****

**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:** |
| The exact cause of Multiple Sclerosis, a chronic illness, is unknown, but it is theorized that the MS disease process may be influenced by environmental factors (such as viral infections, environmental exposure, geographic location) as well as genetics. MS causes inflammation and demyelination in the central nervous system affecting the brain and spinal cord. These scars prevent information (nerve pulses) from getting through. At least 2.5-5% of patients experience their first attack before their 16th birthday. A child who has active disease before completing their core educational building blocks such as learning math or advanced sentence structure will likely develop substantial deficits. |
| **SYMPTOMS TO WATCH FOR:** |
| * Loss or disturbance in vision, changes in color vision, sometimes pain in the affected eye(s), and double & blurry vision.
* Numbness & tingling (pins & needles), dizziness and pain.
* Reasoning, processing, attention, and other thinking abilities may be impacted
 |
| **HEALTH CARE ACTION PLAN:** |
| * Refer student for special education evaluation or Section 504 plan if MS is impacting education or requires accommodations.
* Allow for alternate forms of expression other than handwriting when student having attacks/residual symptoms
* Bring signs of depression or other significant mood changes to the attention of parents
* Allow for frequent breaks if child demonstrates fatigue or has difficulty concentrating
* Allow for exercise as ordered by healthcare provider or as tolerated
* Consider multiple-choice tests if child has trouble recalling information
* Allow bathroom pass if child has bladder control problems
* Provide preferential class seating if child has vision problems or attention deficiency
* Reduce homework if child has extreme fatigue or problems with writing.
 |
| **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** |  |