Sometown School District

Special Education Health Services
Address
Address
Tel: 000-000-0000 Fax: 000-000-0000

Classroom Health Care Plan

Special Education

Name: John Johnson
DOB: 4-11-00
Allergies: None Known

Effective Date: 2012-13
School: Sometown Middle School
Bus: Yes

Parent: Mom and Dad Johnson
Address
Address
Phone: 000-000-0000
Mom's work: 000-000-0000
Dad's work: 000-000-0000
Cell: 000-000-0000
Cell: 000-000-0000
Email Address

School Nurse: Nancy Nice, R.N.
Phone: 000-000-0000
Email Address

Doctor: John Jolly, M.D.
Dad work: 000-000-0000
Phone: 000-000-0000 **Fax:** 000-000-0000

John Johnson was born at 28 weeks gestation and has **Bronchopulmonary Dysplasia (BPD);** a **Tracheostomy** with **Oxygen** and suctioning as needed**; Autism; Hydrocephalus,** corrected with a ventriculoperitoneal shunt; 20% bilateral **subluxation (dislocation) of his hips; cortical vision impairment; and** a **Gastrostomy tube (G-tube)**. He has a history of grade 3, bilateral, ventricular bleeding episodes at birth, which resulted in **global brain injury**. John wears glasses for **nearsightedness,** independently uses a manual wheelchair and reverse walker, and walks well holding someone's hand. He can also scoot in a sitting position on the floor, and climb into a chair or his wheelchair, and uses stairs with supervision and a handrail.

John has some vocalization and **good digital dexterity** and he is able to hold and manipulate small and large objects. He communicates using his hands, facial expressions, and assistive technology. He is active, happy, and mobile. John lives in Sometown with his family.

Autism is a developmental disorder. People with autism present across a spectrum of impairment, with great variability in clinical symptoms and levels of functioning. Some people with autism have normal intelligence and develop good basic language skills, while others lag intellectually and develop little or no language skills. According to the DSM-IV, criteria for diagnosing autism, include:

- ✓ Poor regulation of social interaction through eye contact, facial expression, gesture, posture, and intonation
- ✓ Failure to develop age-appropriate peer relationships
- ✓ Little showing, bringing, or pointing out objects of interest
- ✓ Limited social-emotional reciprocity (empathy, aloofness)
- ✓ Delayed or absence of spoken language
- ✓ Repetitive or idiosyncratic language (echolalia and/or pronoun reversal, neologism, overly formal)
- ✓ Poor conversational abilities (difficulty taking listener's perspective, limited reciprocity)
- ✓ Impairments in imitation and pretend play
- ✓ Encompassing pre-occupations (unusual topics, focus on detail, difficulty differentiating relevant from irrelevant information)
- ✓ Insistence on sameness, ritualistic behavior
- ✓ Stereotyped body movements
- ✓ Preoccupation with parts or sensory aspects of objects.

Congenital **hip subluxation or hip dislocation** is one of a number of related developmental hip problems that falls under hip dysplasia. It describes a condition in which the hips are in place but dislocate partially when stressed. In many cases, it is believed to resolve spontaneously without treatment. If it does not resolve, it can have long-term consequences, including hip pain.

Hydrocephalus is a condition caused by too much fluid collecting in the brain. Untreated, hydrocephalus can result in an enlarged head, increased pressure inside the skull, and compression of brain tissue. John has had a brain injury that has resulted in problems with the flow of cerebral spinal fluid around the brain and spinal cord. These problems have made it necessary for a shunt to be placed to drain the spinal fluid from the brain and avoid the condition of hydrocephalus.

John has a **Shunt** from the left side of his head to his abdomen to drain off his excess cerebral spinal fluid. On occasions, the shunt can become clogged or infected causing a malfunction. This causes fluid to build up on the brain, resulting in pressure on the brain. The shunt may need replacement as the child grows. Few restrictions need be placed on activities. Contact sports should not be allowed. Any fall or blow to the head over the shunt track should be reported to parents that day. Other problems with the shunt may be indicated by the following symptoms, which should be reported to the nurse and John's parents:

- ✓ **Vomiting (often without nausea), and can be projectile**
- ✓ **Swelling of the shunt line (along head and neck)**
- ✓ **Change in level of school performance or awareness**
- ✓ **Fever**
- ✓ **Noise sensitivity**
- ✓ **Extreme drowsiness and eyes can be rolled downward**
- ✓ **Loss of consciousness**
- ✓ **Seizure**

If parents are unavailable, call **911.** Avoid blows to the head or abdomen. Report any blow promptly to parent and nurse.

