**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. |  | | |  | | |  | | |  | |
| 3. |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | |
| A seizure is **a burst of uncontrolled electrical activity between brain cells** (also called neurons or nerve cells) that causes temporary abnormalities in muscle tone or movements (stiffness, twitching or limpness), behaviors, sensations or states of awareness. Seizures are not all alike.  **Typical “absence” seizures**: begin abruptly, **last 10 to 30 seconds**, and resolve themselves without complication. The person simply stops in their tracks (and/or mid-sentence), and enters a staring, trance-like state during which they are unresponsive and unaware of their surroundings  Nurse Diagnosis Includes Risk for fatigue related to:  -Type of seizure activity  -frequency of seizure activity  -severity of seizure activity  -Risk for injury from falling during seizure activity. | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | |
| * Staring. * Jerking movements of the arms and legs. * Stiffening of the body. * Loss of consciousness. * Breathing problems or stopping breathing. * Loss of bowel or bladder control. * Falling suddenly for no apparent reason, especially when associated with loss of consciousness. * Not responding to noise or words for brief periods * Appearing confused or in a haze * Nodding your head rhythmically, when associated with loss of awareness or loss of consciousness * Periods of rapid eye blinking and staring | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | |
| Nursing Interventions:  -Reduce or remove factors that may cause or contribute to injury during a seizure.  Provide student-specific information to selected school personnel for student:  -Type of seizure, treatment regimen, including medication side effects  -Precautions, safety issues  -First aid care for immediate and recovery care  -Emergency plan of care and follow-up  -Evacuation plan  Expected Outcomes:  -The student will ask the teacher for clarification of instructions or directions that were missed on account seizure activity (if student is aware a seizure has occurred).  -The student will follow schedule that allows for regular meals, sleep and rest time.  -The student will wear a medical alert bracelet.  -The student will develop positive coping mechanisims. | | | | | | | | | | | |
| **BASIC SEIZURE FIRST-AID**  -Stay calm & track time  -Keep child safe  -Do not restrain  -Do not put anything in mouth  -Stay with child until fully conscious  -Protect head  -Keep airway open/watch breathing  -Turn child on side  -Do not give fluids or food during or immediately after seizure  -Other:  **DATE OF LAST SEIZURE**  Date of last seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/day/year)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **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** |  |