**Logo, company name

Description automatically generated**

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

**Please attach applicable procedure and physician’s orders to this ISHP**

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| **Student Name:** | |  | **DOB/ID #:** | |  | | **Date:** | |  |
| **School Site:** |  | | **Rm. #** |  | | **School Phone:** | |  | |

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| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
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| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| **Prader-Willi syndrome** is a genetic disorder usually caused by deletion of a part of chromosome 15 passed down by the father. The most common symptoms of Prader-Willi syndrome are behavior problems, intellectual disability, and short stature. Hormonal symptoms include delayed puberty and constant hunger leading to obesity.  There is no cure for Prader-Willi but many patients will benefit from a supervised diet. Some symptoms can be treated with hormone therapy. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Signs and symptoms of Prader-Willi syndrome generally occur in multiple phases.  **Signs that may be present from birth include:**  **Poor muscle tone.** A primary sign during infancy is poor muscle tone (hypotonia). Babies may rest with their elbows and knees loosely extended instead of fixed, and they may feel floppy or like rag dolls when they're held.  **Distinct facial features**. Children may be born with almond-shaped eyes, a narrowing of the head at the temples, a turned-down mouth and a thin upper lip.  **Failure to thrive.** Infants may have a poor sucking reflex due to decreased muscle tone. Because poor sucking makes feeding difficult, they tend to gain weight slowly.  **Lack of eye coordination (strabismus).** The child's eyes may not move together — they may cross or wander to the side.  **Generally poor responsiveness**. A baby may seem unusually tired, respond poorly to stimulation, have a hard time waking up or have a weak cry.  **Early childhood to adulthood:**  Other features of Prader-Willi syndrome appear during early childhood and remain throughout life, requiring careful management or treatment. These features may include:  **Food craving and weight gain**. Classic signs and symptoms include constant craving for food and rapid weight gain. Because a child with Prader-Willi syndrome may always be hungry, he or she eats frequently and consumes large portions. A child may develop unusual food-seeking behaviors, such as hoarding food or eating things such as garbage or frozen food.  **Underdeveloped sex organs.** A condition called hypogonadism occurs when sex organs — testes in men and ovaries in women — produce little or no sex hormones. This results in underdeveloped sex organs, incomplete development at puberty and, in nearly all cases, infertility. Without treatment, women may not start menstruating until their 30s, or they may never menstruate, and men may not have much facial hair, and their voices may never fully deepen.  **Poor growth and physical development.** Children with Prader-Willi syndrome have low muscle mass and high body fat. They may have small hands and feet. When a person with the disorder reaches full adult stature, he or she is usually shorter than other family members.  **Intellectual disability.** Mild to moderate impairment in intellectual functioning, such as thinking, reasoning and problem-solving (intellectual disability), is a common feature of the disorder. Even those without significant intellectual disability have some learning disabilities.  **Delayed motor development.** Toddlers with Prader-Willi syndrome often reach milestones in physical movement — for example, sitting up or walking — later than other children do.  **Speech problems.** Speech is often delayed. Poor articulation of words may be an ongoing problem into adulthood.  **Behavioral problems.** Children and adults may at times be stubborn, angry, controlling or manipulative. They may throw temper tantrums, especially when denied food. They may not tolerate changes in their routine. They may also develop obsessive-compulsive or repetitive behaviors, or both. Other mental health disorders, such as skin picking, may develop.  **Sleep disorders.** Adults and children with Prader-Willi syndrome may have sleep disorders, including disruptions of the normal sleep cycle and sleep apnea, a condition in which breathing pauses during sleep. These disorders can result in excessive daytime sleepiness and worsen behavior problems. Obesity may worsen sleep disorders.  **Scoliosis.** A number of children with Prader-Willi syndrome develop abnormal curvature of the spine (scoliosis).  **Other endocrine problems.** These may include insufficient production of thyroid hormone (hypothyroidism), growth hormone deficiency or central adrenal insufficiency, which prevents the body from responding appropriately during stress or infections.  **Other signs and symptoms may include**:   * Nearsightedness (myopia) and other vision problems * Light skin and hair compared with other family members * High pain tolerance, making it difficult to identify injury or illness * Problems regulating body temperatures during fever or in hot and cold places | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| May go to health office as needed. May require a rest time during the school day.  Altered Pain Threshold – Decreased Pain Sensitivity/High Pain Threshold   * Close adult supervision during activities –due to safety concerns r/t hypotonia/fatigue * Supervise student mobility on play structures/slides/swings, etc. * Encourage proper use of equipment, i.e. sitting on bicycle seat not standing on pedals * All injuries need to be assessed - at high risk for fracture. * Report all injuries or changes in behavior to guardians. * Fatigue or irritability may be a sign of illness   Altered Temperature Regulation   * Limit time outdoors during very warm and/or humid temperatures. * If extreme redness of the face and sweating is noted, remove to cool area; encourage cool water and/or utilize cooling measures. * In colder climates make sure student is appropriately dressed and limit exposure to cold temperatures. * If illness is suspected, notify parent.   Increased Food Drive/Food Seeking/Low Metabolism (gain weight on ½ calories of other students)   * Follow prescription from health care professional for calorie-restricted diet. * Supervise student around all food sources if ordered from primary care provider. * Avoid use of food in classroom activities or as reward. * Have plan for how to handle food treats and other food issues in the classroom   Behavior – Emotional Problems   * Ensure student wears glasses and/or patch if needed. * Minimize changes. When they do occur – prepare if possible. * Teach ways to appropriately share feelings and emotions. Practice and reinforce these strategies frequently. * State behavior you want to see. Avoid using word “don’t”. * Administer medications per primary care provider.   Severe Stomach Illness – Lack of Vomiting   * If symptoms of stomach illness are present, notify parent. Student should be urgently evaluated by a health care professional. * Report any incidence of vomiting to the guardians. * Encourage the student to share honestly if they have had a binge episode. The student should not be punished if this has occurred.   Scoliosis and Other Spine Problems   * Support and assist if brace is needed. * Adaptive measures may be needed for physical education. * Evaluate need for possible Physical therapy and/or Occupational Therapy for muscle strengthening.   Dental Problems – Dry Mouth   * Teach and encourage good dental care and water. * Referral to dentist 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** | |  |

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| --- | --- | --- | --- | --- |
| **School Nurse Signature** |  | | **Date** |  |
| **Parent/Guardian Signature** | |  | **Date** |  |