**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:** | | | | | | | | | | | | |
| Spondyloarthritis refers to a set of inflammatory disorders that mainly afflict the spine, joints, and ligaments. Sometimes, arthritis develops in other parts of the body such as in the intestines, urinary tract, heart, and skin. The range of symptoms for the different types of these disorders include back and joint pain, scaly skin, weight loss, and eye irritation. The conditions can cause stiffness and make movement difficult. Children with rheumatic illness have periods of flares and remissions. These children may appear perfectly healthy during most of the day, but have periods of hours, days, or weeks during which their activities MUST be modified. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| The classic signs of spondyloarthritis are pain and inflammation. The condition is also marked by stiffness in the hip, back, knee, ankle, shoulder, neck and other joints. Patients lack joint flexibility. They commonly experience pain in the lower back and a deterioration of vertebrae. Less-common symptoms include lung inflammation, fever, indigestion, appetite loss, fatigue, slouching, and restlessness. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| * Allow student to self-monitor without penalty for inability to participate in PE (especially if participating in 'high-impact' sports/activities). * Allow student to use restroom at any time: Certain medications have side effects that will result in the need to use the restroom more often. * Allow student to come to the Health Office at any time for ice, heating pad, pain medication, or just to rest. * Allow student to stand and stretch in class as needed. She may also need just to "walk around". * Allow student water/snacks in class * Referral to counselor for a 504 evaluation if the following exists:   + Increased problems paying attention/concentrating   + Longer time needed to complete tasks due to missed school during "flares"   + Increased symptoms (pain, fatigue) during school work   + Greater irritability, less tolerance to stressors/flares | | | | | | | | | | | | |
| **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** |  |