Dehydration:
Illnesses that cause vomiting and diarrhea prevent adequate fluid intake are a threat to a student with a shunt or BPD.

Report:
- ✓ Vomiting and diarrhea immediately to parent
- ✓ Decreased urination (no urinating or wet diaper in 12 hours)
- ✓ Dry, rough, non-elastic skin
- ✓ Dryness of mucous membranes (lips, mouth, and tongue)
- ✓ Lethargy

John **has Bronchopulmonary dysplasia (BPD),** a chronic lung disease. BPD is often caused by therapies used to treat lung disease, such as prolonged exposure to high oxygen concentrations, positive pressure ventilation (CPAP or PEEP), and endotracheal intubation. Because John's lungs are compromised, he is susceptible to respiratory infections, changes in temperature, and air quality.

John has a **Tracheostomy**. A tracheostomy is a surgical opening into the windpipe that allows air to go in and out of the lungs. A plastic tube (called a tracheostomy tube or trach tube) is then placed in the throat opening and secured. This tube assists with breathing and clearing secretions from the lungs. If the tube becomes dislodged, breathing may be interrupted, and immediate action must be taken to ensure the placement of the tube. Care must also be made to keep the trach tube and all the tubing clean to avoid infection.

John has a number 5.0 Shiley pediatric tracheostomy tube. It is held in place by a neck chain. He has an extra tube in his home/school bag, which goes back and forth with him from home to school. On occasion, when he has been frustrated, John has pulled out his tracheotomy tube. If this happens, replace the tube immediately. His upper airway will function for a short period of time while his nurse replaces his tracheostomy tube.

John uses a speaking valve on his trach tube. This allows vocalization during school hours. The valve fits on the tracheostomy tube.

Clean Trach Suctioning:
- ✓ Clean trach care and suctioning/care will be performed as needed by an RN.
- ✓ Parents will supply suction machine, suction equipment, and replacement equipment, including an extra trach tube as needed.

Trach Suctioning Procedure:

- ✓ Turn on suction machine (button on the front of machine)
- ✓ Remove speaking valve
- ✓ Place suction tubing on trach
- ✓ Squeeze pink container instilling 1-2 drops saline
- ✓ Place fingers on red line on catheter (12cm)
- ✓ Slide suction tubing into trach until fingers reach the trach attachment
- ✓ Press suction button and withdraw tube slowly, but not too slowly
- ✓ Observe color and consistency of mucous
- ✓ Repeat as needed

Trach Tube Replacement Procedure:
John wears a 5.0 Shiley trach. If the tube becomes dislodged, replace with the extra 5.0.

- ✓ Put obturator in trach
- ✓ Apply lubricant to trach
- ✓ Insert new trach
- ✓ Remove obturator
- ✓ Secure trach

Oxygen is used as needed to supplement John's breathing. Oxygen should be treated as a medication and requires specialized training and storage for safe administration.

Procedure for using emergency oxygen located on wheelchair:

- ✓ Open the valve by using the key, turning it to the left
- ✓ Turn flow dial to 3 liters (open)
- ✓ Place the oxygen over the trach via the artificial nose
- ✓ Place oxymeter on finger or toe

John may use an **oxygen concentrator**, which is a stationary device that pulls oxygen out of the air. It is the least expensive method but not the easiest for classroom use. It requires an electrical outlet, is not portable, and has long oxygen tubing. It must be used with caution because it poses a tripping hazard to other students. It may prevent the student from full participation in activities. Transporting this device daily on a bus is not recommended due to the risk of breakage.

- ✓ Oxygen must be secured to prevent the tank from falling or being knocked over.
- ✓ Oxygen tanks must be kept secured.
- ✓ Make sure flow regulators are turned off when not in use to prevent leaking.
- ✓ Do not smoke or allow open flames, heaters, or radiators near oxygen.
- ✓ Do not permit oil, grease, or other flammable material to come into contact with oxygen or equipment.
- ✓ Do not cover oxygen container with anything.
- ✓ Notify local fire department that an oxygen tank is being used in your school.
- ✓ Oxygen tanks should be evacuated form school in the event of a fire or fire drill.

Respiratory difficulty:

- ✓ Notify John's nurse of any paleness, splotchy redness on his face and or chest, or gray bluish color (especially around his mouth and eyes).
- ✓ Notify John's nurse if John is coughing or secretions are noted.
- ✓ John is not able to tolerate cold or polluted air. He coughs and requires Oxygen. John should not participate in outdoor activities during inversions or "red burn" days.

