**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:** | | | | | | | | | | | | |
| Sickle cell anemia is an inherited disease which affects red blood cells. The red blood cells, which carry oxygen to the tissues, change from a doughnut shape to a sickle shape. These cells clump together making the blood too thick and obstructing circulation. Organs are damaged by lack of blood flow resulting from the collection of clumped cells.  Crisis can be caused by unusual stress, infections, fatigue, overexertion, extreme temperatures or high altitude.  Student may have shorter stature and delayed puberty. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Symptoms may include: leg sores that don’t heal due to poor circulation; hand-foot syndrome where plugged blood vessels cause the hands & feet to swell & become hot, red & painful; slow growth; frequent illness; a yellow tinge to the skin and whites of eyes (because of the anemia); painful joints due to poor blood supply to bones; and sickle cell crisis.  The primary symptom of sickle cell crisis is severe pain in the chest, abdomen, arms and legs. It can last from hours to weeks and may occur several times per year. The incidence of stroke and silent infarct is approximately 250-fold higher than in the general pediatric population. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Prompt medical attention is required. Treatment may include medication for pain, antibiotics for infection, increased fluid intake, transfusion, bed rest and surgery.  With complaint of pain, student will be asked to rate discomfort on scale from 1 to 10. A pain level above 5 requires an immediate phone call to parent. Medical treatment should be sought for fever, headache, chest pain, abdominal pain, numbness or weakness.  Mild pain may be managed by increased fluid intake and a non-narcotic pain pill like ibuprofen or acetaminophen.  Av overly strenuous activity; observe for fatigue and allow rest periods  Avoid stress, such as colds, other illnesses, and fatigue  Avoid injury from cuts/bruises which may lead to serious infections  Avoid extreme environmental temperature, either cold or hot causing overheating or exposure to cold temperatures  Avoid dehydration; will have a water bottle provided from home and encouraged to drink during school hours  Frequent bathroom privileges  Avoid upper respiratory infections as fever increases the likelihood of sickling of cells and pneumonia is the most common reason for hospitalization.  No ice or ice packs applied to the skin because of the need to avoid exposure to cold temperatures.  If the student is having academic issues, accommodations for increased absences and/or evaluation for special education services should be considered. | | | | | | | | | | | | |
| **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** |  |