****

**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:** |
| Marfan syndrome is a disorder of the connective tissue. Connective tissue holds all parts of the body together and helps control how the body grows. Because connective tissue is found throughout the body, Marfan syndrome features can occur in many different parts of the body. Marfan syndrome features are most often found in the heart, blood vessels, bones, joints, and eyes. Sometimes the lungs and skin are also affected. Marfan syndrome does not affect intelligence. About 1 in 5,000 people have Marfan syndrome. This includes men and women of all races and ethnic groups. Cardiovascular problems affect about 9 out of every 10 people diagnosed with Marfan syndrome. Eye problems include: severe nearsightedness, dislocated lens of the eye, detached retina, early glaucoma, early cataracts. Features include: long arms and legs, tall/thin body type, curvature of the spine (scoliosis or kyphosis), chest sinks in (pectus excavatum) or sticks out/pigeon breast (pectus carinatum), long/thin fingers, flexible joints, flat feet, teeth that are too crowded. |
| **SYMPTOMS TO WATCH FOR:** |
| Aortic dissection: severe pain in the center of their chest, abdomen (stomach), or back. The pain may be “severe”, “sharp”, “tearing”, or “ripping” and may travel from the chest to the back and/or abdomen. Sometimes, the pain is less severe, but a person still has a feeling that “something is very wrong.” If a dissection is suspected, a person needs to go to a hospital emergency room right away.Mitral Valve Prolapse:This is a "billowing" (motion) of the mitral valve when the heart contracts. Symptoms can include irregular or rapid heartbeats and shortness of breath. Some people also have mitral valve regurgitation (leaking of the mitral valve). A small amount of leaking is often not a problem, but a person may need surgery if the mitral valve leaks a lot. Aortic Regurgitation:This is when the aortic valve does not fully close and blood leaks back into the heart. The only symptoms a person may have are forceful heartbeats and shortness of breath during light activity. Aortic regurgitation often happens because of aortic dilation (when the aorta is so enlarged that the valves cannot fully come together). Spontaneous Pneumothorax:Sudden difficulty breathing due to collapse of lung. |
| **HEALTH CARE ACTION PLAN:** |
| Should not play active team sports such as football, soccer, or basketball; should not lift heavy objects when at work, home or the gym. |
| **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** |  |