



Emergency Care Plan



VP-Shunt

Student: _____ Grade: _____ DOB: _____

Parent: _____ Home #: _____ Work#: _____ Cell #: _____

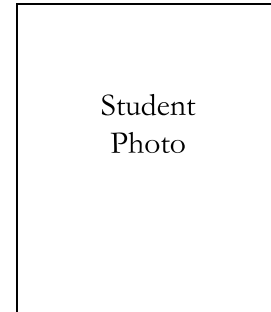
Parent: _____ Home #: _____ Work#: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Health Care Provider Name: _____ Phone: _____

SYMPTOMS OF AN INFECTED OR BLOCKED SHUNT MAY INCLUDE ANY/ALL OF THESE:

- Headache, vomiting, lethargy
- Fever, irritability, vision problems
- Personality changes, seizures
- Difficulty staying awake or waking up



SEVERE SYMPTOMS INCLUDE:

- Unconsciousness

STAFF MEMBERS INSTRUCTED:

Administration

Classroom Teacher(s)

Support Staff

Special Area Teacher(s)

Transportation Staff

TREATMENT:

Stay with the student.

Notify the school nurse immediately.

Call 911 to access Emergency Medical Services – transport to hospital by ambulance

If transported from school will go to **Good Samaritan Hospital**

Notify parent/guardian: _____

(Do not delay treatment by calling – obtain treatment for student first).

Healthcare Provider Signature: _____ Date: _____

Parent/Guardian Signature giving permission to share this plan with Provider and School Staff: _____
