explanation

Type of reaction child has to above allergy/allergies

Auto Inject Epinephrine

Allergy Shots

Asthma (written physical order required)

Diabetes

Diet Controlled

Insulin

Pills

Hypoglycemia

Glucagon for Severe Hypoglycemia

Heart Defect/Disease/Murmur

Seizure Disorder

Date of Last Seizure

Diastat Ordered (written physician order required)

Orthopedically Impaired

Cerebral Palsy

Muscular Dystrophy

Scoliosis/Spine Curvature

Spina Bifida

Other

Other Ortho Explanation

Mental Health

Anxiety (under treatment by a doctor)

Depression

Eating Disorder

Self Harm/Self-Mutilation

Suicide Attempts

Other Chronic Health Conditions

Arthritis

Autism

Bleeding Disorder

Bone/Joint Disorder

Bowel/Bladder

Cancer

Down Syndrome

Eczema/Psoriasis/Skin Disorder

Frequent Ear Infections

Hearing Loss/Difficulty

High Blood Pressure

Kidney Problems

Lung Problems

Cystic Fibrosis

Migraine Headaches

Nosebleeds (frequent)

Yes

Pregnancy

Stomach Problems

Stomach Problem Explanation

Tics/Tourett Syndrome

Tubes in Ears

Vision Loss

Other

Other Explanation

**Restrictions/Modifications**

Does child have any disease, disability or condition that restricts activities? (include dietary restrictions)

Describe Restrictions

Order/Diet Modification

### Medications

List all medications the child is presently taking (include dosage info)

Child uses an inhaler

Child will be taking the following medication at school

### Physical Exams

Child does not have a physical exam (new student)

Reason for not having physical exam



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## Emergency Health Instructions

Special Instructions

Medical Condition **(DO NOT EXCEED 3 LINES)**

What will I see? **(DO NOT EXCEED 10 LINES)**

What will I do? **(DO NOT EXCEED 10 LINES)**

Who will I call?

As of Date

MM/DD/YYYY

Last Edited By

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Icons  - Date Entry



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**Emergency Evacuation Plan**

**Special Need**

**Special Equipment Needed**

**Plan**