

**Confidential Individualized Healthcare Plan
Encopresis**

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Parent/Guardian:	
Parent/Guardian:	
Healthcare Provider	
Healthcare Provider	
Preferred Hospital:	
Emergency Contact:	
CURRENT HEALTH ISSUES	<p>Encopresis: Encopresis, commonly known as fecal soiling, is the repetitive unexplained passage of stool by children after the age they may be 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 would be 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.</p> <p> <input type="checkbox"/> Chronic Constipation <input type="checkbox"/> Encopresis <input type="checkbox"/> Anatomic Abnormalities _____ <input type="checkbox"/> Other </p>
PERTINENT HEALTH HISTORY	
ALLERGIES:	
RESTRICTIONS:	
CURRENT MEDICATIONS:	<p>AT HOME</p> <p>AT SCHOOL:</p> <p>Follow Medication Orders from Provider:</p> <p> <input type="checkbox"/> Miralax: Mix ____caps (____mg) in ____mLs of ____ (liquid). <input type="checkbox"/> Ex - lax: _____ <input type="checkbox"/> Other: _____ </p>
HEALTH PROBLEM(S):	
Problem: Fecal soiling/incontinence while at school	<p>Goal: To limit accidents by developing a bowel training routine while at school</p> <p>Action:</p> <p> <input type="checkbox"/> Student will sit on the toilet for 5-10 minutes after lunch while at school. The student should sit on the toilet at the same time each day and be timed. <input type="checkbox"/> Student will use the toilet at _____ and _____ every day for _____minutes each time. </p>

	<p><input type="checkbox"/> Student will use a footstool or box to help the child maintain their balance if their feet do not touch the floor. Foot support that raises the knees above the level of the hips can relax the pelvic floor and is particularly helpful for a child who tends to withhold stool.</p> <p><input type="checkbox"/> Setting a “potty watch” or reminder for student to encourage routine toilet sitting throughout the day. Some examples of this could be before/after recess or snack to have a bathroom break</p> <p><input type="checkbox"/> Remind student of relaxation techniques, such as breathing and watch for withholding behaviors such as crossing their legs and squatting. If you see a student doing this, encourage them to have toilet time.</p> <p><input type="checkbox"/> Develop/implement a reward system with parents that is tailored to the student in which the reward is provided for effort (i.e remembering to come to health office for toilet time, sitting on the toilet for the allocated amount of time) rather than success (i.e. evacuation of stool.)</p> <p><input type="checkbox"/> Develop a sticker chart. Every time the student remembers to come for their potty breaks and sits on the toilet with a bowel movement, they get a sticker and after so many stickers or bowel movements, they receive a “prize.”</p> <p><input type="checkbox"/> Arrange for private bathroom privileges and/or bathroom routine schedule, i.e. student will use the bathroom every day after snacks and lunch.</p>
Problem: Fecal soiling/incontinence while at school	<p>Goal: To achieve regular evacuation of soft stools and avoid recurrent constipation</p> <p>Action:</p> <ul style="list-style-type: none"> • Encourage water intake throughout day. Allow student to have access to water bottle to encourage hydration. • Encourage high fiber diet at home and at school • Encourage regular exercise • Arrange for extra clothes at school, should student have accident and need an extra change of clothes • Arrange for private bathroom privileges and/or bathroom routine schedule, i.e. student will use bathroom every day after snacks and lunch
Problem:	<p>Goal:</p> <p>Action:</p>

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EMERGENCY ACTION PLAN	Shelter in place Evacuation plan
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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