****

**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:** |
| Tuberous sclerosis: also called tuberous sclerosis complex (TSC)1--is a rare, multi-system genetic disease that causes benign tumors to grow in the brain & on other vital organs such as the kidneys, heart, eyes, lungs, & skin. It usually affects the central nervous system & results in a combination of symptoms including seizures, developmental delay, behavioral problems, skin abnormalities & kidney disease. Angiomyolipoma (AML) is a noncancerous growth made up of fatty tissue, blood vessels, & smooth muscle cells, & is most often found in the kidneys. Up to 80% of patients with tuberous sclerosis complex (TSC) develop AML. AML associated with TSC occur in one of the body's most important organ systems—the kidneys. The kidneys serve many crucial functions. They remove waste products & excess fluid from the body. They help maintain a stable balance of body chemicals. Additionally, they produce hormones that affect the function of other organs. When an AML grows too large, it can interfere with the kidneys' ability to work properly. This sometimes causes excessive bleeding or kidney failure. |
| **SYMPTOMS TO WATCH FOR:** |
| Common symptoms include seizures, mental retardation, behavior problems, & skin abnormalities. Tumors can grow in nearly any organ, but they most commonly occur in the brain, kidneys, heart, lungs, & skin * Patches of light-colored skin & Facial lesions.

Symptoms of AML include blood in the urine and pain in the stomach/abdomen. |
| **HEALTH CARE ACTION PLAN:** |
| The prognosis for individuals with TSC is highly variable & depends on the severity of symptoms. Those individuals with mild symptoms usually do well & have a normal life expectancy Individuals who are severely affected can suffer from severe mental retardation & persistent epilepsy. There's no cure for tuberous sclerosis, but treatment can help manage specific signs & symptoms. * Medication. Anti-epileptic drugs may be prescribed to control seizures, & other medications may be prescribed to help manage behavior problems.
* Educational therapy. Early intervention can help children overcome developmental delays & meet their full potential in the classroom.
* Occupational therapy. Through occupational therapy, a person who has tuberous sclerosis can improve his or her ability to handle daily tasks.
* Psychological therapy. Talking with a mental health therapist may help the child accept & adjust to living with this disorder.
* Surgery. If a lesion affects the ability of a specific organ — such as the kidney — to function, the lesion may be surgically removed. Sometimes surgery can help control seizures caused by brain lesions that don't respond to medication. Surgical procedures such as dermabrasion or laser treatment may improve the appearance of skin lesions.
* Tuberous sclerosis is a lifelong condition that requires careful monitoring and follow-up. With appropriate treatment, however, many people who have tuberous sclerosis lead full, productive lives and enjoy a normal life expectancy.
 |
| **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** |  |