

IHP/EAP for Student with Multiple Medical Needs

Name _____ Date of Birth _____
Parent/Guardian _____
Phone (h) _____ (w) _____ (c) _____
Physician _____ Phone _____
Fax _____

Medical History/ Diagnoses:

Medications:

Activity Limitations or Restrictions:

Nutrition:

- ☐ Do NOT give any foods or liquids orally
- ☐ Able to eat and drink by mouth
- ☐ Able to eat solids by mouth but do not give any liquids by mouth
- ☐ Other: _____

If oral feedings are allowed, what foods or liquids are to be given at school:

Formula Type: _____

Feedings given at: _____

- _____ mL will be administered at each feeding
- _____ mL of water for flush
- Rate of feeding _____ mL/hr

- ☐ Pump bolus feed
- ☐ Slow drip or continuous feed
- ☐ Bag gravity feed

- ☐ Syringe gravity bolus feed
- ☐ Medication Administration
- ☐ Other: _____

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Seizure Information			
Seizure Type	Length	Frequency	Description
Seizure triggers/warning signs			Student's response after a seizure:

Basic First Aid:	
<p>Please describe first aid procedure for this student:</p> <p>Does the student need to leave after a seizure? ☐ Yes ☐ No</p> <p>Does the student need to leave after multiple seizures? ☐ Yes ☐ No # _____</p> <p>If YES, describe process for student's return:</p>	<p style="text-align: center;">Date of Last Seizure</p> <p style="text-align: center;">Basic Seizure First Aid</p> <ul style="list-style-type: none"> ▪ Stay calm & track time ▪ Keep child safe ▪ Do not restrain ▪ Do not put anything in mouth ▪ Stay with child until fully conscious ▪ Record seizure in log <p style="text-align: center;">For tonic-clonic seizure</p> <ul style="list-style-type: none"> ▪ Protect head ▪ Keep airway open/watch breathing ▪ Turn child on side

Emergency Response:		
<p>A seizure emergency for this student is defined as:</p>	<p style="text-align: center;">Seizure Emergency Protocol</p> <p style="text-align: center;"><i>Check all that apply for student</i></p> <div style="margin-top: 10px;"> ☐ Contact Nurse ☐ Contact 911 ☐ Notify Parent/Guardian ☐ Administer emergency medications as indicated below ☐ Notify Doctor ☐ Other: _____ </div>	<p>A seizure is generally considered an emergency when:</p> <ul style="list-style-type: none"> ▪ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes ▪ Student has repeated seizures without regaining consciousness ▪ Student is injured or has diabetes ▪ Student has a first-time seizure ▪ Student has breathing difficulties ▪ Student has a seizure in water

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Emergency Med	Medication Name	Dosage & Time Given	Other instructions
☐			
☐			
☐			

Does the student have a Vagus Nerve Stimulator? ☐ Yes ☐ No

If YES, describe magnet use:

Toileting:

Urinary Catheterization: ☐ Urethral ☐ Suprapubic

Frequency: _____

Times Catheterization is needed:

Student self cath: ☐ YES, independently ☐ NO ☐ With Adult Assistance

Colostomy: _____

Specific Instructions for Colostomy care: _____

Special Considerations and Precautions (Activities, Sports, Trips, etc)

Contact parents or health care provider if the following are observed:

Additional Health Care Provider or Parent Comments:

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Physician Consent for Student with Multiple Medical Needs

I have reviewed and approved this management plan and included any recommended modifications. This consent is for a maximum of one year. If changes in procedure are indicated, I will provide written orders accordingly.

- ☐ Nurse may replace G-button with proper training.
- ☐ Training on G-button replacement will be provided by: _____

Other Comments:

Healthcare Provider Signature

Date

Parent Consent for Student with Multiple Medical Needs

I, as parent/guardian, concur with the above management plan, and will provide the necessary supplies, medications and equipment, will notify the school nurse if there is any change in our child's health status or doctor's orders, and authorize the school nurse to contact the physician when necessary.

Parent/Guardian Signature

Date

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