****

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

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

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

|  |
| --- |
| **Physician Information:** |
| Name:  |  | Phone:  |  |
| **Emergency Contacts:** |
| **Name** | **Relationship** | **Phone** | **Phone** | **Phone** |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** |
| **Ewing (YOO-ing) sarcoma** is a rare type of cancer that occurs in bones or in the soft tissue around the bones. This cancer most often begins in the long bones of the pelvis, ribs, spine, legs or arms, but it can occur in any bone. Less often, Ewing sarcoma starts in the soft tissues of the arms, legs, abdomen or other locations. Major advancements in the treatment of Ewing sarcoma have significantly improved outcomes. After completion of treatment, people need lifelong monitoring for potential late effects of intense chemotherapy and radiation. Ewing sarcoma is more common in teenagers and young adults, but it can occur at any age.Treatment starts with chemotherapy (drug therapy) to shrink the size of the tumor. Once tumor size is decreased, surgery to remove the tumor is performed. Depending on the outcome of the chemotherapy and surgery, radiation therapy may/may not be needed. |
| **SYMPTOMS TO WATCH FOR:** |
| Student may or not have a "Port-a-Cath" which consists of a portal-a small metal or plastic chamber-that is sealed at the top with a silicone septum and a thin flexible catheter. Symptoms to watch for:Fatigue, shortness of breath, pale, decreased activity tolerance, nausea, vomiting, and headache. |
| **HEALTH CARE ACTION PLAN:** |
| **Chemotherapy/Treatment for Ewing Sarcoma can increase risk for infection. Symptoms of infection must be reported to the school nurse promptly including:** * Fever
* Limit exposure to others when Absolute Neutrophil Count (ANC) is low and ability to fight infection diminished
* Complaints of illness even when vague
* Good classroom hygiene must be practiced, minimizing risk of illness, especially due to upper respiratory infections
* Good hand washing
* Prevent exposure to persons with illness
* Notify parent for any infectious disease outbreak in school (influenza, measles, chicken pox, etc.).

**Chemotherapy can increase risk for bleeding. Symptoms of bleeding must be reported to school nurse promptly including:*** Active bleeding
* Bruising
* Blood in urine
* Blood in bowel movement

**Student has a Port-a-Cath (access to large vein for chemotherapy) under skin in upper right chest** Adjust school environment and PE as needed to minimize fatigue and promote rest (Self-Monitor)Arrange for home-hospital instruction if school attendance impossible on an extended or intermittent basis.Allow water in classroomAlways provide an escort if the student is exhibiting any of the aforementioned signs and symptoms.Allow student to wear a hat or beanie Student may have periods where he/she will miss school due to appointments and treatments: He should not be penalized for missing school. |
| **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** |  |