**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:** | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| 1. Complete agenesis corpus callosum, bilateral schizencephaly student was born with a brain birth defect. Inside our brains we have an area that connects the two hemispheres in our brain. This area is called the corpus callosum. This corpus callosum is made up of nerve fibers that communicate information between the two hemispheres. Sammy brain does not have a corpus callosum. There are other areas, not a big as the corpus callosum, which can assist with this communication process. Bilateral schizencephaly is another birth defect in the brain in which there are deep clefts or divisions in the brain. Since student has bilateral deep clefts in his brain, this could be responsible for his developmental delays and delays in speech. 2. Hydrocephalus requiring a ventriclo-peritoneal shunt (VP shunt): Student was born with hydrocephalus (extra fluid in the brain). The VP shunt is a plastic tube that drains the excess ventricle fluid. One end is in his ventricle and the other end is in his abdomen. 3. Optic nerve hypoplasia: This condition is the result of the optic nerve being underdeveloped during pregnancy. The optic nerve is responsible for transmitting visual signals from the retina to the brain. 4. History of seizures. On no medication at present time. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| VP shunt complications can happen quickly, so please be cognizant of the following complications. Hydrocephalus VP shunt malfunction signs and symptoms include:   * Vomiting, * Headache, * Vision problems, * Iirritability and /or tiredness, * Personality change, seizures, * Difficulty waking up or staying awake, * In the event of abdominal pain, peritonitis must be considered secondary to shunt placement.   Shunt infections are possible and need to be addressed. Signs and symptoms of infections:   * Fever, * Neck stiffness, * Light sensitivity, * Swelling or tenderness along the shunt site, * Any of the above signs and symptoms. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| 1. Parent will notify school nurse with any significant changes in student’s health status. 2. Treat student as a normal young man in regards to his activity. He can play but needs to not be involved in any sport or activity that will hit, bump, or rub his shunt area. Stay away from contact sports. 3. If student should experience any of the signs or symptoms, he needs to be escorted to the health office for an assessment. Temperature should be taken. Notify mother of any changes. In the absence of a nurse, any questionable signs or symptoms, mother/grandmother needs to be notified immediately. 4. If student is unable to be aroused and is sleepy: this is a medical emergency and 911 should be notified. | | | | | | | | | | | | |
| **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** |  |