****

**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:** |
| Traumatic Brain Injury occurs when an external mechanical force causes brain dysfunction.Traumatic brain injury usually results from a violent blow or jolt to the head or body. An object penetrating the skull, such as a bullet or shattered piece of skull, also can cause traumatic brain injury.Mild traumatic brain injury may cause temporary dysfunction of brain cells. More serious traumatic brain injury can result in bruising, torn tissues, bleeding and other physical damage to the brain that can result in long-term complications or death.Common events causing traumatic brain injury include the following:* Falls: Falling out of bed, slipping in the bath, falling down steps, falling from ladders and related falls are the most common cause of traumatic brain injury overall, particularly in older adults and young children.
* Vehicle-related collisions: Collisions involving cars, motorcycles or bicycles — and pedestrians involved in such accidents — are a common cause of traumatic brain injury.
* Violence: About 20 percent of traumatic brain injuries are caused by violence, such as gunshot wounds, domestic violence or child abuse. Shaken baby syndrome is traumatic brain injury caused by the violent shaking of an infant that damages brain cells.
* Sports injuries: Traumatic brain injuries may be caused by injuries from a number of sports, including soccer, boxing, football, baseball, lacrosse, skateboarding, hockey, and other high-impact or extreme sports, particularly in youth.
 |
| **SYMPTOMS TO WATCH FOR:** |
| Traumatic brain injury can have wide-ranging physical and psychological effects. Some signs or symptoms may appear immediately after the traumatic event, while others may appear days or weeks later.Mild traumatic brain injuryThe signs and symptoms of mild traumatic brain injury may include:Physical symptoms* Loss of consciousness for a few seconds to a few minutes
* No loss of consciousness, but a state of being dazed, confused or disoriented
* Headache
* Nausea or vomiting
* Fatigue or drowsiness
* Difficulty sleeping
* Sleeping more than usual
* Dizziness or loss of balance

Sensory symptoms* Sensory problems, such as blurred vision, ringing in the ears, a bad taste in the mouth or changes in the ability to smell
* Sensitivity to light or sound
* Cognitive or mental symptoms
* Memory or concentration problems
* Mood changes or mood swings
* Feeling depressed or anxious

Moderate to severe traumatic brain injuriesModerate to severe traumatic brain injuries can include any of the signs and symptoms of mild injury, as well as the following symptoms that may appear within the first hours to days after a head injury:Physical symptoms* Loss of consciousness from several minutes to hours
* Persistent headache or headache that worsens
* Repeated vomiting or nausea
* Convulsions or seizures
* Dilation of one or both pupils of the eyes
* Clear fluids draining from the nose or ears
* Inability to awaken from sleep
* Weakness or numbness in fingers and toes
* Loss of coordination

Cognitive or mental symptoms* Profound confusion
* Agitation, combativeness or other unusual behavior
* Slurred speech
* Coma and other disorders of consciousness
 |
| **HEALTH CARE ACTION PLAN:** |
| Student should limit both physical and cognitive exertion accordingly.* Physical activity includes PE, sports practices, weight-training, running, exercising, heaving lifting,etc.

Until a full recovery is achieved, student may need the following supports:* Time off from school
* Shortened day
* Shortened classes: rest breaks in health office

Referral to counselor for 504 evaluation if the following exists:* Increased problems paying attention/concentrating
* Increased problems remembering/learning new information
* Longer time to complete tasks
* Increased symptoms (headache, fatigue) during schoolwork
* Greater irritability, less tolerance for stressors

Allow water and snack in classroomAllow extra time to get from one class to anotherAllow student to come to health office as needed for rest/medicationIf student experiencing any of the above mentioned signs/symptoms, please escort student to health office or call for help: Never allow student to walk un-escorted to health office! |
| **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** |  |