**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 student requiring a 1:1 LVN at school, in most cases, has multiple medical problems requiring the supervision of a licensed nurse at all times during the school day.** \_\_\_\_ **has the following procedures/medical problems due to his/her diagnosis of ­­­**\_\_\_\_**:**  **Tracheostomy** is a surgical incision into the trachea that forms a temporary or permanent opening by passing the upper airway. The primary reasons for performing a tracheostomy are (a) to bypass an obstructed upper airway, (b) to remove secretions from the airway, and /or (c) to more easily and safely deliver oxygen to the lungs.  **Suctioning** is a vital component of caring for a child with a tracheostomy. The upper airway warms, cleans and moistens the air breathed into the lungs. Since the trach tube bypasses these functions, the air breathed through the tube is cooler, dryer and not as clean as normally inspired air. In response to this, the body produces more mucus. Tracheal suctioning is a means of clearing the airway of secretions or mucus. This is accomplished by using a vacuum-type device through the tracheostomy. Tracheal suctioning is performed when a person cannot adequately clear secretions on his or her own.  **Mechanical ventilator** may be connected to the tracheostomy to support respiration. Ventilation is the constant process by which oxygen and carbon dioxide are exchanged in the lungs, maintaining the proper balance between both gases. A mechanical ventilator is a machine that functions as a substitute for the bellows action of the thoracic cage and diaphragm, replacing or assisting normal breathing by providing oxygen to the lungs and removing carbon dioxide.  **Oxygen administration** is prescribed for students that need supplemental oxygen due to chronic lung disease or cardiac disorder where they are unable to get enough oxygen through normal breathing. Oxygen is a colorless, odorless and tasteless gas present in the air breathed and essential for normal function of all body’s cells. Student receives oxygen via mechanical ventilation/nasal cannula.  **Gastrostomy** is a surgical opening into the stomach. A flexible rubber tube (the gastrostomy tube) is inserted into the surgical opening. It is held in place from the inside of the abdomen (with a fluid filled balloon) as well as on the outside at all times. The tube is clamped or capped between feedings to prevent leakage. It is a safe and simple way of giving food, medicines and fluids directly into the stomach. It is necessary when a student is unable to take food by mouth, or unable to get enough nourishment by mouth. There are many different type of G-tubes and some are called buttons. They look slightly different but all have the same purpose: to provide food, medication, and fluids directly to the stomach. Student has a \_\_\_\_ tube/button.  **Catheterization** is necessary for inadequate bladder function and may be the results of a spinal cord injury, a congenital malformation of the bladder, a tumor or myelomeningocele (spina bifida). If not performed the bladder can overfill and cause distention, incontinence and urinary tract infection. Reflux into the kidneys may cause kidney damage.  **Seizures** happen when the electrical system of the brain malfunctions. Instead of discharging electrical energy in a controlled manner, the brain cells keep firing. The result may be a surge of energy through the brain, causing unconsciousness and contractions of the muscles. If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, uncontrolled, unorganized movements. Most seizures last only a minute or two, although confusion afterwards may last longer. An epilepsy syndrome is defined by a collection of similar factors, such as type of seizure, when they developed in life, and response to treatment. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| **Tracheostomy**   * Signs and symptoms of pulmonary infection (fever), excess secretions, increased thickness of secretions, difficulty breathing, increased respiratory rate, increased heart rate, noisy breathing, stridor, cyanosis, restlessness, anxiety, low oxygen saturation, retractions of tube, bleeding at stoma site, bloody secretions * These symptoms may be the results of a plugged tube from an occlusion, accidental decannulation or dislodgement of the trach tube   **Suctioning**   * Noisy, rattling breath sounds * Secretions (i.e., mucus) that are visible and filling the openingof the tracheostomy * Signs of respiratory distress (e.g., difficulty breathing, agitation,paleness, excessive coughing, cyanosis [blueness], nasal flaring, retracting) * No air moving through tracheostomy   **Mechanical Ventilation**   * Correct ventilator settings and mode * Drop in blood pressure may indicate pressure on blood vessels which may cause decrease blood to the heart * Check breath sound and oxygenation to decrease the risk of barotrauma and pneumothorax   **Oxygen Administration**   * Signs/symptoms of hypoxia: increase in respiratory rate/heart rate, change in level of consciousness, restless ness, cyanosis, chest pain   **Gastrostomy**  Possible G-tube dysfunction:  1. Bleeding and/or drainage.  a. Check to be sure the tube is not being pulled on.  b. Check that cap or clamp is properly secured.  c. Check for leaking at incision site.  d. If leaking or bleeding continues, contact school nurse who will contact parents.  2. G-tube falls out or is pulled out.  a. The surgical opening may close quickly. The G-tube must be reinserted before the opening closes. \_\_\_\_'s  G-tube must be reinserted within \_\_\_\_ minutes.  b. Cover the site with a dry dressing or bandage.  c. Notify school/itinerant nurse immediately.  