

Parent/Guardian & Phone #:	
Parent/Guardian & Phone #:	
Primary Care & Phone #:	
Specialist & Phone #:	
Preferred Hospital:	
Emergency Contact & Phone #:	
CURRENT HEALTH ISSUES	
PERTINENT HEALTH HISTORY	Date Central Venous Catheter (CVC) placed: _____ Type of Central Venous Catheter: _____ Emergency kit should always be with student and contain: • Mask • Gloves • Extra sterile clear dressings • Extra sterile gauze • Plastic clamps • Clear surgical tape Prior to touching supplies or CVC, wash hands with soap and water or hand sanitizer (if not visibly soiled) for 15 seconds with friction. Put on gloves. ***For an implanted port, the child may be accessed (needle and line in place) or un-accessed (no needle or line BUT implanted port still present under the skin)***
ALLERGIES:	
RESTRICTIONS:	No specific implanted port restrictions
CURRENT MEDICATIONS:	AT HOME AT SCHOOL:
HEALTH PROBLEM(S):	
Problem: Un-accessed port complications (needle out)	Goal: Quick notification to a parent with any potential complication related to an un-accessed port. Action: ☐ If child is un-accessed (needle out), he or she does NOT need a daily check-in. ☐ If the child is un-accessed (needle out) and comes to the health office for illness symptoms or potential site infection symptoms including, swelling, redness or drainage from site, call parent to go home for follow up with provider ASAP. ☐ If child is un-accessed (needle out) and sustains a hit to the port, please notify parent.
Problem: Potential for incorrect or missing supplies.	Goal: Immediate identification of correct emergency kit supplies present every day and with child at all times. Action: ☐ Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. ☐ Complete daily CVC log when child arrives on site. ☐ Emergency kit should have all supplies, if not, contact parent immediately to get those supplies to the site ASAP. ✓ Extra sterile clear dressings ✓ Extra sterile gauze ✓ Plastic clamps ✓ Clear surgical tape ✓ Mask ✓ Gloves

Problem: Potential for infection or CVC line or site concerns with accessed (needle in) port.	Goal: Complete daily CVC log as soon as child arrives on site. Action: ☐ Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. ☐ Complete daily CVC log when child arrives on site. ✓ Is emergency kit present with all supplies? ✓ Check temperature-call parent if 100.4 or higher. If parent can't be there within 1 hour to pick, call 911. ✓ Inspect all caps-if lose, tighten them. ➢ If cap noted to be missing, put a mask on, wrap sterile gauze around the end, secure with tape and call parent to be seen ASAP. ✓ Inspect all lines: ➢ Are clamps clamped? If not, clamp. ➢ Are there any signs of leakage or cracking? If so, place plastic clamp between child and potential leak/break and call parent ASAP to change needle or be seen in the emergency room for needle change. If unable to place clamp and line is actively bleeding, call 911. ✓ Inspect insertion site: ➢ Are there any signs of infection such as redness, swelling or drainage? If so, call parent. If parent is unable to pick up within 1 hour, call 911 as this can progress to septic shock quickly. ✓ Inspect dressing: ➢ Is the dressing wet or dirty? If so, it needs changed ASAP, call parent. ➢ Is the dressing secure, intact and all edges flat down? If not, tape down edges with clear surgical tape or clear dressing and call parents to notify of concerns and interventions. ➢ Is the dressing partially off? Put mask on, (do not remove current dressing) place sterile clear dressing over existing dressing and site and call parent ASAP to be seen. ✓ Swelling: ➢ Does the student have any swelling of their face, neck or arm? Call parent ASAP. Call 911 if child is having swelling and difficulty breathing.
Problem: Potential for Infection at the site of CVC or in the blood stream of accessed (needle in) port.	Goal: Quick identification of potential infection and appropriate interventions initiated. Action: ☐ Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. ☐ Complete daily CVC log. ☐ If no cap is on the line, put a mask on, wrap sterile gauze around the end, secure with tape and call parent ASAP to have a needle change or be seen in the emergency room for a needle change. Do not replace the cap. Special cleaning needs to be completed in the Emergency Department. ☐ If temperature is 100.4 or higher, contact parent ASAP. If child cannot be picked up within 1 hour, call 911. ☐ If insertion site has any redness, swelling, or draining, contact parent ASAP. If parent cannot pick up within 1 hour, call 911 as this can progress to septic shock quickly. ☐ Call 911 if child is very weak, limp, too weak to stand, pale cool skin
Problem: Potential for dislodgement or removal of CVC.	Goal: Quick identification and intervention if the CVC becomes dislodged or removed. Action: ☐ Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. ☐ If needle is pulled out some and dislodged but NOT completely removed, do NOT push it back in, secure the line with a sterile clear dressing or tape and call parent ASAP for needle change. ☐ If the needle is pulled completely out, be advised that the needle is contaminated, be careful not to accidentally poke yourself or someone else. Dispose of needle in the

Revised and adopted by CHCO School Health Program 2020 from CDE http://www.cde.state.co.us/HealthAndWellness/SNH_HealthIssues.htm

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	sharps container and apply sterile gauze and clear sterile dressing to site. Call parent ASAP for urgent follow up.
Problem: Potential of CVC placement complications.	Goal: Quick identification of potential emergent medical complications. Action: ☐ Call parent if child sustains a hit to their port while accessed or un-accessed. ☐ Call parent ASAP with any swelling of the chest, face, neck, or arms ☐ Call parent ASAP if cap is off. Put mask on, wrap sterile gauze around the end, secure with tape. Child needs to be seen ASAP. ☐ Call 911 if: ✓ Child has sudden pain in the chest, neck or shoulder. Verify line is clamped and have them lie on their left side with head down until further instructions from EMS. ✓ Child has a fever of 100.4 or higher and parent can't pick up within 1 hour ✓ Child's insertion site has redness, drainage or swelling and parent can't pick up within 1 hour. ✓ Child is having any difficulty breathing ✓ Child is very weak, limp to weak to stand or has pale, cool skin. ✓ CVC line has a leak or break in it, and a plastic clamp is not able to be placed and line is actively bleeding. ✓ If child has life sustaining medications infusing and line was dislodged or had to be clamped.
EMERGENCY ACTION PLAN	Shelter in place Evacuation plan

Personal Care Services/ Medically Necessary Services (repeat segment if more than one service)**ICD-10 Code:****Specific task:** example: feeding, cath, diaper change**Scope:** What is the related service that is needed for the student?**Duration:** How long does the service take? (minutes or hours/per instance)**Frequency:** How many times does it need to be done per day? (number times per day or as needed)

This service is medically necessary through the following dates, not to exceed one year.

Start Date:**End Date:**

TO THE PARENT/GUARDIAN: If _____ experiences a change in his/her health condition (such as a change in medication or a hospitalization) please contact the School Nurse Consultant so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child's health care provider(s) listed above, as needed. I understand that the School Nurse Consultant may delegate this health care plan to unlicensed school personnel. I give permission for school personnel to carry out this care plan for the Child. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure the Child's safety and well-being while at school or during school related activities.

Parent/Guardian_____
Date_____
School Nurse_____
Date_____
Health Care Provider_____
Date_____
Administrator_____
Date