****

**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:** |
| Bulimia nervosa, commonly called bulimia, is a serious, potentially life-threatening eating disorder. People with bulimia may secretly binge — eating large amounts of food with a loss of control over the eating — and then purge, trying to get rid of the extra calories in an unhealthy way.To get rid of calories and prevent weight gain, people with bulimia may use different methods. For example, you may regularly self-induce vomiting or misuse laxatives, weight-loss supplements, diuretics or enemas after bingeing. Or you may use other ways to rid yourself of calories and prevent weight gain, such as fasting, strict dieting or excessive exercise. |
| **SYMPTOMS TO WATCH FOR:** |
| Bulimia signs and symptoms may include:* Being preoccupied with your body shape and weight
* Living in fear of gaining weight
* Repeated episodes of eating abnormally large amounts of food in one sitting
* Feeling a loss of control during bingeing — like you can't stop eating or can't control what you eat
* Forcing yourself to vomit or exercising too much to keep from gaining weight after bingeing
* Using laxatives, diuretics or enemas after eating when they're not needed
* Fasting, restricting calories or avoiding certain foods between binges
* Using dietary supplements or herbal products excessively for weight loss

The severity of bulimia is determined by the number of times a week that you purge, usually at least once a week for at least three months. |
| **HEALTH CARE ACTION PLAN:** |
| When you have bulimia, you may need several types of treatment, although combining psychotherapy with antidepressants may be the most effective for overcoming the disorder.Treatment generally involves a team approach that includes you, your family, your primary care provider, a mental health professional and a dietitian experienced in treating eating disorders. You may have a case manager to coordinate your care.* **Cognitive behavioral therapy** to help you normalize your eating patterns and identify unhealthy, negative beliefs and behaviors and replace them with healthy, positive ones
* **Family-based treatment** to help parents intervene to stop their teenager's unhealthy eating behaviors, to help the teen regain control over his or her eating, and to help the family deal with problems that bulimia can have on the teen's development and the family
* **Interpersonal psychotherapy,** which addresses difficulties in your close relationships, helping to improve your communication and problem-solving skills

MedicationsAntidepressants may help reduce the symptoms of bulimia when used along with psychotherapy. The only antidepressant specifically approved by the Food and Drug Administration to treat bulimia is fluoxetine (Prozac), a type of selective serotonin reuptake inhibitor (SSRI), which may help even if you're not depressed.Nutrition educationDietitians can design an eating plan to help you achieve healthy eating habits to avoid hunger and cravings and to provide good nutrition. Eating regularly and not restricting your food intake is important in overcoming bulimia.HospitalizationBulimia can usually be treated outside of the hospital. But if symptoms are severe, with serious health complications, you may need treatment in a hospital. Some eating disorder programs may offer day treatment rather than inpatient hospitalization. |
| **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:  |
| **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** |
| **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** |  |