**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:** | | | | | | | | | | | | |
| **Aplastic anemia**: a condition that occurs when your body stops producing enough new blood cells. Aplastic anemia leaves you feeling fatigued and with a higher risk of infections and uncontrolled bleeding. A rare and serious condition, aplastic anemia can develop at any age. Aplastic anemia may occur suddenly, or it can occur slowly and get worse over a long period of time. Treatment for aplastic anemia may include medications, blood transfusions or a stem cell transplant, also known as a bone marrow transplant.  **PICC (Central Line)**: tunneled catheter from the arm to the main cardiac artery that allows for administration of medications and blood products, as well as access for blood draws. This line will not be used at school. Damage or removal of the line can be life threatening. The area around the catheter insertion is to be maintained in a sterile fashion. This makes it essential that the dressing stay in place and that any sign of damage or malfunction be addressed immediately. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| **Aplastic anemia**: thrombocytopenia (low amounts of blood clotting cells) with risk for bruising/bleeding; anemia (low amounts of red blood cells) with symptoms of paleness, fatigue, shortness of breath & decreased activity tolerance; leukopenia (low amounts of white cells which fight off infection with symptoms of increased infections (which can be fatal) & illness and fever, swollen glands, joint swelling & pain, weight loss & lack of appetite.  **PICC (Central Line):** A break in the line/dislodgement/removal -clear fluid or blood leaking from central line tubing. Bright red bleeding anywhere around central line site. Sudden weakness, indication of chest pain, unusual cough, alteration in alertness. Any injury to his chest should be reported immediately to health office. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Symptoms of infection must be reported to the school nurse, health technician and/or parent promptly including:   * Fever ( \_\_\_\_ F or higher, notify parent immediately) * Complaints of illness even when vague * Changes in condition or behavior   Symptoms of malfunction of the PICC line (notify nurse/parent immediately):   * **Removal of dressing**   + Immediately re-cover with same (unless soiled) dressing with new tape, notify school nurse.   + Notify parent for replacement of dressing. NOT to be done by school personnel. * **Break in the line**   + Immediately clamp the line at a point that is closer to the chest than the leak is.   + Be sure the clamp and the line are secured to the chest.   + Immediately notify school nurse who will determine if he needs to be transported by 911 or by parent.   + Call 911 if frank bleeding occurs from the central line site or indications of internal line leakage are present. Apply direct pressure using a 4x4 gauze sponge pad. * **Dislodgement/removal**    + Call 911 to transport.   + If bleeding occurs apply direct pressure using a 4x4 gauze sponge. | | | | | | | | | | | | |
| **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** |  |