| Individualized Health Care Plan (IHCP) Orthopedic Injury  Name:       DOB:       Grade:       Year of Graduation:       Plan Effective Dates:       to | | | | |
| --- | --- | --- | --- | --- |
| **Date** | **Functional Health**  **Concern or Nursing Diagnosis** | **Student Objectives** | **Interventions** | **Evaluation/Outcome** |
|  | 1) Impaired physical mobility and activity intolerance due to  Presence of pain  Wheelchair  Cast  Brace  Crutches  Sling  Other:  . | The student will be able to perform activities of daily living/educational activities within the limits of the physical impairment without excessive fatigue or exertion. | **The School Nurse will:**  Collaborate with parent, student and student support services to develop IHCP  Assist parent in the process for obtaining a wheel chair or other assistive device(s) for use in school.  Obtain activity orders from HCP  Assure access to physically handicapped bathrooms and entrances  Provide for safe ambulation in hallways, classrooms, and trade areas by ensuring extra passing time    Arrange for use of elevator  **Refer to school counselor :**  to determine need for modified academics or assistive technology  to determine need for classroom accommodations such as 2 sets of books or assistance with note taking  to arrange for student buddy during the school day  for other:  Arrange for monitored stair use  Arrange for assistance in the cafeteria  Refer for AEP when indicated  Refer to 504 coordinator as appropriate  Collaborate with Special Education instructor as appropriate  Assist with facilitation of partial days if appropriate  Collaborate with PE instructor and HCP as needed to determine the need for modified PE.  Collaborate with trade/technology instructor and school counselor as appropriate to determine the need for modified trade activities.  Trade/Technology Modifications include: | Student will be successful in managing mobility to and around school.  Date  Initials  Student will follow medical limits on activity at school.  Date  Initials |
|  |  |  | **The parent will:**  Collaborate with the school nurse to develop an IECP and IHCP.  Work with sending school district on transportation issues  Provide school nurse with a health care provider’s statement outlining activity restrictions or stating that there is no need for restrictions or accommodations.  Provide the nurse with permission to receive and share information with child’s health care provider.  Inform the school of any changes in health status  Provide emergency contact information.  Other: |  |
|  |  |  | **Student will:**  Report unusual symptoms immediately (if applicable) to teacher/staff who will immediately contact the nurse.  Follow the activity restrictions prescribed by HCP  Ask school staff or other student (when appropriate) for assistance with routine daily tasks throughout the school day. |  |
|  |  |  | **Instructor/classroom staff will:**  Consult and collaborate with school nurse, school counselor and, parent and student to determine if classroom or trade/technology accommodations are necessary.  Allow student extra passing time |  |
|  |  |  | **The Student Support Services Staff will:** |  |
|  | 2) Potential for re-injury or additional injury related to limited mobility, inappropriate compensatory activities, crutches, cast, brace or pain | Student will accept assistance with ADLs and school activities as needed to ensure safety  Student will remain safe in the event of an evacuation of the school | **The School Nurse Will:**  Refer parent to sending school district to arrange special transportation as needed.  Determine evacuation plan including area of refuge if needed.  Evacuation Plan for this student:  Restrict from shop floor until  no longer using crutches  no longer other assistive device  no longer casted  no longer using wheel chair  able to wear a work boot  gait improved  other: | Student will follow medical limits on activities at school.  Date  Initials  Student will verbalize an understanding of personal evacuation plan  Date  Initials  Student will remain free from additional injury during the school day.  Date  Initials |
|  |  |  | **Parent will:** |  |
|  |  |  | **Student will:**  self-advocate and notify school staff or school nurse of any concerns/needs  Follow evacuation plan and/or safety plan |  |
|  |  |  | **The Instructor/Classroom Staff will:** |  |
|  |  |  | **Student Support Services will:** |  |
|  | 3) Alteration in comfort (pain) due to orthopedic injury or surgery | **The student** will notify the instructor or school nurse at the onset of discomfort/pain  **The student** will elevate the affected extremity as needed throughout the school day.  **The student** will report some relief of discomfort within 30 minutes of taking analgesic and/or initiating R.I.C.E | **The School Nurse will:**  Collaborate with student, parent and HCP to develop plan to minimize discomfort and optimize pain relief.  Follow HCP’s order for analgesic medication/ other intervention  Conduct full pain assessment before and after medication/ intervention.  Assess effectiveness of analgesic or other pain relief interventions  Notify parent and HCP if prescribed analgesic or other interventions are ineffective.  Assess CMS distal to affected extremity  Assess for s/s compartment syndrome  Review any activity restrictions ordered by HCP with student.  Instruct student to notify school nurse or other staff of activity, which causes pain or extreme fatigue  Instruct student to notify instructor or school nurse of pain early in onset to optimize pain relief.  Ensure student is using proper crutch technique  R.I.C.E as appropriate  heat or warm soaks as appropriate  Teach student to recognize signs of complications and to seek treatment for recurrent or increased pain, edema, skin discoloration, mobility decline, change in skin temperature to affected limb, skin breakdown, numbness, increased drainage.  Review proper sling/cast/brace care and the prevention of skin breakdown with student.  Encourage activity (as tolerated and ordered by HCP).  Provide unlimited pass to health office | Student ‘s pain level will be manageable in school.  Date:  Initials:  Student will slowly increase activity level as prescribed/directed.  Date:  Initials: |
|  |  |  | **The Parents will:**  Collaborate with school nurse, student and HCP to develop plan to minimize discomfort and optimize pain relief.  Provide a health care provider’s order for administration of analgesic medication or other intervention as applicable.  Provide the nurse with medication to be administered in school in original container  Provide frequent written updates from HCP |  |
|  |  |  | **Student will:**  Collaborate with school nurse, parent and HCP to develop plan to minimize discomfort and optimize pain relief.  Notify school nurse or instructor at the onset of discomfort  Report any side effects or adverse reaction to medication  Report any s/s complications  Use assistive devices as ordered (crutches, sling, wheelchair)  Follow activity restrictions ordered by HCP |  |
|  |  |  | **Instructor/Classroom Staff will:**  allow student access to school health office as needed  contact the school nurse with any concerns |  |
|  |  |  | **Student Support Staff will:** |  |
| **Care plan reviewed with**  **student,**  **parent (name) :       by       RN, School Nurse** | | | | |