****

**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:** |
| McArdle Disease is a rare muscle disease affecting approximately 1 in 100,000 people. Because their muscles cannot properly metabolize energy, individuals with McArdle disease may experience fatigue and failure during strenuous activities like jogging, swimming or even walking. These episodes can result in painful cramping injuries that require medical attention. McArdle disease is an inherited condition and is caused by a missing or non-functioning enzyme needed to make glucose for energy. While this condition imposes significant physical limitations, it is not directly life-threatening and with the proper precautions and lifestyle management, people who have McArdle Disease can live healthy, active lives. |
| **SYMPTOMS TO WATCH FOR:** |
| * Student should be extremely careful when swimming as swimming or treading water is one of the most physically demanding activities a person can undertake. The painful symptom of limbs seemingly turned to stone as they run out of energy is merely an inconvenience on dry land, but in water deeper than one’s head, these symptoms truly present a critical danger. Because individuals with McArdle Disease literally run out of energy, they can in moments reach a point where their limbs simply stop responding. No amount of willpower or perseverance will overcome this; if you experience these symptoms in water of any depth, you are in grave danger. People with McArdle Disease should NEVER swim alone and without some means of flotation within easy reach.
* Student should be careful when chewing solid foods. Most of the jaw, head and neck muscles involved in chewing and initiating swallowing are striated muscle dependent on myophosphorylase – the missing enzyme – in order to continue contracting. These people can run out of energy in the middle of a big chewy bite of food, so the danger of choking is increased dramatically. They must make it a point to simply stop, even if in a hurry, and wait 30 seconds or more until the energy returns to your jaws and neck.
* Student should be careful when operating vehicles without power steering as they may run out of energy in your arms right when you need it most, perhaps while steering a large pickup truck with a heavy front and steering rack.
* Student should, regardless of location, always be cognizant of where they are with respect to staircases, exits, elevators, escalators, and any potential opportunities to experience muscle failure episodes.
* Student should take rest breaks as needed.
 |
| **HEALTH CARE ACTION PLAN:** |
|  |
| **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** |  |