It is recommended that staff in contact with children with tracheotomies obtain CPR training. They should be able to recognize signs of breathing difficulty and know how to activate the emergency plan for their setting.

*****All staff interacting with John should be aware of symptoms of respiratory distress**
Symptoms of respiratory distress:

Color changes: pale, blue, or gray skin. Pay particular attention to the area around the nose and mouth.
Shortness of Breath

Retractions: the drawing in of soft tissue between the ribs. May be barely visible, mild, or severe.
Nasal Flaring: fanning out of nostrils with inspiration.
Grunting
Irritability, agitation, anxiety, or confusion
Severe hypoxia (lack of oxygen): indicated by loss of consciousness, convulsions, or respiratory arrest.
Loss of consciousness
Dizziness
Congestion or nasal discharge
Coughing
Fever
Headache

What to do in case of respiratory distress:

- ✓ **Immediately call (or have someone call) for nurse on cell phone, and then;**
- ✓ **Apply oxygen for oxygen saturations below 90%**
- ✓ Position John in an upright position.
- ✓ Stay with John.
- ✓ If John loses consciousness or stops breathing, immediately call for Emergency medical assistance (**911**).
- ✓ Record all emergencies. Note symptoms, what you did, and what happened. Keep this record in John's special education file.
- ✓ Notify the special education nurse of any emergency.
- ✓ John's nurse may administer medication (Albuterol) to his tracheostomy.
    - Side effects that require immediate medical evaluation include: blue skin, lips, or fingernails; dizziness; fainting; increased breathing rate; increased pulse (heart rate); skin rash; and swelling of the face, lips, or eyelids.
    - More common side effects that usually do not require intervention include: overexcitement and hyperactivity, nervousness, restlessness, and trembling. If these symptoms are worrisome, contact the nurse for medical evaluation.

Due to John's chronic lung disease, his condition may deteriorate rapidly when he has a respiratory infection, and he may take longer than expected to fully recover.

What to do if John has or is recovering from an upper respiratory infection:

- ✓ If John's oxygen saturations are 90% or below, apply oxygen per trach mask@1-6 liters as needed to keep O2 sat 90-95%. Notify parent immediately when this treatment is necessary.
- ✓ Do not allow or encourage John to walk, bike, or push his wheelchair until cleared to by parent. **NO exertion during this time**

A **Gastrostomy (G-Tube)** is a safe and simple way of giving food, medicines, and fluids directly into the stomach. It is necessary when a student is unable to take food by mouth, or unable to get enough nourishment by mouth. The gastrostomy is a surgical opening into the stomach. A flexible rubber tube (the gastrostomy tube) is inserted into the surgical opening. It is held in place from the inside of the abdomen with a fluid filled balloon. The tube is clamped or capped between feedings to prevent leakage.

There are many different types of G-tubes; some are called buttons. Each type looks slightly different, but all have the same purpose: to provide food, medication, and fluids directly to the stomach. **John has a #14 french Mini ONE balloon**

In Case of G-tube Dysfunction
What to do for bleeding and/or drainage:

- ✓ Check to be sure the tube is not being pulled on.
- ✓ Check that cap or clamp is properly secured.
- ✓ Check for leaking at incision site.
- ✓ If leaking or bleeding continues, contact parents.

What to do if G-tube falls out or is pulled out:

- ✓ Notify John's nurse immediately.

- ✓ The surgical opening may close quickly. The G-tube must be reinserted before the opening closes. RN may replace G tube.
- ✓ If not reinserted, cover the site with a dry dressing or bandage.
- ✓ Contact John's mother for further instructions.
- ✓ If parents unavailable and tube remains out, contact an emergency medical provider (**911).**

Adequate nutrition:
- ✓ John has an oral aversion.
- ✓ John has esophogeal immobility, and should not be offered food by mouth.
- ✓ John has had a Nissen Procedure on his stomach to help prevent gastroesophageal reflux.

G-tube feeding:
- ✓ John will require a feeding of 6 oz. of water or juice (sent from home) at lunchtime, given by his nurse.
- ✓ Assist John's nurse as requested.
- ✓ Formula-Pediasure with fiber (night time feed).

Fatigue:
- ✓ John may tire easily and have difficulty keeping up physically and academically without adjustment to his day.
- ✓ John may require a rest period of 20 minutes on an as needed basis.

