****

**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:** |
| Phenylketonuria (PKU) is a rare inherited disorder that causes an amino acid called phenylalanine to build up in your body. PKU is caused by a defect in the gene that helps create the enzyme needed to break down phenylalanine.Without the enzyme necessary to process phenylalanine, a dangerous buildup can develop when a person with PKU eats foods that are high in protein. This can eventually lead to serious health problems.For the rest of their lives, people with PKU — babies, children and adults — need to follow a diet that limits phenylalanine, which is found mostly in foods that contain protein.Babies in the United States and many other countries are screened for PKU soon after birth. Recognizing PKU right away can help prevent major health problems. |
| **SYMPTOMS TO WATCH FOR:** |
| PKU symptoms can be mild or severe and may include:* Intellectual disability (formerly called mental retardation)
* Delayed development
* Behavioral, emotional and social problems
* Psychiatric disorders
* Neurological problems that may include seizures
* Hyperactivity
* Poor bone strength
* Skin rashes (eczema)
* A musty odor in the child's breath, skin or urine, caused by too much phenylalanine in the body
* Fair skin and blue eyes, because phenylalanine cannot transform into melanin — the pigment responsible for hair and skin tone
* Abnormally small head (microcephaly)
 |
| **HEALTH CARE ACTION PLAN:** |
| SDUSD food services will be responsible for lunchtime food preparation, weighing/measuring and recording PHE intake* Student/parent will d/o book on counter in school office. Site cafeteria staff will p/u
* After meal is prepared, designated café staff will weigh record PHE in book
* Student will d/o tray in designated location when finished eating; café staff will weigh and record in book
* Log book will be d/o in office by care staff with the d/o of day’s deposit.

Filed Trips: Mom will send home packed lunch with PHE countClassroom celebrations: teacher will t/c mom \_\_\_days prior to event. Allowed foods, amounts and PHEs will be calculated. Mom will provide alternate food if desired.Parent will provide a 3-day non-perishable emergency food supply with PHE count in one gallon ziplock bag for classroom disaster bag.School staff will report all foods eaten by child, planned or unplanned, so they can be included in daily PHE count and so the site plan can be modified, if needed. |
| **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** |  |