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:** |
| Persistent depressive disorder, also called dysthymia, is a continuous long-term (chronic) form of depression. Patients may lose interest in normal daily activities, feel hopeless, lack productivity, and have low self-esteem and an overall feeling of inadequacy. These feelings last for years and may significantly interfere with your relationships, school, work and daily activities. |
| **SYMPTOMS TO WATCH FOR:** |
| Persistent depressive disorder symptoms usually come and go over a period of years, and their intensity can change over time. But typically symptoms don't disappear for more than two months at a time. In addition, major depression episodes may occur before or during persistent depressive disorder — this is sometimes called double depression.Symptoms of persistent depressive disorder can cause significant impairment and may include:* Loss of interest in daily activities
* Sadness, emptiness or feeling down
* Hopelessness
* Tiredness and lack of energy
* Low self-esteem, self-criticism or feeling incapable
* Trouble concentrating and trouble making decisions
* Irritability or excessive anger
* Decreased activity, effectiveness and productivity
* Avoidance of social activities
* Feelings of guilt and worries over the past
* Poor appetite or overeating
* Sleep problems

In children, symptoms of persistent depressive disorder may include depressed mood and irritability. |
| **HEALTH CARE ACTION PLAN:** |
| Active listening* Provide a safe environment for communication, taking care not to minimalize nor disregard student’s feelings
* Allow student to discuss fears, frustrations, or feelings of despair

Alleviate sense of helplessness* Offer support, and comfort as appropriate
* Provide resources for counseling and therapy as needed

Encourage family involvement * In all cases suspecting thoughts of self-harm, a parent must be notified.
* Consult with family to coordinate management of depression at school and home.
 |
| **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** |  |