****

**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:** |
| Cystic Fibrosis is a genetic disease due to a faulty gene that causes the body to produce abnormally thick, sticky mucus that can clog the lungs, pancreas and other organs. Survival for people with CF is to the mid- to late 30s. Digestive problems: CF mucus can obstruct the digestive system & prevent pancreatic enzymes from reaching the small interesting so the body can’t digest food & nutrients properly. Children with CF can be smaller and grow more slowly, need a high-calorie/high-protein diet and generally need to take pancreatic enzyme supplements with meals/snacks. |
| **SYMPTOMS TO WATCH FOR:** |
| Signs of forgetting to take pancreatic enzymes or not taking enough: needing to go to the bathroom more frequently, stomach pain, loose stools, and foul-smelling gas.Over-heating and over-exertionIncreasing difficulty breathing/bringing up mucus with cough |
| **HEALTH CARE ACTION PLAN:** |
| * Allow the student to have water and a box of tissues on their desk/backpack. Coughing should not be discouraged as it helps to keep lungs clear.
* Allow student to leave for the bathroom at any time to prevent embarrassment because of lung or stomach symptoms
* Allow for longer time to eat meals/snacks.
* As children with CF lose more salt when they sweat, student should drink fluids before, during, and after exercise. During aerobic exercise, 6-12 ounces of fluid should be taken every 20-30 minutes. Fluid such as sports drinks with added carbohydrates and salt are best. Do not give caffeinated drinks during exercise as they increase fluid loss.
* Observe for over-heating as children with CF sweat less.
* Coordinate with school nurse regarding need for pancreatic enzymes for any snacks that contain fat, protein, and/or complex carbohydrates. Simple carbohydrate foods (juice, fruit snacks, sports drinks, soda) do not require enzymes.
* Plan exercise activities per student’s tolerance/exertion level.
* Monitor attendance, fatigue, academic performance to for consideration of accommodations or assessment as other health impaired, as needed.
 |
| **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** |  |