

Parent/Guardian:	
Parent/Guardian:	
Primary Care & phone #:	
Specialist Provider & phone #:	
Preferred Hospital:	
Emergency Contact:	
PERTINENT HEALTH HISTORY	_____ was born with Epidermolysis Bullosa, a genetic disorder that causes chronic blisters from heat, friction, rubbing or everyday minor trauma. Blistering and widespread wounds may occur in these areas: skin (generalized or localized to _____), eyes, mouth, throat, GI tract, genitourinary system, etc. Blisters and wounds may appear at various healing stages and can become infected. Treatment includes special baths and dressing changes at home as well as blister and wound care at school as needed. Other Health Concerns include:
Allergies	
Medications	At Home: At School:
Equipment/Supplies	Wound Cleanser or Saline Ointment (i.e. Vaseline, Aquaphor, other) Non-Adherent Contact Layer/s (preferred brand/type) Secondary Dressing (preferred brand/type if used) Securement Dressing (i.e. roll gauze if used) Tubular Dressing (Bandnet, Tubigrip, other if used) Scissors-student specific, clean bandage scissors Gauze Sterile needles or Lancets Sharps Container

Restrictions/ Accommodations	<i>Provide any physical activity or dietary restrictions related to the child's condition, including limitations on certain movements, activities, or foods that may cause discomfort or harm due to EB.</i> Dietary: • Avoid hard crunchy, sharp, spicy, foods to avoid trauma to esophagus Physical: • No rough play or pushing. • Consider first or last in line to avoid being bumped. • Avoid hot weather; ensure air conditioning when possible. • NO TAPE OR BAND-AIDS. Use only dressings provided by family. • Avoid picking up underarms; use scooping motion to lift if unable to walk or to evacuate during emergencies. • Do not allow child to pull on skin or scratch; redirect with a cool pack, emollient, vibration tool, or may encourage patting (vs. scratching). • Avoid hand sanitizer, due to risk of stinging. Please allow: • Always allow water bottle at desk and allow time for protein snacks. • Provide umbrella or have a plan to reduce sun exposure during a drill outside or field trips. • Allow adequate time to eat, potentially extra time. • Provide chair cushion and avoid sitting on hard surfaces. • Allow student to sit on a bean bag, pillow, cushion, or ball if needed to help prevent breakdown on buttock area.
HEALTH PROBLEM(S):	

Problem: Skin breakdown	Goal: Prevent skin breakdown and manage new blisters as they arise. Friction, rubbing, or heat on the skin may cause blistering. Encourage repositioning often. Prolonged in one position puts pressure on that area of the body increasing the chance of a blister. Check for visible blisters (dime sized or larger) at _____ daily, and/or when student reports a new blister. Address any new blisters larger than a dime ASAP to prevent progression and larger wounds. The following procedure is to be provided by delegated staff only once a blister is noted and needs to be drained: Action: Lancing of Blister greater than dime sized, <i>exception is oral blisters or blisters covered by underwear</i> ☐ Wash hands, assemble supplies, put on gloves. ☐ Explain procedure to student. ☐ Gently push the fluid to one edge of the blister. ☐ Prick 1 or 2 holes on the side of the blister (not the top). The hole should be big enough to drain the fluid. ☐ Gently drain the fluid using gauze or a cotton swab to push the fluid toward the hole(s) in the blister. Another piece of gauze can be used to soak up the liquid from the blister. Liquid may be clear, cloudy, or bloody. Keep roof of blister intact (*do not remove*). ☐ May use lancet on more than one blister, as long as drainage is not white or cloudy. Call parent to notify them if drainage is not clear. ☐ Apply ordered ointment, then apply a non-adherent clean bandage(s), then apply rolled gauze and retainer net dressing to secure bandage as needed. DO NOT USE ADHESIVE TAPE OR REGULAR BAND-AIDS. ☐ If blister is broken or breaks at school on its own: Apply ointment directly to new clean bandage (to prevent rubbing on skin), place bandage on area, cover with retainer sleeve. ☐ If a wound is weeping: Wet gauze with water and carefully pat weeping area. Do not leave gauze on skin or it may stick to skin and cause further blistering, apply ointment directly to bandage of weeping area. Cover with non-stick bandage and rolled gauze/retainer dressing (as needed to secure bandage). If unable to cover due to location of wound and unable to stop weeping, notify parent.
---------------------------------------	--

	☐ For new cuts or scrapes: Clean with saline, not soap or water. Cover with non-adherent clean dressing and note in journal to communicate to parents
Problem: Pain	Goal: Manage pain Actions: ☐ Observe for signs of pain (crying, mood changes) ☐ Notify parents to determine if medication is needed. ☐ Encourage non-medication distraction in addition to any medication that may be needed.
Problem:	Goal: Action:
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