

Liberty School District
29818 S. North Pine Creek
Spangle, WA 99031
(509)245-3211
(509)245-3530 Fax

Grade:
Teacher:
Bus:

VENTRO-PERITONEAL SHUNT EMERGENCY CARE PLAN
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 #:
Allergies:	Other Health Concerns:	
Parent/Guardian:	Work Phone:	Cell Phone:
Parent/Guardian:	Work Phone:	Cell Phone:
Other Emergency Contact:		Phone:
Preferred Hospital:		Phone:
P.E. Days/Times:		
Routine Medications:		

MEDICATION 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:	

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 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:** _____

VENTRICULO-PERITONEAL SHUNT EMERGENCY CARE PLAN

Student Name: _____

Grade: _____

Teacher: _____

Emergency medications are located in: ☐ Medication Cupboard

☐ The student's backpack.

☐ The student locker. Locker #: _____

Combination: _____

☐ The student's bus# _____

☐ The student's athletic coaches kit: _____

Medications expire: _____

Medical Problem: A ventriculo-peritoneal shunt is a surgically created passageway consisting of a plastic tube and one way valves running between the cerebral ventricles (in the head) and the peritoneum (abdominal cavity) to drain excess cerebro-spinal fluid from the brain in individuals with hydrocephalus.

IF YOU SEE THIS:

Headaches

Vomiting

Lethargy

Irritability

Swelling or redness along the shunt track – can be in the abdomen or the neck.

Abdominal pain

Fever

Decreased school performance

May stumble when walking.

Duration 2- 5 minutes.

Psychomotor Seizures

May have some impairment of consciousness.

May or may not be accompanied by automatic movements such as lip smacking, roaming and non-goal oriented activity.

Duration: several seconds – minutes.

IF:

The seizure lasts more than 5 minutes.

One seizure is followed immediately by another seizure with no return to consciousness in between.

Consciousness does not return at the end of the seizure.

The student is injured during the seizure.

The student is diabetic, has a head injury, a high fever, or has been poisoned.

The student does not begin breathing after a seizure.

DO THIS:

- Notify parent immediately.

- DO NOT try to restrain _____ movements.

- Notify the school nurse at ext. 2225.

- An adult should remain with _____ until the seizure is finished.

- Do not move _____ until quiet and relaxed. Then have an adult accompany ____ to the office.

- Notify parents.

- _____ may need to rest in the clinic before returning to class.

CALL 911.

An adult must remain with _____ until the paramedics arrive.

Notify the parents.

Do not wait for the parents to arrive before allowing EMS to transport _____ to the hospital.

CALL 911. Begin CPR/rescue breathing.