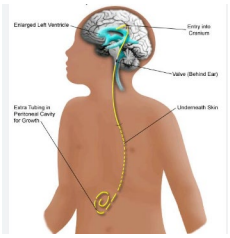
Bellevue School District HYDROCEPHALUS Individual Health Plan

Name:	_____	Birth Date:	_____	
School:	_____	Grade	_____	

Hydrocephalus: Hydrocephalus is an accumulation of "extra" cerebral spinal fluid within the brain. A shunt may be used to drain the excess fluid into the abdominal cavity. (Not all students with hydrocephalus have a shunt).	

EMERGENCY CARE PLAN

CALL 911 FOR A STUDENT WITH HYDROCEPHALUS IF THERE IS A LOSS OF CONSCIOUSNESS, RAPIDLY WORSENING DROWSINESS OR CONFUSION, SEVERE/SUDDEN HEADACHE, OR REPEATED VOMITING, SEIZURE ACTIVITY, OR WORSENING CONDITION

NOTIFY FAMILY IF ANY SIGNS OF SHUNT MALFUNCTION:

- ✓ Irritability, agitation, or confusion
  Dizziness
- ✓ Fatigue or excessive sleepiness
- ✓ Fussiness
- ✓ Dizziness
- ✓ Fatigue or excessive sleepiness
- ✓ Decrease in motor skills or performance.
- ✓ Poor coordination (tripping/falling)
- ✓ Change in behavior
- ✓ Vomiting or decreased appetite
- ✓ Impaired vision

IN CASE OF HEAD INJURY:

1. Provide first aid and reassure.
2. Notify parent immediately
3. Document on head injury form and indicate the following specifics: where their head was hit, circumstances surrounding the fall, if loss of consciousness occurred, or any changes in neurological function such as confusion, speech changes, memory issues, and vomiting.
4. If student presents with concussive symptoms and parent is not available, call 911.

MEDICATION/TREATMENT ORDERS: *Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM. IHP can be filled out by School Nurse based on BSD "Medication Authorization Form – 3416P Exhibit A" or other completed provider orders. *In accordance with RCW 18.79.040, if a registered nurse is on site, they may utilize the nursing process, which includes assessment, specialized knowledge, judgment, and skill in determining plan of care or treatment.*

Licensed Health Care Provider's signature: _____ ***Signature authorizes medication for length of school year***	**Date:**		**Phone:**	
	School year:		**Fax:**	

PARENT/GUARDIAN/STUDENT (age 18 and older) RESPONSIBILITIES:

- I will notify the school nurse of any changes in health status or healthcare provider instructions.
- If my student attends extended day/childcare, clubs before- and after-school, evening, and summer activities, I will notify the program director of my child's medication and health care needs.

I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of any injury resulting from reasonable and prudent administration of medication, the reasonable performance of health care procedures, or the liabilities arising out of self-administration and self-carrying of medication by my student/me. BSD staff have been trained to assist with medication administration.

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*				
Parent/Guardian/Student (age 18) signature: _____	**Date:**		**Phone:**	

INDIVIDUAL CONSIDERATIONS:

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: Students who self-carry are responsible for their own medication. Medication and IHP will accompany student during any off-campus activity.

School Nurse: Will notify teachers, other school staff, transportation, and nutrition services of student's IHP

Please return to:

School Nurse: _____	**Email:**	_____@bsd405.org	**Phone:**	425-456-_____
			Fax:	425-456-_____

Updated 2/23/26

See also BSD Policy/Procedures: 2410 Student Health; 3411 Life Threatening Health Conditions; 3413 Student Immunization and Life-Threatening Health Conditions; 3416 Medication at School; 3418 Emergency Treatment

Other resources: https://www.ninds.nih.gov/health-information/disorders/hydrocephalus#:~:text=What%20is%20hydrocephalus%3F,pressure%20on%20the%20brain's%20tissues