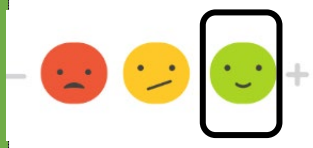
School District

Confidential Individualized Healthcare Plan

School Year

School Nurse Name and Phone #

Student Name | Birth Date | School | Grade

Parent/Guardian:	Name and Phone #
Parent/Guardian:	Primary Care Provider and Phone #
Healthcare Provider	Primary Care Provider and Phone #
Healthcare Provider	Specialist & Phone #
Emergecy Contact:	Name, Relationship & Phone # (other than parent/legal guardian)
PERTINENT HEALTH HISTORY:	Dysautonomia refers to disorders that affect the autonomic nervous system which controls involuntary bodily functions such as heart rate, blood pressure, and digestion. Students may have orthostatic intolerance- meaning their body has an abnormal autonomic response to body position changes. In dysautonomia, the autonomic nervous system doesn't work in the usual way, so the blood vessels don't tighten enough to make sure there is enough blood flow to the brain. To try to keep enough blood flowing to the brain, the autonomic nervous system makes the heartbeat faster instead and can cause lightheadedness. Other symptoms can include generalized weakness, tremulousness, pallor, blurred vision, chronic fatigue, brain fog, anxiety, nausea, and headaches.
CURRENT HEALTH ISSUES	☐ If having headache then also follow headache plan ☐ If having nausea administer medication per attached med authorization form ☐ Student has anxiety or mental health plan
ALLERGIES:	
RESTRICTIONS:	Allow student to self-limit activities as needed and avoid activities that involve frequent or sudden movement changes. They may experience dizziness and visual disturbances that may put them at risk of falling or fainting. Student should avoid long periods of direct sun or high heat exposure. When participating in physical activity that does not result in overexertion (be allowed to walk, rather than run a timed mile, complete an exercise in horizonal position (detailed examples are available upon request).
CURRENT MEDICATIONS:	**At HOME:** **AT SCHOOL:**
IF THEY OBSERVE OR STUDENT REPORTS THIS:	**DO THIS:**
Green Zone: *No symptoms present or mild symptoms* • No current symptoms to very mild symptoms- 	**Goal:** Stay in school **Action**: Student should be allowed to • Participate in daily school activities • Access a water bottle, salty snacks, and/or electrolyte beverage throughout the day. • Eat several small meals a day. • Continue to take any prescribed daily medications • Get regular exercise and strength training • Practice good sleep hygiene (limited naps, 1 hour before bed calming activity without screen, consistent bedtime, limit caffeine/sugar/if having large meal eat 2-3 hours before bed) • Avoid standing for long periods and if need to stand then shift weight between feet • Slowly transition from lying to sitting position and then sitting to standing. • Have extra time between passing periods to allow for slow transition

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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Yellow Zone: *Student is having worsening symptoms*

- Symptoms may include lightheadedness, generalized weakness, tremulousness, pallor, blurred vision, chronic fatigue, brain fog, anxiety, nausea, and headaches



Goal: Stay in School
Action: [*Identify actions that are known to be helpful for the specific student, including relevant actions in IEP or 504 or RTI***]**

- Allow student to take a break for ____ mins
- Do not leave student alone or walk unassisted while having symptoms
- If student has a headache, then follow headache action plan
- If having nausea symptoms follow med auth form for anti-emetic if ordered
- If student is lightheaded or faint, have them put on compression garment
- Drink at least 8-16 ounces of electrolyte beverage.
- Encourage counter pressure exercise while seated or laying down (choose which one student has practiced)



Hand Squeeze

• Take a ball and have them, squeeze and hold it in the hand they write with.
• Squeeze the ball for as long as they can or until they no longer feel like they are going to faint.



Arm-Tensing (arm-pull)

• Start by laying one hand on top of the other with both hands even with the floor.
• Bring their hands together above their belly button, locking fingers together. Have them firmly pull their fingers outwards without letting their hands come apart.
• Stay in this position for as long as they can or until they no longer feel like they are going to faint.



