

Parent/Guardian & Phone #:	
Parent/Guardian & Phone #:	
Primary Care & Phone #:	
Specialist Provider & Phone #:	
Preferred Hospital:	
Emergency Contact & Phone #:	
CURRENT HEALTH ISSUES	
PERTINENT HEALTH HISTORY	<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 <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):	
<p>Problem: Potential for incorrect or missing supplies.</p>	<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
<p>Problem: Potential for infection or CVC line or site concerns.</p>	<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.

	<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.	<p>Goal: Quick identification of potential infection and appropriate interventions initiated.</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. <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.	<p>Goal: Quick identification and intervention if the CVC becomes dislodged or removed.</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"/> 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.	<p>Goal: Quick identification of potential emergent medical complications.</p> <p>Action:</p> <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	<p>Shelter in place</p> <p>Evacuation plan</p>

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 _____