(Insert School District and Name)

Classroom Health Care Plan

** This Plan should be adapted to fit each child. Also include a copy of the Medical Alert so that the school has access to that in an emergency situation **

Name:	**Effective Date:**
DOB:	**School**:
Allergies:	**Grade:**
Medications:	**School Nurse:**
Parents:	**Phone:**
Mother's Cell:	**Doctor:**
Father's Cell:	**Phone:**
Mother's Email:	**Psychiatrist:**
Father's Email:	**Phone:**

(Child's Name) was diagnosed with Prader-Willi Syndrome (PWS) in infancy. She is currently attending SCORE, and through this program, is working at various locations and attending fine arts classes for adults with intellectual disabilities.

Prader-Willi Syndrome is a complex, rare genetic disorder that results from an abnormality on the 15th chromosome, which affects the functioning of the Hypothalamus. It is a rare disease, and is the most common genetically identified cause of obesity. It occurs in about one in 15,000 live births, in both males and females equally, and in all races.

Prader-Willi Syndrome affects growth, metabolism, appetite, behavior, and overall physical and cognitive development. Individuals with PWS typically have weak muscles, and short stature if not treated with growth hormone, incomplete sexual development, and a chronic feeling of hunger, that, coupled with a lower metabolism, can lead to excessive eating and life-threatening obesity. The drive to eat is never satisfied no matter how much food is consumed, necessitating constant and continuous supervision. Although these individuals are genetically predisposed toward obesity, this can be prevented with proper diet management, food security and regular physical activity.

Weight Control: Becoming overweight can lead to serious, often life threatening health conditions. It is extremely important for (Child's Name) to control her weight by monitoring her caloric intake as well as her physical activity.

- While at school or at other work opportunities such as (insert other places they could be), (Child's Name) requires 1:1 supervision.
- (Child's Name) may only eat food and drink beverages that her parents send with her each day for snack and lunch.

- Notify his/her mother in advance regarding upcoming events in the classroom or work place where food is available so that accommodations to her routine can be made.
- If (Child's Name) eats anything not sent from home, the amount that (Child's Name) eats needs to be monitored and kept track of at her school or work place and his/her parents must be notified.
- Food items in the classroom or work place such as treats/party foods given should not total more than 100 calories.
- **Food rewards are strongly discouraged**. Any extra food treats that are provided at her school or work place for rewards, birthdays, or special occasions should be recorded and sent to his/her mother, so that his/her daily caloric intake can be calculated and balanced appropriately at home.
- (Child's Name) is not allowed to share food from her peers or co-workers during lunch or at any other time.
- (Child's Name) should sit an arm's length from other students or co-workers during meal or snack times.
- Redirect (Child's Name) activity after meal/snack time, or in the event that she begins to take food from others.
- If the lunch environment becomes too stressful, (Child's Name) should be allowed to eat in another designated area with supervision.
- Notify his/her parents if (Child's Name) begins to try and take food from others.
- Inform other students and co-workers that they are not to share food with (Child's Name).
- Food items must be stored behind closed cupboard doors, so they are not visible, and must be inaccessible to (Child's Name).
- Remove garbage cans containing food immediately after snacks, parties or if (Child's Name) takes food from the garbage.

Physical Education: (Child's Name) has low muscle tone/weakness, hyper-flexibility, joint instability, and decreased balance/coordination. ** Mention if the child had spinal fusion surgery here- Include when he/she had it **

- (Child's Name) has had a spinal fusion surgery and many knee dislocations. Any physical activity at school or work should take into account those vulnerabilities, to prevent injuries. If her knee does become dislocated, her aide or school staff should help (Child's Name) straighten her leg and her kneecap will go back into its proper

position. Contact parents immediately if this occurs. He/She should be monitored for injury during activities in PE.

- (Child's Name) should be physically active 75% of the time when in PE class.
- Physical activity should be included as appropriate.
- Note any specific physical limitations/sensitivities here.

Sleepiness: This is a manifestation of (Child's Name) disability.

- If (Child's Name) becomes drowsy, assign her a task that requires her to move around.
- Have the group as a whole take a 30-second stand up and stretch break.
- If she continues to be sleepy, allow her to take a 5-10 minute power nap, but never longer than 10 minutes.
- Notify his/her parents if (Child's Name) naps.

Safety: (Child's Name) has a history of wandering off or running away.

- (Child's Name) should be supervised at all times.
- He/She should not leave the classroom or work site unsupervised.
- His/Her parents should be called immediately if she leaves the school grounds or work site.

Other Health Concerns:

Skin picking:

Picking at the skin is common in individuals with Prader-Willi Syndrome. (Child's Name) often picks at his/her skin when he/she is feeling stressed or bored.

To avoid injury:

- Notify parents if (Child's Name) begins picking at her skin.
- Apply lotion or ointment as directed, sent in from home to skin/sores.
- Redirect the behaviour with another activity.
- If picking becomes a problem, (Child's Name) may be given "fidget toys" to keep her occupied.
- Supervise (Child's Name) at all times in the restroom

Gastroparesis:

It is highly probable that a significant number of people with PWS have some degree of a slow emptying stomach and slow emptying bowel.

- If (Child's Name) looks pale, white, is clammy or refuses to eat call her parents immediately.
- You may also add other concerns about gastroparesis here.

Temperature regulation:

Hypothermia can be a life threatening condition that some with Prader-Willi syndrome appear to be more susceptible to than the general population. When the body temperature drops too low, the heart, nervous system and other organs cannot work normally. If left untreated, hypothermia can lead to heart and respiratory failure and in some cases even death.

- Heat and cold are dangerous at the extremes.
- Make sure she has a coat and gloves in the winter.
- She should not be outside for greater than 15 minutes, if temperatures are under 32 or over 85.

Vision:

(Child's Name) vision is getting worse even with her glasses on. She needs to be within 10 feet of the board to see it. Please place her in close proximity to anything she needs to see.

I have read, understand and agree with the preceding health care plan for (Child's Full Name). As Parent/Guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this healthcare plan and orders. I understand the information contained in this healthcare plan will be shared with the school staff on a need to know basis.

_____

Parent Signature Date

I have read, understand and agree with the preceding health care plan for (Child's Full Name).

_____ _____

Physician Signature Date School Nurse Signature Date

_____ _____

Teacher/School Contact Date Teacher/School Contact Date

Teacher/School Contact Date

Teacher/School Contact Date