School District

Confidential Individualized Healthcare Plan

School Year

School Nurse Name and Phone Number

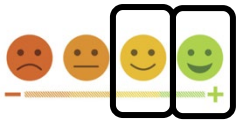
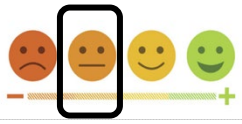
Student Name | Birth Date | School | Grade

Parent/Guardian:	Parent/Guardian Name and Phone Number
Parent/Guardian:	Emergency Contact Name, Relationship, and Phone Number
Healthcare Provider	Healthcare Provider 1 Name and Phone Number
Healthcare Provider	Healthcare Provider 2 Name and Phone Number
Preferred Hospital:	
Emergency Contact:	Emergency Contact Name, Relationship, and Phone Number
Contributing Health factors:	Encopresis, commonly known as fecal soiling, is the repetitive unexplained passage of stool by children after the age they are expected to have completed toilet training. The fecal soiling may or may not be under the control of the child. Encopresis may be a symptom of chronic constipation or due to anatomic abnormalities which are diagnosed by a medical provider. In most cases, encopresis is a symptom of chronic constipation and less often it may be the result of developmental or emotional issues. Causes of constipation and encopresis may be from, but not limited to, pain while stooling, illness, poor bowel habits, emotional distress, diet, muscle or nerve damage, and sometimes, unknown. Management of encopresis will depend on the underlying cause.
PERTINENT HEALTH HISTORY	
ALLERGIES:	
RESTRICTIONS:	
CURRENT MEDICATIONS:	**Medications will be given at:** ❑ Home ❑ School (fill out medication information below) ❑ No medications ordered Miralax: Mix _____caps (_____mg) in _____mLs of _____ (liquid). Ex - lax: _____ Other: _____ <u>Times to be given:</u> Miralax: _____ Ex-lax: _____ Other: _____

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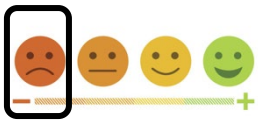
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Student Name | Birth Date | School | Grade

IF YOU OBSERVE OR STUDENT REPORTS THIS:		DO THIS:
Green Zone: *No symptoms present or mild symptoms*	• No current symptoms to very mild symptoms- less than ___ stool accident per week • Verbal pain Scale 0-3/10 	**Goal:** Stay in school **Action:** • Participate in daily school activities • Eat healthy foods; encourage high fiber diet • Continue to take any prescribed daily medications • Drink enough water • Get regular exercise • Continue to follow current bowel program/regimen • Check in with designated support person: _____ • Other: _____ • Bathroom schedule set with teacher, student and parent • Discussion/education on feel urge, use potty right away • Plan or discrete signal with teacher to leave class urgently if needed/individual pass • Extra clothes at school • Positive communication and reassurance with student • Consider and plan for clean outs and related bathroom frequency • Develop a communication method for home (ie Stooling Chart, google doc, etc.)
Yellow Zone: *Student is having symptoms but able to change independently or accepting adult help*	• Symptoms may include abdominal pain, between ___ to ___ stool accidents per week, changing clothing more than ___ times per day • Student can change independently or is accepting help from an adult • Verbal pain Scale 4-6/10 	**Goal:** Stay in School **Action:** <u>Continue with current school bowel regimen.</u> - Toilet sits for 5-10 minutes after lunch while at school. - Toilet sits at _____ and _____ every day for _____ minutes. - Utilize foot stool to help place knees above the hips, support balance and relax the pelvic floor - "Potty watch" timers/reminders if needed - Relaxation techniques such as deep breathing, fidgets or calming music/video - Follow current reward system set in place - Allow for use of private restroom if needed with student specific supplies (ie wipes, changes of clothes, etc.) ○ Call home if student nauseated or abdominal pain

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Student Name | Birth Date | School | Grade

Red Zone: Student is having symptoms and unwilling to change or accept adult help	• Student is not responding to steps in Green and Yellow Zones • Student is having more than ___ stool accidents per week • Student is REFUSING to change out of soiled clothes • No more clothes available at school • Verbal Pain Scale 7-10/10 	**Goal: Stay in School and notify parents** **Action:** ○ If student is refusing to change attempt the following de-escalation techniques BEFORE calling parents: ○ De-escalation techniques: ▪ Change the environment: request to move to another bathroom ▪ Reduce sensory triggers: dim lights, speak in a soft voice, minimize distractions ▪ Normalize the situation: • "Accidents happen to everyone; it is no big deal. Let's get you comfortable" ▪ Avoid shame or lectures: • "You are too old for this" or "why don't you use the toilet?" ▪ Validate feelings: • "I know you are upset right now and don't want to change. Sometimes it can feel annoying to change". ▪ Offer limited choices: • "Do you want to change standing up or sitting down?" ▪ Break tasks into tiny steps: • "Can you help me unbutton this one button?" ▪ Use non-threatening body language by getting down to eye level and by giving physical space ○ Call parents to bring more clothes to keep at school ○ If student is still unwilling to change after attempting the above de-escalation techniques call parents to come and assist with bowel accident at school **Call 911 if you see the following:** ○ Severe abdominal pain and inconsolable ○ Blood in stool with severe abdominal pain

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 ("Student") 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

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Student Name | Birth Date | School | Grade

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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