School District

**Confidential Individualized Healthcare Plan**

School Year



School Nurse Name and Phone Number

Student Name | Birth Date | School Name | Grade

| | |
|---|---|
| **Parent/Guardian**: | Name and Phone Number |
| **Parent/Guardian**: | Name and Phone Number |
| **Healthcare Provider** | Name and Phone Number |
| **Healthcare Provider** | Specialist & Phone # |
| **Preferred Hospital:** | |
| **Emergency Contact:** | Name, Relationship & Phone # |
| **CURRENT HEALTH ISSUES** | <br>Hydrocephalus is caused by the buildup of too much cerebral spinal fluid (CSF) within the brain's open spaces (ventricles). A buildup of CSF fluid can cause increased pressure in the brain, which can cause damage. A tube may be surgically placed, called a shunt, to drain excess cerebrospinal fluid (CSF) from the brain into another part of the body where it can be absorbed.<br><br>**Student has selected shunt:**<br>☐ **VP Shunt**: Drains into peritoneal cavity (abdomen)<br>☐ **VA Shunt**: Drains into right atrium of the heart<br>☐ **VPL Shunt:** Drains into pleural space (chest)<br>☐ **LP Shunt:** Drains from lumbar spine to peritoneal cavity (abdomen) |
| **PERTINENT HEALTH HISTORY** | |
| **ALLERGIES:** | |
| **RESTRICTIONS:** | Educational devices (e.g. tablets and their covers) and toys with magnets should be supervised with children with shunts. Shunts are designed to resist strong magnetic fields. However, the FDA recommends keeping products that contain magnets two or more inches away from the location of magnetic externally programmable CSF shunt valves. This includes ensuring young children do not take these devices with them during nap time.<br><br>No physical activity restrictions unless specified by provider |

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Student Name Birth Date School Name Grade

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|---|---|
| **CURRENT MEDICATIONS:** | **AT HOME:** |
| | **AT SCHOOL:** |
| **HEALTH PROBLEM(S):** | |
| **Problem:** Risk for shunt obstruction | **Goal: Monitor for signs of shunt obstruction**. A blockage or obstruction of the shunt is the most common complication and can prevent CSF from flowing through the shunt. An obstructed shunt causes an increase in the amount of CSF in the ventricular system of the brain.<br><br>**Action: Notify RN and parents if any of the symptoms below are noted**<br>▪ Throwing up<br>▪ Headache<br>▪ Problems seeing<br>▪ Irritability and/or tiredness<br>▪ Loss of coordination or balance<br>▪ Difficulty waking up or staying awake<br>▪ Decline in school performance<br>▪ Trauma to the head or abdomen |
| **Problem:** Risk for shunt infection | **Goal: Monitor for signs of shunt infection** A shunt infection can cause the shunt not to work properly and cause CSF to build up, leading to enlarged ventricles.<br><br>**Action: Notify RN and parents if any of the following symptoms are noted:**<br>▪ Temperature over 100.4°F (38° C)<br>▪ Redness, tenderness, skin breakdown, or fluid collection seen at the shunt on the head or anywhere along the shunt tract.<br>▪ Drainage at the shunt insertion sites<br>▪ Belly pain, tenderness, or refusing to eat or drink<br>▪ Throwing up<br>▪ Headache<br>▪ Problems seeing<br>▪ Irritability and/or tiredness<br>▪ Loss of coordination or balance<br>▪ Difficulty waking up or staying awake<br>▪ Decline in school performance |
| **Problem:** Risk for pseudocyst or absorption problems related to VP shunt (Drains into peritoneal cavity (abdomen) | **Goal**: Monitor for signs of pseudocyst or absorption problem in abdomen<br><br>**Action**: Notify RN and parents in any of the following symptoms are noted:<br>▪ Abdominal pain<br>▪ Distention<br>▪ Vomiting |
| **Problem:** Risk for pleural effusion (fluid accumulation around the lungs) in VPL shunt (Drains into pleural space (chest) | **Goal**: Monitor for signs of fluid accumulation around the lungs<br>▪ Chronic cough<br>▪ Shortness of breath<br>▪ Decreased exercise tolerance |

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Student Name Birth Date School Name Grade

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|---|---|
| **Problem:** Risk for catheter related venous thrombosis in VA shunt (Drains into right atrium of the heart) | **Goal**: Monitor for signs of shunt related thrombosis<br><br>**Action**: Call 911 and notify parents and RN if the following symptoms are noted:<br><br>▪ If student complains of severe difficulty breathing or chest pain |
| **EMERGENCY ACTION PLAN** | Shelter in place<br>Evacuation plan |

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

**TO THE PARENT/GUARDIAN**: If student 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

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