****

**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:** |
| Fibromyalgia (FM) diagnostic criteria, established by the American College of Rheumatology (ACR) in 1990, includes a history of widespread pain in all four quadrants of the body for a minimum duration of three months, and pain in at least 11 of the 18 designated tender points when a specified amount of pressure is applied. FM is a common and complex chronic pain disorder that affects people physically, mentally and socially. FM is a syndrome rather than a disease. A syndrome is a collection of signs, symptoms, and medical problems that tend to occur together but are not related to a specific, identifiable cause.FM is characterized by chronic widespread pain, multiple tender points, abnormal pain processing, sleep disturbances, fatigue and often psychological distress. For those with severe symptoms, FM can be extremely debilitating and interfere with basic daily activities. |
| **SYMPTOMS TO WATCH FOR:** |
| Pain: The pain is profound, chronic and widespread. It can migrate to all parts of the body and vary in intensity. It has been described as stabbing and shooting pain and deep muscular aching, throbbing, and twitching. Neurological complaints such as numbness, tingling, and burning are often present. The severity of the pain and stiffness is often worse in the morning. Aggravating factors include cold/humid weather, non-restorative sleep, physical and mental fatigue, excessive physical activity, physical inactivity, anxiety and stress.Fatigue: The fatigue is much more than being tired after a particularly busy day or after a sleepless night. The fatigue is an all-encompassing exhaustion that can interfere with occupational, personal, social or educational activities. Symptoms include profound exhaustion and poor staminaSleep problems: Many have an associated sleep disorder that prevents them from getting deep, restful, restorative sleep. Medical researchers have documented abnormalities in Stage 4 deep sleep of FM patients. During sleep, individuals with FM are constantly interrupted by bursts of awake-like brain activity, limiting the amount of time they spend in deep sleep.Other symptoms/overlapping conditions: Additional symptoms may include: irritable bowel and bladder, headaches and migraines, restless legs syndrome (periodic limb movement disorder), impaired memory and concentration, skin sensitivities and rashes, dry eyes and mouth, anxiety, depression, ringing in the ears, dizziness, vision problems, Raynaud's Syndrome, neurological symptoms, and impaired coordination. |
| **HEALTH CARE ACTION PLAN:** |
| Pain managementPrescription medications are available: pregabalin (Lyrica®); duloxetine (Cymbalta®); and milnacipran (Savella®). FM symptoms may be treated with non-narcotic pain relievers (e.g. tramadol) or low doses of antidepressants (e.g. tricyclic antidepressants, serotonin reuptake inhibitors) or benzodiazepines. Antidepressants are "serotonin builders" and can be prescribed at low levels to help improve sleep and relieve pain. If experiencing depression, higher levels of medications may be prescribed. Lidocaine injections into the tender points work well on localized areas of pain. A regular program of gentle exercise and stretching helps maintain muscle tone and reduces pain and stiffness. Sleep managementImproved sleep can be obtained by implementing a healthy sleep regimen of going to bed and getting up at the same time every day; making sure that the sleeping environment is conducive to sleep (i.e. quiet, free from distractions, a comfortable room temperature, a supportive bed); avoiding caffeine, sugar, and alcohol before bed; doing some type of light exercise during the day; avoiding eating immediately before bedtime; and practicing relaxation exercises as falling to sleep. Sleep medications can be prescribed.PSYCHOLOGICAL SUPPORTLearning to live with a chronic illness often challenges an individual emotionally. The FM patient needs to develop a program that provides emotional support and increases communication with family and friends & consider support group. OTHER TREATMENTSComplementary therapies can be very beneficial. These include: physical therapy, therapeutic massage, myofascial release therapy, water therapy, light aerobics, acupressure, application of heat or cold, acupuncture, yoga, relaxation exercises, breathing techniques, aromatherapy, cognitive therapy, biofeedback, herbs, nutritional supplements, and osteopathic or chiropractic manipulation.SCHOOL ISSUESConcentration difficulties of the illness may affect the child’s ability to learn and have an impact on academic achievement. Juvenile FM can cause the student to be absent from school a lot. The ongoing battle with fatigue makes it difficult to catch up with missing assignments, causing falling grades. Adolescents with FMS are more likely than their peers to experience social problems like isolation and peer rejection, due in part to academic failure, which can lead to increased anxiety, social withdrawal and mood difficulties. The inability to carry on daily activities can have a negative impact on self-esteem and lead to a downward spiral of social isolation, emotional distress and depression.A child with FMS needs help and understanding in the school environment, and may even need special provisions in the form of a 504 plan to provide for accommodations due to exacerbations of syndrome (extension of due dates, allowance of tardies, opportunities for remediation for lessons missed).  |
| **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** |  |