****

**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:** |
| Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infection (PANDAS) is described as a syndrome that described the sudden and dramatic pediatric onset of symptoms that mimic obsessive–compulsive disorder (OCD) or tic disorders characteristic of Tourette syndrome following infection with group A streptococcus. It's hypothesized that the GAS infection triggers an autoimmune response that targets neurons in the brain's basal ganglia, thereby causing healthy children with no prior history of neurologic disorders to experience a rapid onset of neuropsychiatric symptoms |
| **SYMPTOMS TO WATCH FOR:** |
| **Psychological Symptoms include:*** obsessive, compulsive, and repetitive behaviors.
* separation anxiety, fear, and panic attacks.
* incessant screaming, irritability, and frequent mood changes.
* emotional and developmental regression.
* visual or auditory hallucinations.
* depression and suicidal thoughts.

**Physical Symptoms include:*** tics and unusual movements
* sensitivities to light, sound, and touch
* deterioration of small motor skills or poor handwriting
* hyperactivity or an inability to focus
* memory problems
* trouble sleeping
* refusing to eat, which can lead to weight loss
* joint pain
* frequent urination and bedwetting
* near catatonic state

*Children with PANDAS don’t always have all of these symptoms, but they generally have a mix of several physical and psychiatric symptoms.* |
| **HEALTH CARE ACTION PLAN:** |
| No single treatment is the answer for every student with PANDAS. Each student's needs and personal history must be carefully considered and monitored.**Treatment Plans:**[ ]  Special Education Programs [ ]  Psychological Intervention [ ]  Drug TreatmentMedication:Dosage:Time(s):  |
| **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:  |
| **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** |
| **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** |  |