

Parent/Guardian & Phone #:	
Parent/Guardian & Phone #:	
Primary Care & Phone #:	
Specialist Provider & Phone #:	
Preferred Hospital:	
Emergency Contact & Phone #:	
CURRENT HEALTH ISSUES	
	<p>Date Central Venous Catheter (CVC) placed: _____</p> <p>Type of Central Venous Catheter: _____</p> <p>Emergency kit should always be with student and contain:</p> <ul style="list-style-type: none"> • Extra sterile Tegaderm • Extra sterile 2x2's • Plastic clamps • Clear surgical tape
PERTINENT HEALTH HISTORY	<p>Prior to touching supplies or CVC, wash hands with soap and water or hand sanitizer (if not visibly soiled) for 15 seconds with friction. Put on gloves.</p>
ALLERGIES:	
RESTRICTIONS:	
CURRENT MEDICATIONS:	<p>AT HOME</p> <p>AT SCHOOL:</p>
HEALTH PROBLEM(S):	
Problem: Potential for incorrect or missing supplies.	<p>Goal: Immediate identification of correct emergency kit supplies present every day and with child at all times.</p> <p>Action:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. <input type="checkbox"/> Complete daily CVC log when child arrives on site. <input type="checkbox"/> Emergency kit should have all supplies, if not, contact parent immediately to get those supplies to the site ASAP. <ul style="list-style-type: none"> ✓ Extra sterile Tegaderm ✓ Extra sterile 2x2's ✓ Plastic clamps ✓ Clear surgical tape
Problem: Potential for infection or CVC line or site concerns.	<p>Goal: Complete daily CVC log as soon as child arrives on site.</p> <p>Action:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. <input type="checkbox"/> Complete daily CVC log when child arrives on site. <ul style="list-style-type: none"> ✓ Is emergency kit present with all supplies? ✓ Check temperature-call parent if 100.4 or higher, if parent can't be there within 1 hour to pick, call 911. ✓ Inspect all caps-if lose, tighten them. ✓ Inspect all lines: <ul style="list-style-type: none"> ➢ Are clamps clamped? If not, clamp. ➢ Are clamps in the correct clamping spot? If not, move clamp and re-clamp in appropriate spot (Hickman/Broviac) ➢ Are there any signs of leakage or cracking? If so, place plastic clamp between child and potential leak/break and call parent ASAP to be seen in the emergency room. If unable to place clamp and line is actively bleeding, call 911.

Revised and adopted by CHCO School Health Program 2020 from CDE http://www.cde.state.co.us/HealthAndWellness/SNH_HealthIssues.htm.

	<ul style="list-style-type: none"> ✓ Inspect insertion site: <ul style="list-style-type: none"> ➢ Are there any signs of infection such as redness, swelling or drainage? If so, call parent. If parent is unable to pick up within 1 hour, call 911 as this can progress to septic shock quickly. ✓ Inspect bandage: <ul style="list-style-type: none"> ➢ Is the bandage wet or dirty? If so, it needs changed ASAP, call parent. ➢ Is the bandage secure, intact and all edges flat down? If not, tape down edges with clear surgical tape and call parents to notify of concerns and interventions.
Problem: Potential for Infection at the site of CVC or in the blood stream.	Goal: Quick identification of potential infection and appropriate interventions initiated. Action: <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. <input type="checkbox"/> Complete daily CVC log. <input type="checkbox"/> If no cap is on the line, call parent ASAP to be seen in the emergency room. Do not replace cap. Special cleaning needs to be completed in the emergency room. <input type="checkbox"/> If temperature is 100.4 or higher, contact parent ASAP. If child cannot be picked up within 1 hour, call 911. <input type="checkbox"/> If insertion site has any redness, swelling, or draining, contact parent ASAP. If parent cannot pick up within 1 hour, call 911 as this can progress to septic shock quickly. <input type="checkbox"/> Call 911 if child is very weak, limp, too weak to stand, pale cool skin
Problem: Potential for dislodgement or removal of CVC.	Goal: Quick identification and intervention if the CVC becomes dislodged or removed. Action: <ul style="list-style-type: none"> <input type="checkbox"/> Wash hands with soap and water or hand sanitizer (if hands not visibly soiled) for 15 seconds with friction. Put on gloves. <input type="checkbox"/> If CVC is pulled and dislodged but NOT completely removed, do NOT advance back in, secure the line with Tegaderm or tape and call parent ASAP for urgent follow up with a medical provider. <input type="checkbox"/> If CVC is pulled completely out, apply sterile dressing, apply pressure, apply sterile Tegaderm once bleeding has stopped and call parent ASAP for urgent follow up with medical provider.
Problem: Potential of CVC placement complications.	Goal: Quick identification of potential emergent medical complications. Action: <ul style="list-style-type: none"> <input type="checkbox"/> Call parent ASAP with any swelling of the chest, face, neck, or arms <input type="checkbox"/> Call parent ASAP if cap is off. Do not replace. <input type="checkbox"/> Call 911 if: <ul style="list-style-type: none"> ✓ Child has a fever of 100.4 or higher and parent can't pick up within 1 hour ✓ Child's insertion site has redness, drainage or swelling and parent can't pick up within 1 hour. ✓ Child is having any difficulty breathing ✓ Child is very weak, limp to weak to stand or has pale, cool skin. ✓ CVC line has a leak or break in it and a plastic clamp is not able to be placed and line is actively bleeding. ✓ If child has life sustaining medications infusing and line was dislodged or had to be clamped.
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:
Scope:
Duration:
Frequency:

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 _____