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:** | | | | | | | | | | | | |
| An angioedema is a form of rapid swelling which occurs in the mucous membranes, dermis, subcutaneous fat, and submucosal tissues. The condition is similar in nature to hives (also known as urticaria), with a difference being that hives take place in the upper dermis of the skin.  Angioedema can become a medical emergency if the condition progresses rapidly. Airway obstruction can take place in such a circumstance, and potentially suffocation, as well.  Hereditary angioedema (HAE) includes the autosomal dominant inherited types. Acquired angioedema is related to lymphoma development. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| Angioedema symptoms can differ in any given case. Some potential symptoms of the condition may include items such as: swelling (facial skin, tongue, mucous membranes of mouth and throat), partial loss of sensation in swollen areas, itchiness on the swollen areas, and urticaria. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Angioedema treatment varies based on the type in the particular case, and other factors, such as the patient. As noted earlier, quickly progressing angioedema has the potential to be a medical emergency and may be fatal. Prior to receiving treatment, the classification, severity of the condition, and other information should be found and considered. Open communication between Primary Care Provider and School Nurse to develop a School Anaphylaxis Emergency Plan  Activity and stress:  Both physical and emotional stress can bring on angioedema, or potentially worsen it or the symptoms. When possible, avoid additional activity that can lead to physical strain and perspiration.   * Allow to self-monitor in PE * Obtain PE Modification Form from Primary Care Provider * Allow water and snack in classroom     Consider 504 Plan if there is an increase in absenteeism to allow extra time to make up classroom work, tests, projects, and homework assignments | | | | | | | | | | | | |
| **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** |  |