****

**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:** |
| Migraine is a chronic neurological disorder characterized by recurrent moderate to severe headaches often in association with several autonomic nervous system symptoms. Typically, the headache is unilateral (affecting one half of the head) and pulsating in nature, lasting from 2 to 72 hours. Migraines are believed to be due to a mixture of environmental and genetic factors. About two-thirds of cases run in families. Fluctuating hormone levels may also play a role: migraine affects slightly more boys than girls before puberty, but about two to three times more women than men. The severity of the pain, duration of the headache, and frequency of attacks is variable.  |
| **SYMPTOMS TO WATCH FOR:** |
| A migraine headache can cause intense throbbing or pulsing in one area of the head and is commonly accompanied by nausea, vomiting, and extreme sensitivity to light and sound, dizziness, and lightheadedness. Some migraines are preceded or accompanied by sensory warning symptoms (aura), such as flashes of light, blind spots or tingling in your arm or leg. |
| **HEALTH CARE ACTION PLAN:** |
| 1. Obtain a signed medical release for the health provider to release educationally relevant health records and for the school to share information with the provider.
2. Obtain medical orders for migraine management in the school setting.
3. With PMD orders, student may carry medication on person during the school day.
4. Allow water and snack in classroom; hydration is key (especially in classrooms that do not have air conditioning)!
5. Allow student to come to the health office as needed for rest/medication.
6. Self-monitor in PE, especially during hot weather months.
7. Referral to counselor for 504 evaluation if the following exists:
8. Increased problems paying attention/concentrating
9. Increased problems remembering/learning new information
10. Longer time to complete tasks
11. Increased symptoms (headache, fatigue) during schoolwork
12. If student is experiencing any of the aforementioned signs/symptoms, please provide and escort or call the health office and we will come to get student from your class.
 |
| **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** |  |