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:** | | | | | | | | | | | | |
| Suicidal ideation, also known as suicidal thoughts, concerns thoughts about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing, and incomplete attempts, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death, but the individual survives. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Suicide warning signs or suicidal thoughts include:   * Talking about suicide — making statements such as "I wish I were dead" or "I wish I hadn't been born" * Getting the means to take your own life, such as buying a gun or stockpiling pills * Withdrawing from social contact and wanting to be left alone * Having mood swings, such as being emotionally high one day and deeply discouraged the next * Being preoccupied with death, dying or violence * Feeling trapped or hopeless about a situation * Increasing use of alcohol or drugs * Changing normal routine, including eating or sleeping patterns * Doing risky or self-destructive things, such as using drugs or driving recklessly * Giving away belongings or getting affairs in order when there's no other logical explanation for doing this * Saying goodbye to people as if they won't be seen again * Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above.   Warning signs aren't always obvious, and they may vary from person to person. Some people make their intentions clear, while others keep suicidal thoughts and feelings secret. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Treatment of suicidal thoughts and behavior depends on the student's specific situation, including his/her level of suicide risk and what underlying problems may be causing his/her suicidal thoughts or behavior. There's no substitute for professional help when it comes to treating suicidal thinking and preventing suicide. However, there are a few things that may reduce suicide risk:   1. Contact an administrator immediately if you suspect the student is suicidal. Do not leave student alone until the administrator takes over. 2. Encourage a strong support network for the student: parents, teachers, school psychologist, school nurse, counselor, coaches, and peers. 3. Open communication between the school staff and the student's primary care physician (obtain HIPAA). 4. Encourage physical activity and exercise 5. Allow water and snack in the classroom 6. Allow student to come to the health office and or counseling office as needed for rest, hydration, counsel. Always provide an escort for the student. 7. Consider a 504 Plan if there is an increase in absenteeism to allow extra time to make-up classroom work, tests, projects, and homework assignments as well as extra time during standardized testing. | | | | | | | | | | | | |
| **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** |  |