**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:** | | | | | | | | | | | | |
| Hydrocephalus is a condition caused by too much fluid collecting in the brain. If untreated, this can result in an enlarged head, increased pressure inside the skull (known as intercranial pressure), and compression of brain tissue. Student has had a \_\_\_\_\_\_\_\_\_\_\_\_ (ie. head injury, illness) that has resulted in problems with the flow of cerebral spinal fluid around the brain and spinal cord. These problems have made it necessary for a shunt to be placed to drain the spinal fluid from the brain and avoid the condition of hydrocephalus.  Student has a Shunt. This is a catheter from his/her brain to his/her abdomen to drain off his/her excess cerebral spinal fluid. On occasions, the shunt can become clogged or infected causing a malfunction. This causes the fluid to build up on the brain resulting in pressure on the brain. Shunts may need replacement as the child grows. Few restrictions need be placed on activities. Contact sports should not be allowed. A fall or blow to the head over the shunt track should be reported to parents. Shunts are prone to problems including, infection of the brain or along the tubing, and clogging of the tube or shunt malfunction, which leads to build up of pressure in the brain. These conditions can lead to emergency situations. Shunts frequently require revision or replacement as the student grows.  Dandy Walker Syndrome is a congenital defect of the brain structure in which hydrocephalus is caused by an obstruction in the foramina of Magendie and Luschla. The characteristics of this manifestation are a bulging forehead, nystagmus (eye jerking), poor balance and nerve damage. This is a non-progressive neurological disorder. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Shunt malfunction: Irritability or restlessness, refusal to eat, headache/neck pain, difficulty with balance or walking, lethargy or fatigue, nausea/vomiting, swelling of the shunt line, changes in level of school performance or awareness, fever, noise sensitivity, extreme drowsiness, and eyes can be rolled downward, loss of consciousness, seizure  Dehydration: Decreased urination (no urinating or wet diaper for 12 hours), dry/rough/inelastic skin, dryness of mucous membranes (lip/mouth/tongue), lethargy | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Problem: Shunt malfunction  Goal: Early identification and reporting of symptoms  Action:   1. Student has a shunt that is a tube from the brain to the abdomen that allows drainage of excess spinal fluid. 2. Signs of shunt malfunction that must be reported immediately to parent and school nurse 3. If parents and school nurse are unavailable contact an emergency medical provider (911). 4. Avoid blows to the head or abdomen. Report any injury promptly to parent and school nurse.   Problem: Dehydration  Goal: Early identification and reporting of symptoms  Action:   1. Illness that cause vomiting and diarrhea or that prevent adequate fluid intake are a great threat to a student with a shunt.    1. Report any vomiting and diarrhea immediately to parent or school nurse.    2. Symptoms of dehydration that must be reported | | | | | | | | | | | | |
| **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** |  |