**Logo, company name

Description automatically generated**

**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:** | | | | | | | | | | | | |
| Osteogenesis Imperfecta (“Brittle Bone Disease”) is due to weakened connective tissues in bones, muscles, and ligaments. It is congenital and is caused by an inherited gene or gene mutation. Types vary depending on the specific gene involved and severity.   * Significant care issues that arise with OI include gross motor developmental delays, joint and ligament weakness and instability, muscle weakness, the need to prevent fracture cycles, and the necessity of spine protection. * Typically, a child’s stature may be average or slightly shorter-than-average as compared with unaffected family members, but is still within normal range for the age. * There is a high incidence of hearing loss; onset occurs primarily in young adulthood, but it may occur in early childhood. * It is important to address difficulties with social integration, participation in leisure activities, and maintaining stamina.   The student with OI may experience the psychological burden of appearing normal and healthy to the casual observer despite needing to accommodate their bone fragility. This absence of obvious symptoms in some children may contribute to problems at school or with peers. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| History of recent fall – often minor due to a stumble.  Symptoms of a bone fracture: bone deformity, pain, swelling, hot or inflamed area, redness, bruising.  May be prone to difficulty with hearing or dental problems. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Safety:  • 1:1 adult aide is needed to provide for this child’s safety inside and outside the classroom – Protect from accidental falls, collisions, and errant airborne balls and organization of movements within classroom to avoid accidental collisions.   * 1:1 adult guidance during emergency evacuations. * Recess accommodations to include low or no impact activities/exercises * Assistance: * Aide to guide child with hand in back or front instead of holding arm or hand when moving within classroom. * Hold hand when transitioning from/to activities outside the classroom. * Any lifting must be done by securing lifter’s hands around trunk only, not lifting by extremities; or by placing lifter’s arms under upper legs of the child and supporting the back. * Maintain optimal musculoskeletal function with proper body alignment and posture to prevent deformities or contractures. * Assure any adaptive devices/braces fit and do not promote skin breakdown. * • Maintain communication between the specialty team, primary care physician, and parent regarding the child’s plan of care, progress, and special needs/problems. | | | | | | | | | | | | |
| **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** |  |