**Logo, company name

Description automatically generated**

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

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

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

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| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| Type 1 – Insulin Dependent Diabetes Mellitus, diagnosed:  Pancreas does not produce enough insulin. At risk for hypo- and hyperglycemia at school  Diabetes management at school requires blood glucose testing before lunch, before and after exercise, and as needed for symptoms of hypoglycemia and/or hyperglycemia.  Student requires supervision/monitoring in checking blood glucose  washing hands prior to testing  recording on log sheet , interpreting results of test , counting CHOs for lunch and snacks , calculating insulin dosage  and administration of insulin using a syringe  / pen  / pump .  Target blood glucose level is \_\_\_\_ mg/dl to \_\_\_\_ mg/dl.  Licensed nurse to administer \_\_\_\_ insulin according to physician orders.  Trained school staff to act promptly and appropriately when episodes of hypoglycemia and hyperglycemia occur. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Signs & symptoms of hypoglycemia (low blood glucose): shaking/trembling, impaired vision, fast heart beat, – can also experience: sweating, paleness, weakness/fatigue, dizzy/disorientated, mood change/irritable, hungry, and/or headache.  **Low blood glucose level must be treated immediately as it can lead to a medical emergency.**  Signs & symptoms of hyperglycemia (high blood glucose): excessive thirst, frequent urination, extreme fatigue – can also experience: mood change, headache, blurry vision, dry skin, and/or nausea.  **Student does not**  **/does  recognize signs/symptoms of low blood sugar (hypoglycemia), does not**  **/does**  **recognize signs/symptoms of high blood sugar (hyperglycemia)** | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| **GENERAL INFORMATION-**   * Health tech, classroom teacher(s), \_\_\_\_ and designated staff members, will be trained regarding student’s routine diabetic care, the emergency treatment of hypo-, & hyperglycemia. Assigned staff, whose job descriptions include SPHCS, and those who VOLUNTEER who are currently CPR certified, will be trained for BG monitoring and glucagon administration as per Ed Code. * Student is permitted to test blood sugar anywhere, anytime, as needed for signs/symptoms of low blood sugar, high blood sugar, or illness. Student may eat required snacks as needed. * Student will routinely test blood sugar at the following times: Before lunch, before and after PE, experiencing symptoms of hypoglycemia/hyperglycemia. * Student may be delayed without consequence to next period. * Student will not be penalized for missing any classes for doctor’s appointments or diabetic care, including missing PE due to blood sugar extremes. * RCSN will determine appropriate level of supervision needed and train school staff (HT, other designees). * A licensed nurse, or responsible family member/parent designee, will administer insulin if student’s is not independent. * Student will perform self-care skills as able as defined by physician, parents, and nurses. * Any changes in physician orders received will be communicated to site nurse (RCSN) & itinerant nurses, and appropriate school staff. * Parents will provide all diabetic supplies (including snacks) and replenish as needed. Parents will be notified by school site weekly of any needs. * Teachers, parents, and nurses will establish a mutually agreeable communication system/plan.   **HYPOGLYCEMIA- Low Blood Glucose**   * Student must have immediate treatment for BG < \_\_\_\_ with \_\_\_\_ gms of fast acting sugar (4 ounces of juice, 3-4 glucose tablets, etc.), & report to health office for evaluation and recheck of blood sugar. * Two students must accompany student, whenever student leaves the classroom for diabetic care, if exhibiting signs/symptoms of low blood sugar. * An adult must come to where student is located or accompany student whenever student leaves classroom for diabetic care if student exhibiting signs/symptoms of low blood sugar. Student may carry glucose meter and fast acting glucose source (juice or tablets. etc.) in backpack. * Student will report to the nurse’s office prior to lunch to test blood sugar, and administer insulin, as ordered. * Extra snacks and diabetes supplies are located in the health office.   **HYPERGLYCEMIA- High Blood Glucose**   * Student will check ketones per order, with  or without  supervision, if blood sugar is > \_\_\_\_. * Refer to physician orders and algorithm for corrective actions.   **FIELD TRIP S AND SCHEDULE CHANGES**   * Teacher and parents must notify school nurse 2 weeks prior to any field trips so that appropriate changes to care plan and care accommodations can be arranged. Parents must also be notified in advance of events in the classroom that involve food, i.e., parties * If parents are not attending fieldtrip, a CPR/glucagon/diabetes trained staff member must accompany student. * Student will be permitted to use school phone in nurse’s office or cell phone to contact parent to consult re: any unscheduled food consumption. * Consistency of daily schedule is essential for student safety. Teacher must communicate changes that involve physical activity or food consumption.   **LOCK DOWN EMERGENCY DIRECTIONS FOR DIABETES CARE**  **In the event of a prolonged lockdown resulting in the inability of a trained health staff member to come to the locked down site/classroom**   * Refer to the chart of signs and symptoms of low blood sugar. If you notice symptoms of low blood sugar or if the student tells you s/he is feeling like their blood sugar level is low, and you are unable to leave the classroom and trained staff are unable to come to the classroom; immediately have the student check his/her blood sugar level. If the blood sugar level is below 80 immediately give the student juice. * If after 10 to 15 minutes you are still noticing signs and symptoms of low blood sugar or the student tells you that s/he is still feeling like their blood sugar is low, please give juice again. * When the student is no longer exhibiting or feeling signs and symptoms of low blood sugar or if the blood sugar level is above 80, please give a carbohydrate & protein snack (cheese & crackers, protein bar, etc.). * Emergency numbers: * School Nurse: * Cluster Coordinator: | | | | | | | | | | | | |
| **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** |  |