

Individualized Healthcare Plan

School Nurse: Linda Leilani Bell,

RN,BSN, PHN

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Student: XXXXXX Birth Date: 2/17/2016 School: Cesar Chavez Preschool Grade: Prek DATE OF IHP:

5/28/2020

**CURRENT HEALTH DIAGNOSES and** 

**DESCRIPTION:** 

PERTINENT HEALTH

skeletal anomalies Gastrostomy tube (G-tube

or GT)

Hearing loss

Otopalatodigital Syndrome Type 1 resulting in

was diagnosed at 4 month of age with Otopalatodigital Syndrome, Type 1. **HISTORY:** 

> This condition primarily involves abnormalities in skeletal development, mild intellectual disability, conductive hearing loss, and typical facial anomalies. STUDENT has a GT that was placed at 4 months through which he receives the majority of his nutrition. His development appears delayed however he is ambulatory and engaging with adults. He walks independently, wears SMOs and holds his arms high, bent at the elbow for additional balance.STUDENT is now

wearing hearing aids. STUDENT's swallowing reflex is intact.

AT HOME: Albuterol as

needed AT SCHOOL: None at **CURRENT** 

this time **MEDICATIONS: ALLERGIES:** No known Drug Allergies

**RESTRICTIONS:** Activity/Restriction: He may eat foods cut into small bites. Use sign language when

possible.

PRECAUTIONS: May have balance issues secondary to low muscle tone

**EQUIPMENT AND** SUPPLIES:

Gastrostomy at School and School-sponsored events as ordered by authorizing healthcare provider.

Health Issue: Alteration in nutrition due to GT dysfunction

PROVIDED BY PARENT: GT replacement kit, feedings for 3 days PROVIDED BY SPECIAL ED

**DEPT: Gloves** 

WHERE KEPT AT SCHOOL: TBD

Goal: STUDENT will maintain proper nutrition and

hydration during school day.

- 1. Check to be sure tube is not being pulled. Secure as needed. 2. Check to be sure caps are properly secured.
- 3. Check for leaking at incision site.
- 4. Check for signs and symptoms of infection at the GT site. 5. If mini button falls out, unlicensed trained school staff may follow procedure using catheter to maintain temporary ostomy patency. Call parents immediately. Cover with a dry dressing or bandage.

Action: STUDENT will receive GT feeding via bolus as prescribed by authorized healthcare provider. Follow Parent Consent and Authorized Healthcare Provider Authorization for Management of

Outcome: STUDENT will maintain a healthy weight and good hydration.

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USD SAN FRANCISCE Unified

School District Confidential

feeding.

San Francisco

Health Issue: Risk for aspiration related to

G-tube feeding

Assess for presence of nausea and vomiting. Follow Parent Consent and Authorized Healthcare Provider Authorization for Management of Gastrostomy at School and School-sponsored events as ordered by authorizing healthcare provider. Maintain student in upright or sitting position during feeding and 20-30 minutes after feeding. Recognize signs and symptoms of aspiration coughing, difficulty breathing, and presence of crackles and wheezing. Call for assistance in case of aspiration. Initiate CPR, if needed.

Outcome: Risk of aspiration is decreased as a result of ongoing assessment and early intervention.

Goal: Prevent injury

Action: xxxx will be monitored for fatigue. xxxxx will be allowed to take frequent rests/breaks as needed. Staff will monitor and support STUDENT so he can independently navigate the classroom and be within close proximity to staff secondary to increased risk of falling.

Outcome: Risk of injury will be decreased.

Goal: Identify early signs of upper respiratory infection

Health Issue: Increased risk of upper respiratory infection secondary to chronic

Health Issue: Increased risk for injury due to impaired

physical mobility related to reduced strength and fatigue

congestion

Goal: xxxxx is free of signs of aspiration and the risk of increased fussiness aspiration is decreased. He will also maintain a patent airway with normal breath sounds.

Action: Monitor xxxxx for signs of coughing, fever, increased secretions, increased fatigue and/or

Outcome: Decreased risk of serious illness

Action: Ensure proper placement of G-tube before

DISASTER PLAN: Evacuation Plan: per classroom and school protocol Three day disaster supplies: GT

supplies, GT replacement kit, 3 days worth of

formula

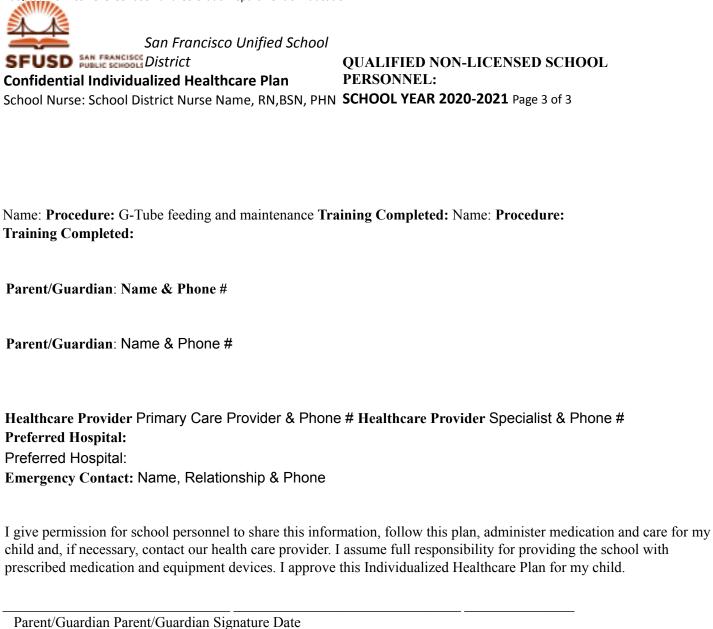
Where supplies stored: in classroom, TBD

CALL TRANSPORTATION

**PLAN:** PARENT/GUARDIAN IF: School bus to be arranged FIELD TRIP AND CLASS

**OUTINGS PLAN:** 

Adapted from CSNO Greenbook and Colorado Department of Education



School

District Nurse School District Nurse Signature Date

(Linda) Leilani Bell, RN, BSN, PHN