Leg-Crossing

• Sitting with their feet shoulder width apart and cross one leg over the other.
• Be careful to make sure both feet are securely planted on the ground.
• Squeeze the muscles in their legs, stomach, and bottom for as long as they can or until they no longer feel like they are going to faint.
• They can also do this while lying down.



Elevate Their Legs

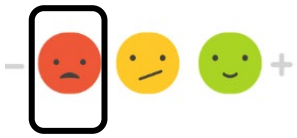
• Find a safe flat surface like a couch, bed, or floor and lay flat on their back.
• If they are on a couch or bed, lay with their legs bent and their feet flat.
• If they're on the floor, lay near a wall and position their feet so the bottoms of their feet are flat against the wall.

Student can also squat low or go into a low half-knee/lunge position for abdominal compression.

If student misses a day per week of school, they should follow up with their PCP.

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Student Name | Birth Date | School | Grade

Red Zone: Student's symptoms are at a level where they feel like they can not stay at school for the day.	• Student is not responding to actions in Green and Yellow Zones 	***Goal: Stay in School*** ***Action:*** ○ If symptoms do not improve in ____ mins. Contact parent/guardian to discuss next steps. ○ If student faints, keep them flat, elevate feet loosen clothing around neck and waist and call for help ○ If it is during school hours – Call the Health Office, reference 504, provider may include documentation about waiting a certain amount of time following fainting spell before initiating EMS ***Call 911 if they see the following:*** ○ Call 911 if student faints/passes out and **remains unresponsive or sustains a severe injury** due to a fall or any other emergent symptoms. ○ Remain with student until emergency services arrives.
EMERGENCY ACTION PLAN	Shelter in place – Per existing school plan Evacuation plan – Per existing school plan	

This service is medically necessary through the following dates, not to exceed one year.
Start Date: **End Date*:*** End of school year

TO THE PARENT/GUARDIAN: If Student Name experiences a change in their 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 student'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 student. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure the student'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

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Tools for school	
Students with dysautonomia can struggle to focus and may take longer to finish their schoolwork. This added stress can lead to more symptoms and increased absences. Share your concerns with school officials, including the school nurse, and discuss options such as an Individual Health Plan or a 504 Plan. The strategies below may help improve the student's ability to function properly at school and could be incorporated into a plan of care.	
Environment Management:	• Allow student to keep a water bottle at his/her desk • Allow student to use restroom when needed • Allow student to have access to salty snacks or electrolyte beverage • Consider need to modify room temperature if it is too hot • Consideration of strong odor such as lab smells, perfumes, or other substances • Consideration of noise and light sensitivity • Allow student to use a rolling backpack or obtain a second/digital copy of books for home • Allow student use of elevator if taking the stairs is not always possible. • Remaining upright may promote symptoms, therefore standing in line, fire drills, outside assemblies and other such events may require special accommodations so that the student is not standing upright too long or standing out in the heat for long periods. • Allow stretch breaks to promote blood circulation if sitting too long may also promote symptoms (due to lack of blood flow).
Workload Management:	• Utilize recumbent exercises during PE class. • May need breaks during long periods of concentration. Consider scheduling break so student does not pressure themselves to determine if they really need it (especially helpful for anxious students who may push through the day and cause symptoms to worsen). • May need adjustment in schedule depending on patterns of symptoms (for example: morning brain fog/fatigue and scheduling core classes in afternoon with off periods in the morning) • May need extra time for testing (may need break for snack, bathroom, drink fluids, move around to promote blood flow) • May need a copy of class notes/homework packet • May need extra time to make up for exams or assignments missed • Consult school psychologist to evaluate for suspected learning problems • Consider modifying assignments (fewer problems, test of mastery) or class schedule (half days, rest breaks, fewer classes) if returning to school after an extended absence • Allow student to go to nurse/health office as soon as his/her headache or aura starts • Allow student to rest for up to 30 minutes before returning to class • Allow light-sensitive student to wear dark glasses for a few hours when pain is severe • Allow noise-sensitive student to work in a quiet place (i.e., library) for a few hours when pain is severe • Allow a PE alternative (e.g., walking, stretching, yoga) when pain is severe • Other: _____

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