

Confidential Individualized Healthcare Plan

The plan can be customized by the school nurse in collaboration with the student/family and school team using evidence-based techniques that are appropriate for the student's development stage.

Student Name: _____ Birth Date: _____ School: _____ Grade: _____

Parent/Guardian:	Name:	Phone:
Parent/Guardian:	Name:	Phone:
Healthcare Provider	PCP:	Phone:
Mental Health Provider		Phone:
Preferred Hospital:		
Emergency Contact:		
Contributing Health factors:	Do they have 504/IEP: Yes No (*Please refer to the seizure action plan if student also has a seizure disorder)	
Pertinent Health History	Functional Neurologic Disorder (FND) symptoms may consist of seizure-like episodes, weakness, abnormal movements or episodes of unresponsiveness. However, these symptoms are not due to abnormal electrical brain activity, nerve damage or brain damage. These episodes are psychological in nature and therefore do not warrant medical attention. FND is likely a product of chronic stressors leading to limbic system over activation and hyperactive sympathetic drive. The body responds physically to negative emotions, like people with stomachaches or headaches when nervous or stressed.	
ALLERGIES:		
RESTRICTIONS:		
CURRENT MEDICATIONS:	HOME: SCHOOL:	
IF YOU SEE THIS	DO THIS	
GREEN ZONE: Student becomes anxious or states concern that an episode may occur	Students warning signs (fill in)	<ul style="list-style-type: none"> • Give a reassuring signal, meaning "I'm here and you are going to be OK." • Remind student to use a coping skill to regulate their nervous system. Examples include: <ul style="list-style-type: none"> ❖ Snack and/or drink; sour candy, chewing on ice ❖ Listen to music or use noise canceling headphones ❖ Use hand warmers or ice pack ❖ Squeeze something (play dough, clay, silly putty, your fists, a stress ball) ❖ Weighted lap pad/blanket • Keep in class or have student leave briefly to check in with (fill in)

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<p>YELLOW ZONE: Episodes may vary from staring to seizure-like movements or passing out.</p>	<p>FND symptoms often start with:</p> <p>If the episode is too disruptive or dangerous due to location, length or severity</p> <p>After the episode is over, they may be tired, have a headache or not be able to remember what occurred.</p>	<ul style="list-style-type: none"> • Remain calm • Help student safely to the ground • Cover hard surfaces near student • Say, “You are having an episode, you are safe and have the tools to get through it. I am here when you are ready.” • Give privacy and space. Limit interactions. • Guide student away from danger • May move student to a safe place • Re-involve student/return to class. May need a short break to recover • Praise me one-on-one for coping through my symptoms • Contact guardian using preferred method and timing • Document their ability to respond and any other observations on log
<p>RED ZONE: FND episodes are generally not medical emergencies</p>	<p>Student is Injured Fear of student being injured Breathing difficulties</p>	<ul style="list-style-type: none"> • Call 911 and clarify that these are Functional Neurologic Disorder episodes- NOT SEIZURES • Provide copy of FND care plan to Emergency Medical Services

TO THE PARENT/GUARDIAN: If _____ (“Child”) experiences a change in his/her health condition (such as a change in medication or a hospitalization) please contact the School Nurse Consultant so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child’s health care provider(s) listed above, as needed. I understand that the School Nurse Consultant may delegate this health care plan to unlicensed school personnel. I give permission for school personnel to carry out this care plan for the Child. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure the Child’s safety and well-being while at school or during school related activities.

parent/guardian	date	school nurse	date
health care provider	date	administrator	date

This service is medically necessary through the following dates, not to exceed one year.
Start Date: _____ **End Date:** _____