****

**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:** |
| Bipolar Disorder is a medical condition in which people have mood swings out of proportion or totally unrelated to things going on in their lives. These swings affect thoughts, feelings, physical health, behavior, and functioning. Bipolar is a treatable medical disorder for which there are specific medications that help most people. With kids, things aren’t nearly so clear. Most children with bipolar are ultra-rapid cyclers, flitting back and forth among mood states several times a day. Some believe there may be a pattern to the behavior. In the morning, they are more difficult to rouse and are irritable. By midday, the darkness lifts and they enjoy a few hours of clear thought. But, by afternoon they become wild, wired, and often euphoric. They may resist all efforts to settle down and throw tantrums if their needs are denied. This can make going to sleep very difficult.* Bipolar I Disorder. This is where a person has manic or mixed episodes and almost always has depression as well.
* Bipolar II Disorder. This is where a person only has hypomanic and depressive episodes, not full manic or mixed episodes.
* Rapid Cycling Bipolar Disorder. This is where a person has at least four episodes a year in any combination of manic, hypomanic, mixed, or depressive episodes.

Treatment includes medication, education, and psychotherapy. Mood stabilizer medication is prescribed for nearly all patients. Antidepressants are used with caution especially with children. Antidepressant medication is usually given to help with sleep, anxiety, or agitation. Education is crucial in helping patients and families learn how to best manage bipolar disorder and prevent its complications. Psychotherapy is helpful for many patients and families in solving problems and dealing with stress. |
| **SYMPTOMS TO WATCH FOR:** |
| Not all bipolar states are alike. There are three major forms of the disorder. The symptoms of bipolar disorder can include different kinds of mood episodes. A person with severe bipolar disorder may go from feeling unrealistically and possibly dangerously invincible to very depressed. Student may be elated or can be overwhelmed with misery and despair, even suicidal. The mood swings are described as mania, hypomanic, depression, or mixed episodes (Cyclothymia).* Mania often begins with a pleasurable sense of heightened energy, creativity, and social ease- feelings that can quickly escalate out of control into full-blown manic episode. He/she may become aggressive and impulsive. They may become grandiose, and picking fights.
* Hypomania is milder form of mania with similar but less severe symptoms and less impairment.
* Depression is described as symptoms of feeling sad, blue, or down the dumps, or losing interest in the things you normally enjoy for at least two weeks.
* Cyclothymia is when you have symptoms of both chronic hypomania and depression occurring at the same time or alternating frequently during the day.
 |
| **HEALTH CARE ACTION PLAN:** |
| Problem: Mood SwingsGoal: Regulate mood swingsAction: 1. The first step is usually medications to control the moods.
2. Schedules are key, with fixed bed and wake up times.
3. Foods with caffeine should be limited.
4. Recreational drugs and alcohol should be avoided.
5. Student sees \_\_\_\_\_\_\_\_\_\_\_\_ for individual therapy to help balance sleep meals, school, and play.
6. Student’s family sees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for family therapy. Parents must learn when to give in to a child and when to stay firm; this is critical early in treatment. Family bickering should be kept to minimum. Siblings can serve as trusted eyes and ears for a child whose perceptions are out of whack.

Problem: Manic EpisodeGoal: Recognize early symptoms of a manic episode.Action: 1. People with mania typically lack insight and deny anything is wrong, and angrily blame anyone who points out a problem.
2. Monitor for:
	1. Feeling unusually “high,” euphoric, or irritable or appearing this way to those who know student well
	2. Needing little sleep yet having great amounts of energy
	3. Talking so fast that others cannot follow his/her thinking
	4. Has racing thoughts
	5. Easily distracted with attention shifts between many topics
	6. Has an inflated feeling of power, greatness, or importance
	7. Doing reckless things without concern about possible bad consequences, such as spending too much money, inappropriate sexual activity, and/or making foolish investments.

Problem: HypomaniaGoal: Recognize early symptoms of a hypomania.Action: 1. Student may have an elevated mood, feel better than usual, and be more productive. These episodes often feel good, and the quest for hypomania may even cause people to stop their medication.
2. Hypomania can escalate to mania or a crash to depression.

 Problem: DepressionGoal: Recognize early symptoms of depression.Action: 1. Monitor
	1. Trouble sleeping or sleeping too much
	2. Loss of appetite or eating too much
	3. Problems concentrating or making decisions
	4. Feeling slowed down or feeling too agitated to sit still
	5. Feeling worthless or guilty or having very low self-esteem
	6. Loss of energy or feeling tired all the time
	7. Thoughts of death or suicide

Problem: Mixed EpisodeGoal: Recognize early symptoms of a mixed episode.Action: 1. Student is excitable or agitated as in mania but also feels irritable and depressed instead of feeling on top of the world.
2. Mixed episodes are often the most disabling episodes.

 Problem: Mood Stabilizing MedicationGoal: Early recognition and report of side effectsAction: 1. Student is medicated with \_\_\_\_\_\_\_\_\_\_\_\_ as a mood stabilizer.
	1. Side effects of Lithium include tremor, muscle weakness, thirst, weight gain, and acne.
	2. Educational implications of Lithium may include trouble concentrating.
	3. Side effects of Depakote and Depakene (valproate, valproic acid) that must be reported to parent or physician can include: Skin rash, upset stomach, lack of coordination, tiredness, yellow skin, unusual bleeding or bruising, hair loss, tremors.
	4. More common side effects that should be reported if they become troublesome include: increased appetite, nausea and vomiting.
	5. Educational implications of Depakene are few but may include: decreased testing-taking ability, deceased motor performance, and/or impairment of concentration related memory.
	6. Side effects of Tegretol (carbamazepine) that must be reported to parents or physician include: dizziness, drowsiness, blurred vision, stomach upset, skin rash, unusual bruising or bleeding, clumsy gait, behavioral changes, fatigue.
	7. More common side effects that should be reported if they become trouble some include: lethargy and dizziness.
	8. Educational implication to Tegretol are few but may include: decreased accuracy of hand dexterity and speed, decreased speed for mathematical calculations and transient drowsiness.
2. Student requires medication to be given at school.
	1. School staff must be trained by the school nurse before giving any medications.
	2. Seizure medication must be given on time. Missed or late medication can lead to break through seizures.
	3. For medication that is missed or is later than 30 minutes from schedule, contact parent and school nurse immediately so that medication adjustments can be made.
	4. NOTE all medications that are given in daily medication log.

Problem: Antidepressant Medication. Goal: Early recognition and report of side effectsAction: 1. Student is medicated with \_\_\_\_\_\_\_\_\_\_\_\_ as an antidepressant. Antidepressants are risky since they can trigger bipolar cycling.
	1. Side effects of Prozac include anxiety, insomnia, abnormal dreams, tremor, and nervousness.
	2. Educational implications of Prozac include drowsiness, headache, excess sweating and itching.
	3. Side effects of Paxil include insomnia, anxiety, agitation, tremors, and chest pain.
	4. Educational implications of paxil include drowsiness, headache, impaired concentration and confusion.
	5. Side effects of Wellbutrin include tremors, agitation, insomnia, mania, and psychoses.
	6. Educational implications of Wellbutrin include dry mouth and seizures.
	7. Side effects of Zoloft include dizziness, insomnia, and tremors, anxiety, and heart palpitation and chest pain.
	8. Educational implications of Zoloft include impaired concentration, drowsiness, fatigue, and yawning.
 |
| **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** |  |