

**CANCER**  
**LICENSED HEALTHCARE PROVIDER ORDERS**  
**EMERGENCY CARE PLAN / IHP / 504 PLAN (on reverse side)**  
Orders/care plan valid from August 1, \_\_\_\_\_ through July 31, \_\_\_\_\_.

|                                |                              |                     |
|--------------------------------|------------------------------|---------------------|
| Student Name: _____            | Birth Date: _____            | Home Phone #: _____ |
| Grade: _____                   | Teacher: _____               | Bus #: _____        |
| Diagnosis: _____               |                              |                     |
| Allergies: _____               | Other Health Concerns: _____ |                     |
| Parent/Guardian: _____         | Work Phone: _____            | Cell Phone: _____   |
| Parent/Guardian: _____         | Work Phone: _____            | Cell Phone: _____   |
| Other Emergency Contact: _____ |                              | Phone: _____        |
| Preferred Hospital: _____      |                              | Phone: _____        |
| Routine Medications: _____     |                              |                     |

**LICENSED HEALTHCARE PROVIDER ORDERS**  
(Signed by a Licensed Healthcare Provider with Prescriptive Authority)

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

When to give: \_\_\_\_\_ How often to give: \_\_\_\_\_

Activity restrictions:

- ☐ None.
- ☐ Physical activity to exclude the following activities:
  - ☐ Running
  - ☐ Aerobic exercise.
  - ☐ Weight lifting.
  - ☐ Contact sports, List: \_\_\_\_\_
  - ☐ Other: \_\_\_\_\_

IV Access: ☐ Hickman/Broviac Catheter ☐ Port-a-Cath

Location: \_\_\_\_\_

Notify Parent for: ☐ Temp > 100.6 ☐ Chills ☐ Other: \_\_\_\_\_

My signature signifies that I have read and approved the Emergency Care Plan (on reverse side). Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Print Physician Name: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

My student may carry **their own emergency medications**: ☐ **YES** ☐ **NO**

My signature indicates my involvement in and agreement with the Emergency Care Plan and information provided. I understand that if I do not wish to provide back-up medications for the school, my student will be required to demonstrate to the bus driver or school secretary (if driving or driven to school) that they have their medications on their persons as they board the bus or arrive at school. If they do not have their emergency medications with them, I understand that I will be notified to pick them up from school or bring their emergency medications to school for them. I understand that my student athlete will also have to demonstrate to their coach that they are carrying their emergency medications on their persons in order to participate in athletics.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMERGENCY CARE PLAN / IHP / 504 PLAN

Student Name:

Grade:

Teacher:

Emergency medications are located in: ☐ Medication Cupboard

Medications expire: \_\_\_\_\_

Medical Problem: Cancer is a disease that destroys normal tissues located in the part of the human body that is affected. The cancer cells multiply and grow rapidly. Students with cancer are often receiving chemo or radiation therapy. Chemotherapy compromises the students own immune system, making them very susceptible to infection and other communicable diseases.

\_\_\_\_\_ normal symptoms in bold type.

| IF YOU SEE THIS:                                                                                                                                                                | DO THIS:                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The above-named student has a subcutaneous IV infusion catheter known as a _____.</p> <p>It is located in _____.</p> <p>If student falls and bumps the IV site in chest:</p> | <p>-Apply an ice pack to the site.</p> <p>-If there is any bleeding or break in the skin on the chest, especially over the IV site:</p> <ol style="list-style-type: none"> <li>1.) Put on gloves and mask.</li> <li>2.) Cover the site with a sterile dressing.</li> <li>3.) Notify the school nurse immediately at extension _____.</li> <li>4.) Notify the parent.</li> </ol> |
| <p>If student complains of not feeling well:</p>                                                                                                                                | <p>-Send to the clinic immediately:</p> <ol style="list-style-type: none"> <li>1.) Check temperature.<br/>If temp &gt;100.6 or having chills, notify parent immediately.</li> <li>2.) If unable to reach parent, notify Doctor _____ or the Pediatric Oncology Center, (509) 474-2777 immediately.</li> </ol>                                                                   |
| <p>If student is exposed to chickenpox, shingles, measles, mumps, or influenza:</p>                                                                                             | <p>-Parents should be notified when any confirmed case of these infectious diseases are reported in the school building or district.</p> <p>-Letter should be sent to student's classroom listing criteria of illness to keep students home and the importance of reporting cases of infectious disease to the school nurse.</p>                                                |
| <p>If student is injured on the playground.</p>                                                                                                                                 | <p>-Routine first aid.</p> <p>-Apply pressure to any bleeding wounds. If bleeding does not stop, apply pressure dressing. Notify school nurse at extension _____.<br/>Notify parent.</p>                                                                                                                                                                                        |