d. If school/itinerant nurse is unavailable, contact the parents.  Problems that may occur during feeding:  a. Proper **position of the student** and **placement of the tube** must be verified. If more than 50cc of stomach contents are found in the stomach before the feeding, the feeding should be postponed until this residual has decreased. Notify school/itinerant nurse.  b. **Coughing, laughing, or crying** during the feeding can cause the feeding or stomach contents to be forced back into the tubing. Clamp the tubing until the child stops the behavior and then proceed with the feeding.  c. **Nausea, cramping, discomfort, hiccoughs** can be the result of the feeding being too fast, too cold, too hot, or the volume is too large. Stop the feeding and check the temperature of the feeding. Proceed if temperature is correct at a slower rate. If these symptoms persist with more than two feedings notify the school nurse. The volume of the feeding may need to be evaluated.  d. **Vomiting** can be a result from any of the above problems. If vomiting occurs, stop the feeding. Notify the school/  itinerant nurse that the feeding was interrupted, how much food was given, and approximately how much  they vomited  e. **Blocked tube** prevents the food/fluid from moving. The tube may have been clogged with dry or thick feeding. If this occurs do not try to flush tube or squeeze tube. Contact school/itinerant nurse immediately  **Catheterization**   * Signs and symptoms of bladder infection: fever, chills, leaking between catheters, increased spasms, frequency, foul smell, urgency, burning of the urethra/penis/pubic area, nausea, headache, backache, increased sediment, cloudy urine, blood in urine   **Seizures**   * Signs and symptoms of seizure: aura; staring; loss of consciousness; jerking; general convulsions; hand rubbing; lip smacking; picking at clothes; perception of odor; sound or taste; loss of bladder or bowel control; alteration in response and/or confusion * Seizure triggers: missed medication, sleep deprivation, hormone fluctuations, emotional stress, low blood sugar, bright lights.   **General**   * Signs & symptoms of skin breakdown * Proper body mechanic | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Student is a full code  Student is a DNR  **Tracheostomy**   * Student has (type of trach) * Routine tracheostomy care includes:  care of stoma,  suctioning of trach tube;  maintaining humidification;  changing trach ties;  cleaning and changing the trach tube and inner cannula. * Provide the above tracheostomy care  and prn. * Assess lung soundand prn. * Administer respiratory treatment. * Humidifier to trach. * Change tracheostomy every \_\_\_\_ weeks and prn.   **Suctioning**   * Suction every\_\_\_ and prn accidental dislodgement. * #\_\_F suction catheter   **Mechanical ventilation**   * Confirm vent settings every\_\_\_\_. Inspiration time\_\_\_, Peak inspiratory pressure\_\_\_PEEP\_\_\_Mode\_\_\_Pressure supplement\_\_\_. * Replaced on vent if RR<\_\_\_,spO2<\_\_\_% or distress.   **Oxygenation**   * Notify MD is oxygen saturation is <\_\_\_% * Administer oxygen\_\_\_liters via nasal cannula\_\_\_tracheostomy. * Administer respiratory treatment\_\_\_.   **Gastrostomy:**   * **#**\_\_F gastrostomy tube\_\_Mickey * \_\_\_ will require a feeding every \_\_\_ hours or at \_\_\_ o'clock by  bolus,  drip, pump. * Rate of infusion is \_\_\_ * Student is NP  allowed food . * Clean stoma\_\_\_and prn.   **Catheterization**   * **#**\_\_\_urinary catheter * Requires catheterization every \_\_\_hours and prn.   **Seizure**   * Prescribed treatment for seizure activity:  Diastat (diazepam rectal gel) \_\_\_mg rectally prn for: Seizure >\_\_\_ minutes or for \_\_\_\_ or more seizures in \_\_ hours. * Use VNS (vagal nerve stimulator) Magnet. * Call 911 if  Seizure does not stop by itself or with VNS within \_\_\_\_ minutes;  Seizure does not stop within \_\_\_\_ minutes of giving DIASTAT;  Child does not start waking up within \_\_\_\_ minutes after seizure is over (no DIASTAT given);  Child does not start waking up within \_\_\_\_ minutes after seizure is over (after DIASTAT given). * Type of seizure that student usually has:  Absence (staring, loss of awareness, eye blinking);  Simple Partial (remains conscious; distorted sense of smell, hearing, sight; involuntary rhythmic jerking/twitching on one side);  Complex Partial (confused; not fully responsive/unresponsive; may appear fearful; purposeless, repetitive movements)  Generalized Tonic-Clonic (convulsions; stiffening; breathing may be swallow; lips or skin may have bluish color; unconsciousness; confusion, weariness, or belligerence when seizure ends)   **General**  Maintain communication between the specialty team, primary care physician, and parent regarding the child’s plan of care, progress and special needs/problems.  Maintain maximal level of skin integrity with non-restrictive clothing, safety with hot and cold, wheelchair cushions/paddings, changes of position, as needed.  Assess skin each diaper change and provide topical OTC treatment prn  Maintain optimal musculoskeletal function with proper body alignment and posture to prevent deformities or contractures.  Assure any adaptive devices/braces fit and do not promote skin breakdown.  Teachers/1:1 LVN will be informed and aware of proper evacuation procedures for student during drills and/or emergencies  **Bus monitoring:**  LVN to ride bus with student  Parent transports student to and from school.  **Equipment at school:**  oxygen, nebulizer, extra trach, portable suction machine,  suction catheters,  catheter supplies, diapers, ambu bag, extra G-tube/Mickey, Kangaroo pump,  wheelchair,  other \_\_\_\_. | | | | | | | | | | | | |
| **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** |  |