Student

Photo

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

**Please attach applicable procedure and physician’s orders to this ISHP**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | | |
| **Gastrostomy** is a surgical opening into the stomach. A flexible rubber tube (the gastrostomy tube) is inserted into the surgical opening. Once inserted it is held in place by inflating a “balloon” at the end of it with water. The tube is clamped or capped between feedings to prevent leakage. It is a safe and simple way of giving food, medicines and fluids directly into the stomach. It is necessary when a student is unable to take food by mouth, or unable to get enough nourishment by mouth. There are many different type of G-tubes and some are called buttons. They look slightly different but all have the same purpose: to provide food, medication, and fluids directly to the stomach. Student has a  tube/  button. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| **Possible G-tube dysfunction:**  1. Bleeding and/or drainage.  a. Check to be sure the tube is not being pulled on.  b. Check that cap or clamp is properly secured.  c. Check for leaking at incision site.  d. If leaking or bleeding continues, contact school nurse who will contact parents.  2. G-tube falls out or is pulled out.  a. The surgical opening may close quickly. The G-tube must be reinserted before the opening closes. Student's G-tube must be reinserted within \_\_\_\_ minutes.  b. Cover the site with a dry dressing or bandage.  c. Notify school/itinerant nurse immediately.  d.  **DO NOT attempt to reinsert the tube yourself.**  e. If school/itinerant nurse is unavailable, contact the parents.  f. If the parents are unavailable contact an emergency medical provider **(911)**  **Problems that may occur during feeding:**  a. Proper **position of the student** and **placement of the tube** must be verified. If more than 50cc of stomach contents are  found in the stomach before the feeding, the feeding should be postponed until this residual has decreased. Notify  school/itinerant nurse.  b. **Coughing, laughing, or crying** during the feeding can cause the feeding or stomach contents to be forced back into the  tubing. Clamp the tubing until the child stops the behavior and then proceed with the feeding.  c. **Nausea, cramping, discomfort, hiccoughs** can be the result of the feeding being too fast, too cold, too hot, or the volume  is too large. Stop the feeding and check the temperature of the feeding. Proceed if temperature is correct at a slower rate. If  these symptoms persist with more than two feedings notify the school nurse. The volume of the feeding may need to eb  evaluated.  d. **Vomiting** can be a result from any of the above problems. If vomiting occurs, stop the feeding. Notify the school/  itinerant nurse that the feeding was interrupted, how much food was given, and approximately how much they vomited.  e. **Blocked tube** prevents the food/fluid from moving. The tube may have been clogged with dry or thick feeding. If this  occurs do not try to flush tube or squeeze tube. Contact school/itinerant nurse immediately. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| * Student will require a feeding every \_\_\_\_ hours or at \_\_\_\_ o'clock by  bolus,  drip,  pump. * Rate of infusion is \_\_\_\_ * School staff will be trained by school nurse in feeding. | | | | | | | | | | | | |
| **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** |  |