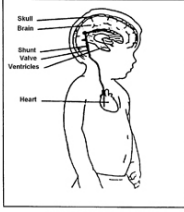
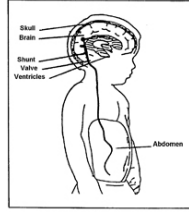


HYDROCEPHALUS INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____
School: _____	Grade/Teacher: _____	
<p>HEALTH CONCERN – Hydrocephalus: Hydrocephalus is an accumulation of “extra” cerebral spinal fluid within the brain. A shunt may be used to drain the excess fluid into the abdominal cavity.</p>	 <p style="font-size: small; text-align: center;">SHUNT TO HEART (V-A SHUNT)</p>	 <p style="font-size: small; text-align: center;">SHUNT TO ABDOMEN (V-P SHUNT)</p>

EMERGENCY CARE PLAN: NOTIFY FAMILY IF ANY SIGNS OF SHUNT MALFUNCTION

MONITOR FOR SIGNS OF SHUNT MALFUNCTION:

- ✓ Irritability, agitation, or confusion
- ✓ Fussiness
- ✓ Dizziness
- ✓ Fatigue or excessive sleepiness

- ✓ Decrease in motor skills or performance.
- ✓ Poor coordination (tripping/falling)
- ✓ Change in behavior
- ✓ Vomiting or decreased appetite
- ✓ Impaired vision

IN CASE OF HEAD INJURY:

1. Provide first aid and reassure.
2. Notify parent immediately
3. Document on head injury form and indicate the following specifics: where her head was hit, circumstances surrounding the fall, if loss of consciousness occurred, or any changes in neurological function such as confusion, speech changes, memory issues, and vomiting.
4. If student presents with concussive symptoms and parent is not available, call 911.

<p>Licensed Health Care Provider’s signature: _____ <i>Signature authorizes medication for length of school year</i></p>	Date: _____	Phone: _____
	School year: _____	Fax: _____
<p>I accept this Individual Health Plan. My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.</p>		
<p>Parent/Guardian signature: _____</p>	Date: _____	Phone: _____

INDIVIDUAL CONSIDERATIONS

Parent: If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child’s medication and health care needs.

Classroom: Teacher to inform substitute teachers of the student’s Individual Health Plan

Field Trip Procedures: Medication and IHP will accompany student during any off-campus activity

Transportation: Bus-Transportation will be informed of the student’s Individual Health Plan

Other: RN will notify teachers, specialists, recess staff, and other staff of student’s IHP

School Nurse: _____, RN	Email: _____@bsd405.org	Phone: 425-456-_____
		Fax: 425-456-_____