Due to John's chronic lung disease, when he has a respiratory infection his condition may deteriorate rapidly, and he may take longer than expected to fully recover.

Mobility:
John uses a wheelchair for:
- ✓ Long distances
- ✓ After or during a respiratory illness, until cleared by parent
- ✓ Fire drills
- ✓ Special activities, to be determined by teachers and parents
- ✓ Times that it is unsafe to use his walker due to crowded school hallways

John uses a reverse walker/Quad canes:
- ✓ For shorter distances at school
- ✓ When it is safe in school hallways

Mobility accommodations:
- ✓ John will have difficulty moving from one class to another.
- ✓ John requires assistance moving between classes. Arrangements should be made ahead for special provisions during fire and disasters drills, or field trips.
- ✓ John will require modifications in regular Physical Education (PE) activities.
- ✓ Consultation by an adapted PE specialist is recommended to implement simple accommodations for classroom tasks.
- ✓ Follow physician's written recommendations for modifications in physical activity.
- ✓ John may have problems with manual dexterity, such as writing.
- ✓ An occupational therapist should evaluate useful environmental modifications and adaptive aids.

Incontinence:
- ✓ Diaper change as needed.
- ✓ Report skin redness or rash.
- ✓ Change John at least twice, or as needed, during school hours.
- ✓ Report symptoms of constipation to parents:
  - Change in John's bowel pattern at school
  - Abdominal distension or fullness

Visual difficulty:
John's eyes tire easily and his vision ability varies with this fatigue.
- ✓ John wears glasses and has difficulty seeing long distances.
- ✓ Allow John to sit where he can see well.

Seizures:
The brain is a complex, sensitive organ that controls and regulates all our motor movements, sensations, thoughts, and emotions. Brain cells work together, communicating by means of electric signals. Occasionally, a group of cells discharge abnormal signals and the result is a seizure. Only in rare cases do seizures require emergency intervention. Most seizures are over in a few minutes and do not require medical follow-up.

John has had 2 **generalized (grand mal) seizures** in the past.
This type of seizure is characterized by:

- ✓ Loss of consciousness followed by a few seconds of stiffening of the body (tonic phase), then followed by period of jerking (clonic phase).
- ✓ As a rule, these seizures last from less than a minute to three minutes.
- ✓ After the seizure, a period of deep sleep occurs (postictal stage), lasting from minutes to hours.
- ✓ John requires monitoring for seizures.
- ✓ School staff members, trained by the school nurse, must monitor for seizure activity and provide first aid at all times.
- ✓ All seizure activity and related events must be recorded in a seizure log. This provides the parents with important documentation to share with the child's physician.

John's seizures usually include the following symptoms:

- ✓ Loss of consciousness
- ✓ Generalized muscle jerking
- ✓ Average length of less than 2 minutes
- ✓ An aura is a warning of seizure. John's aura may include changes in behavior.
- ✓ John may have increased secretions in his trach prior to a seizure
- ✓ John may act tired or drowsy prior to a seizure.

What to do for John:

- ✓ **Monitor** John for seizures.
- ✓ **Notify** parent if you notice increased trach secretions or abnormal tiredness.
- ✓ If you see a seizure is starting, attempt to prevent injury by easing John to the floor. Keep hard, sharp, or hot objects out of the way.
- ✓ **Turn student to the side** to allow saliva to drain and to prevent choking.
- ✓ **Do not restrain**. You may place a thin, soft towel or other soft item under the head if the floor is hard.
- ✓ **Do not force anything between John's teeth or place any object in his mouth.**
- ✓ **Do not give fluids or food** during or immediately after seizure.
- ✓ **Loosen restrictive clothing.**
- ✓ **Observe/document:**
  - **Injury**
  - **Color of lips, face, and skin**
  - **Breathing**
  - **Length of seizure (by clock)**
- ✓ **Call 911 for a seizure lasting 5 minutes or longer, or if John's skin appears bluish, or if he stops breathing**
- ✓ **When seizure is finished**, John may be sleepy. That is normal. Provide a comfortable, private place for rest where he can be observed. Tell John where he is, what time it is, and what happened.
- ✓ **Notify parent of any seizure activity or injury.**
- ✓ **Notify principal and school nurse** if a prolonged seizure or injury occurred.

Medication List:

Claritin
Prevacid Solu tabs
Albuterol rescue inhaler as needed

I have read the above Classroom Health Care Plan for John Johnson and agree with its provisions.

Physician Signature Date **Parent Signature Date**

School Nurse Signature Date

School Contact Date **School Contact Date**