****

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:**  |
| Neurofibromatosis Type 1 (NF1) is a genetic disorder that can cause tumors to form on nerve tissue. These tumors can develop anywhere in your nervous system, including your brain, spinal cord and nerves. The tumors are usually noncancerous (benign), but sometimes can become cancerous (malignant). Symptoms are often mild. However, complications of neurofibromatosis can include hearing loss, learning impairments, heart and blood vessel (cardiovascular) problems, loss of vision, and severe pain.Neurofibromatosis is caused by genetic defects (mutations) that either are passed on by a parent or occur spontaneously at conception. The specific genes involved depend on the type of neurofibromatosis: The NF1 gene is located on chromosome 17. This gene normally produces a protein called neurofibromin that helps regulate cell growth. The mutated gene causes a loss of neurofibromin, which allows cells to grow uncontrolled. |
| **SYMPTOMS TO WATCH FOR:** |
| Signs and symptoms include:* **Flat, light brown spots on the skin (cafe au lait spots).** These harmless spots are common in many people. Having more than six cafe au lait spots is a strong indication of NF1. They are usually present at birth or appear during the first years of life and then stabilize.
* **Freckling in the armpits or groin area.** Freckling usually appears by ages 3 to 5. Freckles are smaller than cafe au lait spots and tend to occur in clusters in skin folds.
* **Tiny bumps on the iris of your eye (Lisch nodules).** These harmless nodules can't easily be seen and don't affect your vision.
* **Soft bumps on or under the skin (neurofibromas).** These benign tumors usually develop in or under the skin but can also grow inside of the body. Sometimes, a growth will involve multiple nerves (plexiform neurofibroma).
* **Bone deformities.** Abnormal bone growth and a deficiency in bone mineral density can cause bone deformities such as a curved spine (scoliosis) or bowed lower leg.
* **Tumor on the optic nerve (optic glioma).** These tumors usually appear by age 3, rarely in late childhood and adolescence, and almost never in adults.
* **Learning disabilities.** Impaired thinking skills are common in children with NF1 but are usually mild. Often there is a specific learning disability, such as problem with reading or mathematics. Attention-deficit/hyperactivity disorder (ADHD) is also common.
* **Larger than average head size.** Children with NF1 tend to have a larger than average head size due to increased brain volume.
* **Short stature.** Children with NF1 often are below average in height.
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| **HEALTH CARE ACTION PLAN:** |
| * Assess your child's skin for new neurofibromas or changes in existing ones
* Check for signs of high blood pressure
* Evaluate your child's growth and development — including height, weight and head circumference — according to growth charts available for children with NF1
* Check for signs of early puberty
* Evaluate your child for any skeletal changes and abnormalities
* Assess your child's learning development and progress in school
* Obtain a complete eye examination
* Obtain imaging studies for tumors as needed.
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| **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: N/A  |
| **DESIGNATED STAFF:** |
| **Name** | **Training Date** | **Name** | **Training Date** |
|  |  | 4.  |  |
|  |  | 5.  |  |
|  |  | 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** |  |