

**Confidential Individualized Healthcare Plan
CHILD'S NAME**

Student: CHILD

DOB: 11/07/2017

School: ABC Elementary

Grade: Kindergarten

School Year: 2023-2024

DATE OF IHP:	Revised Oct. 17, 2023
CURRENT HEALTH DIAGNOSES and DESCRIPTION:	Trisomy 21/Down syndrome Epilepsy (Infantile Spasms & myoclonic seizures) Obstructive Sleep Apnea GERD G-tube feeding Hypotonia
PERTINENT HEALTH HISTORY:	CHILD was born prematurely at 34 4/7 weeks gestation. He remained in the hospital for 38 days and had surgical repair for duodenal atresia at DOL 2. Throughout his life he was hospitalized multiple times due to multiple health complications. CHILD's complex health history includes: <ul style="list-style-type: none"> • Multiple respiratory complications and intubations; infections, aspiration pneumonia, chronic respiratory failure, ARDS. • Inability to be weaned off the ventilator. Tracheostomy performed on 02/18/20. Accidentally decannulated on 6/30/22. • Seizures; hospitalized multiple times for uncontrolled seizures. Last seizure on Dec. 31, 2019. • G-Tube (MiniOne) placed on Oct. 29, 2019. • History of Hydronephrosis and urinary retention that required intermittent catheterizations. • History of visual impairment: Strabismus, astigmatism and hyperopia. Corrective surgery for strabismus on 10/14/2020.
CURRENT MEDICATIONS:	None at school.
ALLERGIES	Atropine (rash)
ACTIVITY & RESTRICTIONS:	<ul style="list-style-type: none"> • Hypotonia with motor delays. Needs assistance with many transitional moves. Uses a wheelchair to assist him with ambulation.
EQUIPMENT AND SUPPLIES:	PROVIDED BY PARENT: all G-tube supplies and replacement, formula and water (if not tap water), diapers, extra set of clothing, wheelchair. PROVIDED BY SCHOOL: documentation logs, gloves. WHERE KEPT AT SCHOOL: student's backpack.
HEALTHCARE AND/OR EMERGENCY PROCEDURE(S) REQUIRED	Monitor for generalized tonic-clonic seizure. For Generalized T/C seizure lasting 3 minutes or longer call 911, parents and school nurse The staff providing care to CHILD will have current certification in Child CPR and will be trained in Seizure Recognition & First Aid, G-tube feedings and MiniOne reinsertion.

	<ul style="list-style-type: none"> ● School nurse to be notified of all emergencies.
<p>Health Issue: Risk of injury due to seizure</p>	<p>Goal: CHILD will remain free from injury due to seizures. Action: Staff in Child’s classroom will be trained in seizure recognition and first aid. Trained staff will note time of seizure onset, protect head, place on side if possible, do not hold CHILD still or forcefully limit movements. If the seizure lasts more than 3 minutes, staff will call 911, notify school nurse, administrator, and parents. Follow Child’s Seizure Action Plan.</p> <p>Outcome: CHILD will remain injury free due to a seizure throughout the school year.</p>
<p>Health Issue: Risk of imbalanced nutrition.</p>	<p>Goal: CHILD will be given his nutrition based on the instructions from his healthcare provider.</p> <p>Action: Administer G-tube feeding via MiniOne/Mic-key and Infinity feeding pump, per MD order. Maintain CHILD in an upright position and refrain him from doing strenuous activity for at least 30 minutes after feeding. Check for skin abnormalities around the G-tube, and MiniOne/Mic-key placement, as needed throughout the school day and at hand offs. *See attached orders. Prevent CHILD from pulling on the g-tube feeding line during feeding. Ensure G-tube button is not dislodged; reinsert button if it becomes dislodged and notify school nurse and parent. Encourage CHILD to eat thick liquids, pureed foods, and small amounts of water during snack, lunch, and g-tube feeding times. Stop oral feeding if CHILD has 2 or more big wet coughs.</p> <p>Outcome: CHILD will maintain a balanced nutritional intake and hydration at school.</p>
<p>Health Issue: Risk for impaired skin integrity</p>	<p>Goal: CHILD's skin integrity will remain intact at school.</p> <p>Action:</p> <ul style="list-style-type: none"> ● Monitor skin integrity at least once a day for color or texture changes such as redness and cellulitis, foul smell, secretions, dermatological condition, or lesions. Check G-tube stoma and notify school nurse and parent of any skin condition changes. ● Keep the skin clean and dry. Minimize exposure of skin to moisture from perspiration, secretions, or urine. <p>Outcome: CHILD’s skin will remain intact.</p>
<p>Health Issue: Impaired Mobility to due to hypotonia and motor delays</p>	<p>Goal: CHILD will remain safe and free from injuries while at school.</p> <p>Action: Aid/adult staff to assist CHILD with transitional moves and mobility.</p> <p>Outcome: CHILD will be free from injury due to falls.</p>
<p>DISASTER/ EVACUATION PLAN:</p>	<p>Follow the school site plan. Designated staff will remain with CHILD at all times, until the emergency is over or parents/parent designee take direct responsibility for him.</p>

TRANSPORTATION PLAN:	CHILD will be transported to/from school by school bus. School staff will accompany CHILD on the school bus. Bus Procedure Plan for G-tube Dislodgement and Seizures to be given to school bus driver.
FIELD TRIP AND CLASS OUTINGS PLAN:	Mom or dad to decide/approve field trip attendance and plan. Aid/LVN trained in Seizures First Aid and G-tube feedings will accompany CHILD on all field trips and school sponsored events.
CALL PARENT/GUARDIAN IF:	CHILD has a seizure at school 911 is called CHILD has any physical injury CHILD's G-Tube/button comes off
QUALIFIED NON-LICENSED SCHOOL PERSONNEL:	Name: SCHOOL STAFF Procedure: Seizure First Aid; G-tube feedings, Maintaining Ostomy Patency Training Completed: 08/25/2023 Name: SCHOOL STAFF Procedure: Seizure First Aid; G-tube feeding; Maintaining Ostomy Patency Training Completed: 10/17/2023
Parent/Guardian:	MOTHER (mother): PHONE NUMBER (cell); EMAIL FATHER (father): PHONE NUMBER (cell); EMAIL
Healthcare Providers:	Primary Physician: NAME and PHONE Epileptologist: Gastroenterologist: Pulmonologist:
Emergency Contact:	MOTHER (mother): PHONE (cell) FATHER (father): PHONE (cell)

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with the prescribed medication and equipment devices. I approve this Individualized Healthcare Plan.

Parent/Guardian Signature 10/23/2023
Date

Nurse _____
School Nurse Signature _____
Date