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:** | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| Ostomy: An ostomy is a surgical procedure to create an opening (stoma) from an area inside the body to the outside, through the abdominal wall. It can be permanent when an organ must be removed, or temporary when an organ needs time to heal. If the affected organ is the small intestine it is called Ileostomy, when the large intestine is involved it is called a Colostomy. Waste moving through the intestinal tract is drained through the stoma and into a collection bag attached to the abdomen. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| There can be mishaps and complications when a child has an ostomy. The most common would be a leak in the ostomy bag, or at the stoma site. Children with an ostomy need varying degrees of help and support managing their ostomy care. There can be emotional, physical and behavioral changes as well. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| * Staff members should be aware of the emotional aspects of this life changing surgery. The student may feel sad, discouraged, ashamed, lonely , angry and upset. While these are normal reactions, if you notice student displaying these emotions to an excess, or appearing out of sorts, please offer to send student to the health office or counseling center for support and reassurance. * Student may need to empty or change his/her ostomy bag while at school, or tend to a leak in the bag, etc. There are supplies for this located in the health office, please make arrangements with student so that he/she can leave class for this purpose whenever necessary without drawing undo attention. * Having an ostomy should not prevent the student from taking place in school activities, including PE and sports. Heavy lifting should be avoided, and a blow to the abdomen could harm the stoma. Student has/does not have activity restrictions. * If any injury or trauma to the abdominal area occurs, please send student the health office asap for assessment * If this students ostomy care affects his/her ability to perform successfully in school, or causes attendance issues a 504 should be considered to assist him/her in being successful and safe at school. | | | | | | | | | | | | |
| **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** |  |