****

**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:** |
| Syncope is temporary loss of consciousness and posture, described as "fainting" or "passing out." It's usually related to temporary insufficient blood flow to the brain. It most often occurs when the blood pressure is too low (hypotension) and the heart doesn't pump a normal supply of oxygen to the brain.It may be caused by emotional stress, pain, pooling of blood in the legs due to sudden changes in body position, overheating, dehydration, heavy sweating or exhaustion. |
| **SYMPTOMS TO WATCH FOR:** |
| Before the student faints due to vasovagal syncope, student may experience some of the following: * Skin paleness
* Lightheadedness
* Tunnel vision — your field of vision is constricted so that you see only what's in front of you
* Nausea
* Feeling of warmth
* A cold, clammy sweat
* Yawning
* Blurred vision

During a vasovagal syncope episode, bystanders may notice: * Jerky, abnormal movements
* A slow, weak pulse
* Dilated pupils
 |
| **HEALTH CARE ACTION PLAN:** |
| * + Even with treatment, not all vasovagal syncope episodes can be avoided.
	+ If the student feels like he/she might faint, have them lie down and lift their legs. This allows gravity to keep blood flowing to their brain.
	+ If the student can't lie down, have them sit down and put their head between their knees until they feel better.
	+ Never send a student with the above mentioned signs/symptoms to the health office, call for help and the school nurse will come to your location.
	+ Allow water and snack in classroom. Hydration is very important especially in classrooms that do not have air conditioning.
	+ If the student faints, please place them in a "trendelenburg" position where the body is laid flat on the back (supine position) with the feet higher than the head by 15-30 degrees
	+ Note the time of the event and the time when the student regains consciousness
	+ Always maintain an open airway
	+ School nurse will assess student's vital signs and neurological status and then call parent.
	+ School nurse will investigate any "triggers" that may have occurred prior to the event (ex: watching a biology film that had a scene with blood/needles; performing a lab dissection; taking an important test).
 |
| **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** |  |