**Logo, company name

Description automatically generated**

**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:** | | | | | | | | | | | | |
| Hemophilia is an inherited blood clotting disorder that affects only males. A person with hemophilia will not bleed to death from a minor cut. He tends to bleed longer than normal but he does not bleed any faster. Hemophilia is a life long condition with no cure, but with proper medical care a normal life can be led. A person with hemophilia has a prolonged bleeding time, because one of the 13 clotting factors in the blood is defective or inactive. As a result, a strong clot does not form and bleeding can continue. Bleeding into internal spaces such as joints, muscles, or organs is the major concern. These bleeds are usually the result of injury but can happen spontaneously as well. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| * Bleeding, spontaneous or from injury * Nosebleeds * Urine that is bright red or cola colored * Coughing up or vomiting fresh or dark brown material * Any injury to or near the eye * Any injury to the head * Bleeding into the throat, tongue, or mouth | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Recognize signs and symptoms of bleeding:   * Student states he has a bleed (can be feeling of bubbling/tingling feeling in joint or pain in muscle) * Blueness or change in skin color * Feeling of warmth in joint; pain, swelling, limited movements are late signs of bleeding into the joint   Bleeding into the head, neck, or throat should always be treated as these bleeds can be life threatening. Notify parent immediately.  Injury to the lower back, groin, hip or4 abdomen will need further evaluation.  Bleeding, spontaneous or from injury:   * Apply firm pressure & ice to the site * Have student rest with injured limb elevated * Call parent   Nose bleeds: if bleeding continues longer than 20 minutes, call parent  Small cut/scrape: after first aid, observe for 20 min.; if bruise has lump or bleeding continues, notify parent. | | | | | | | | | | | | |
| **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** |  |