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:** | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| Cystic Fibrosis is a genetic disease due to a faulty gene that causes the body to produce abnormally thick, sticky mucus that can clog the lungs, pancreas and other organs. Survival for people with CF is to the mid- to late 30s.  Digestive problems: CF mucus can obstruct the digestive system & prevent pancreatic enzymes from reaching the small interesting so the body can’t digest food & nutrients properly. Children with CF can be smaller and grow more slowly, need a high-calorie/high-protein diet and generally need to take pancreatic enzyme supplements with meals/snacks. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Signs of forgetting to take pancreatic enzymes or not taking enough: needing to go to the bathroom more frequently, stomach pain, loose stools, and foul-smelling gas.  Over-heating and over-exertion  Increasing difficulty breathing/bringing up mucus with cough | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| * Allow the student to have water and a box of tissues on their desk/backpack. Coughing should not be discouraged as it helps to keep lungs clear. * Allow student to leave for the bathroom at any time to prevent embarrassment because of lung or stomach symptoms * Allow for longer time to eat meals/snacks. * As children with CF lose more salt when they sweat, student should drink fluids before, during, and after exercise. During aerobic exercise, 6-12 ounces of fluid should be taken every 20-30 minutes. Fluid such as sports drinks with added carbohydrates and salt are best. Do not give caffeinated drinks during exercise as they increase fluid loss. * Observe for over-heating as children with CF sweat less. * Coordinate with school nurse regarding need for pancreatic enzymes for any snacks that contain fat, protein, and/or complex carbohydrates. Simple carbohydrate foods (juice, fruit snacks, sports drinks, soda) do not require enzymes. * Plan exercise activities per student’s tolerance/exertion level. * Monitor attendance, fatigue, academic performance to for consideration of accommodations or assessment as other health impaired, as needed. | | | | | | | | | | | | |
| **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** |  |