**Logo, company name

Description automatically generated**

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

**Please attach applicable procedure and physician’s orders to this ISHP**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | **DOB/ID #:** | |  | | **Date:** | |  |
| **School Site:** |  | | **Rm. #** |  | | **School Phone:** | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| Adrenal Insufficiency, is a condition where the adrenal glands (near the kidneys) do not produce enough steroid hormones. As a treatment, hormones are given orally every day. When the body is stressed (injury, illness, etc), it is supposed to produce additional steroids, but in these children, additional oral or injectable steroids must be given instead. Solu-Cortef is an injectable replacement for cortisol, a steroid, and should be available to parents, ambulance attendants, and school nurses and trained personnel when students are available on campus. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| 1. All staff who work with student should be aware that symptoms such as listlessness, change in level of consciousness, syncope (dizziness causing difficulty to stand), nausea, vomiting, diarrhea, cold/clammy skin, poor skin color, pale face, fast breathing, and abdomen/leg/back pain or cramps, and fever require immediate medical attention (see Health Action Plan, below). Other symptoms are:  * Abdominal pain * Confusion or coma * Darkening of the skin * Dehydration * Fatigue * Flank pain * Headache * High fever * Joint pain * Loss of appetite * Profound weakness * Rapid heart rate * Rapid respiratory rate (see tachypnea) * Shaking chills * Skin rash or lesions * Slow, sluggish movement * Unintentional weight loss * Unusual and excessive sweating on face or palms   Major injury (e.g., falls from high heights, hit by car) require not only a 911 call for injuries, but also administration of Solu-Cortef by a trained personnel. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| * Allow student snack and water at all times. * In adrenal crisis, patients need an immediate injection of hydrocortisone through a vein (intravenous) or muscle (intramuscular). * Student may carry injectable medication in his/her purse or backpack. * Student will have a "buddy" system in place in each of his/her classes so that the buddy can communicate the immediate health needs to the staff member and they can in turn call the nurse for immediate care. * If student has severe symptoms/significant injury including change in level of consciousness, syncope (dizziness causing difficulty to stand), vomiting, diarrhea, cold/clammy skin, fast breathing, or more than just mild abdomen/leg/back pain or cramps, a nurse or trained personnel will administer IM Solu-Cortef and then call 911. When calling 911, it is important notify about the student’s adrenal insufficiency and the administration of Solu-Cortef. * Never allow student to walk unescorted to the health office if any of the above signs and symptoms occur. It is advised that we call security to come and pick up student in the cart.   If student is ill, parents should keep student home. | | | | | | | | | | | | |
| **STUDENT ATTENDANCE** | | | | | | | | | | | | |
| **No Concerns**  **Concerning Absenteeism (5 – 9.9%) Chronic Absenteeism (> 10%)**  **INTERVENTIONS**  **Parent/Guardian Contact**  **Attendance letter**  **HIPAA/MD Contact**  **Medical Referral**  **Teacher(s) Collaboration**  **SART/SARB** | | | | | | | | | | | | |
| **IN THE EVENT OF AN EMERGENCY EVACUATION** | | | | | | | | | | | | |
| The following designated and trained staff member(s): should have access to a communication device and are responsible for assuring that the student’s medication and emergency plan accompanies him/her to the evacuation command center.  The following designated and trained staff member(s): are responsible to evacuate the student following the pre-determined (attached) path of travel. If the student is unable to ambulate or utilize his/her powerchair/wheelchair, then the Med-Sled must be used to evacuate. The Med Sled is located: | | | | | | | | | | | | |
| **DESIGNATED STAFF:** | | | | | | | | | | | | |
| **Name** | | | **Training Date** | **Name** | | | | | | | | **Training Date** |
| 1. | | |  | 4. | | | | | | | |  |
| 2. | | |  | 5. | | | | | | | |  |
| 3. | | |  | 6. | | | | | | | |  |
| **DISTRIBUTION DATE(S):** | | | | | | | | | | | | |
| **Principal** | | **Date** |  | **Parent/Guardian** | | | | | | **Date** | |  |
| **Teacher** (Put copy in sub folder) | | **Date** |  | **Other** | |  | | | | **Date** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Nurse Signature** |  | | **Date** |  |
| **Parent/Guardian Signature** | |  | **Date** |  |
| **Principal/Admin:** | |  | **Date** |  |
| **General Ed. Teacher:** | |  | **Date** |  |
| **SPED Teacher:** | |  | **Date** |  |
| **LAMPS Teacher(s):** | |  | **Date** |  |