Student

Photo

**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:** |
| Epidermolysis bullosa (ep-ih-dur-MOL-uh-sis buhl-LOE-sah) is a group of rare diseases that cause the skin to blister. The blisters may appear in response to minor injury, heat, or friction from rubbing, scratching or adhesive tape. In severe cases, the blisters may occur inside the body, such as the lining of the mouth or intestines. Most types of epidermolysis bullosa are inherited. The condition usually shows up in infancy or early childhood. Some people don't develop signs and symptoms until adolescence or early adulthood.Epidermolysis bullosa has no cure, though mild forms may improve with age. Treatment focuses on addressing the symptoms — such as infection and itching — and preventing pain and wounds. Severe forms may cause serious complications and can be fatal. |
| **SYMPTOMS TO WATCH FOR:** |
| Epidermolysis bullosa signs and symptoms include:* Fluid-filled blisters on the skin, especially on the hands and feet due to friction
* Deformity or loss of fingernails and toenails
* Internal blistering, including on the vocal cords, esophagus and upper airway
* Skin thickening on the palms and the soles of the feet
* Scalp blistering, scarring and hair loss (scarring alopecia)
* Thin-appearing skin (atrophic scarring)
* Tiny white skin bumps or pimples (milia)
* Dental problems, such as tooth decay from poorly formed enamel
* Difficulty swallowing (dysphagia)

Epidermolysis bullosa blisters may not appear until a toddler first begins to walk or until an older child begins new physical activities that trigger more intense friction on the feet. Epidermolysis bullosa complications include:* Infection. Blistering skin is vulnerable to bacterial infection.
* Sepsis. Sepsis occurs when bacteria from a massive infection enter your bloodstream and spread throughout your body. Sepsis is a rapidly progressing, life-threatening condition that can cause shock and organ failure.
* Deformities. Severe forms of epidermolysis bullosa can cause fusion of fingers or toes and abnormal bending of joints (contractures), such as those of the fingers, knees and elbows.
* Malnutrition and anemia. Blisters in the mouth can make eating difficult and lead to malnutrition. This may lead to anemia (such as low iron levels in the blood), delayed wound healing or, in children, slowed growth.
* Dehydration. Large, open blisters can cause loss of body fluid that leads to severe dehydration.
* Constipation. Difficulty passing stool may be due to painful blisters in the anal area. It can also be caused by not ingesting enough liquids or high-fiber foods, such as fruits and vegetables.
* Eye disorders. Inflammation of the eye can harm the clear covering over the eye (cornea) and, sometimes, cause blindness.
* Skin cancer. Adolescents and adults with certain types of epidermolysis bullosa are at high risk of developing a type of skin cancer known as squamous cell carcinoma.
* Death. Infants with a severe form of junctional epidermolysis bullosa are at high risk of infections and loss of body fluids from widespread blistering. Their survival also may be threatened because of blistering, which may hamper their ability to eat and breathe. Many of these infants die in childhood.
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| **HEALTH CARE ACTION PLAN:** |
| Treatment of epidermolysis bullosa aims to prevent complications and ease the pain of the blisters with appropriate wound care. The condition often progresses despite treatment, sometimes causing serious complications and death.Working with a treatment team:Addressing the many aspects of wound care usually requires a multidisciplinary approach. Members of the student's care team may include:* A primary care physician who oversees the treatment plan
* A physician specializing in wound care
* Nurses or medical assistants who provide both care and education for managing wounds
* A physical therapist and occupational therapist
* A nutritionist
* A social worker

Sometimes the student's doctor may involve other specialists, such as a surgeon, a dermatologist, an eye doctor (ophthalmologist), a dentist, a psychologist and a geneticist.Careful wound care and good nutrition are essential for people with epidermolysis bullosa. Blisters can lead to scarring, infection and deformity. If blisters are left intact, they can enlarge, which creates a bigger wound when they finally break. Talk to the student's doctor about safe ways for the student's caretaker to break and drain blisters before they get too large. The doctor can also recommend products to use to keep the affected areas moist to promote healing, such as gauze that contains a moisturizing agent, and prevent infection.When tending to the student's wounds:* Wash your hands before touching the student's blisters or changing dressings.
* If a soiled dressing sticks, don't pull it off. Soak the area in warm water until the dressing loosens.

NutritionIf blisters in the mouth or throat make it difficult for the student to eat, here are some suggestions:* Serve nutritious, soft foods that are easy to swallow, such as vegetable soup and fruit smoothies. Puree solid foods with broth or milk.
* Serve nutritious foods that are easy to swallow, such as vegetable soups and fruit smoothies.
* Serve food and beverages lukewarm, at room temperature or cold.
* Communicate with the doctor about using supplements to minimize nutrient and vitamin deficiencies.

Parents may find it helpful to share concerns and information with families in similar circumstances. Encourage family members to contact epidermolysis bullosa support groups in your area. Or refer the family to counselors, clergy, or social workers who work with families coping with epidermolysis bullosa.. |
| **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** |  |