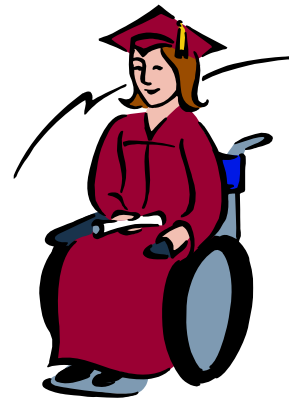


**A GUIDE FOR
SCHOOL PERSONNEL
WORKING WITH STUDENTS WITH
SPINAL CORD INJURIES**



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INTRODUCTION

All children go to school. It is a major part of their lives and a normal thing to do. This is true for children with spinal cord injuries, too. Even though they may need a variety of assistance in order to go to and participate in classes and other school activities, it is imperative that they return to school as soon as possible following their injury. It is important that they return to as normal a life as is possible, of which school is the biggest part. This guide is designed to provide school personnel with information regarding students with spinal cord injuries and suggestions for working with them in the school setting. Hopefully, this will increase the comfort level of the staff and the student, leading to a positive and rewarding experience for both.

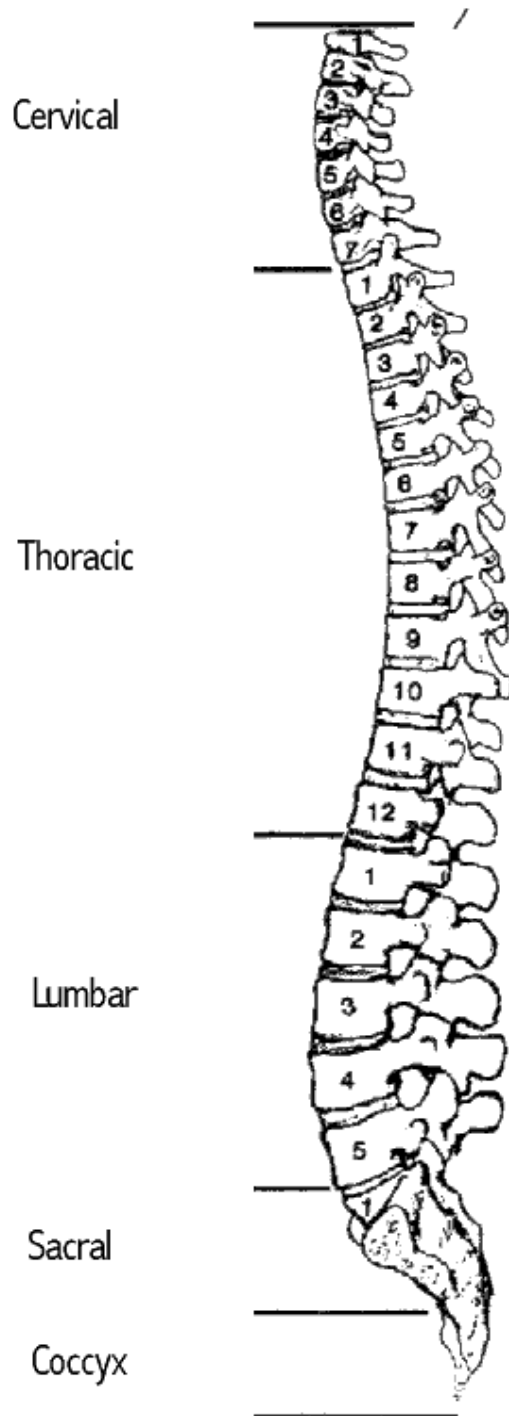
A spinal cord injury (SCI) is trauma or damage to the spinal cord that results in a loss of function or impaired function that can reduce mobility or feeling. A spinal cord injury can be the result of trauma such as auto accidents, sporting activity accidents, gunshot wounds and falls. A spinal cord injury can also be caused by diseases such as transverse myelitis, spina bifida and Friedreich's ataxia. Although the spinal cord is usually intact, cellular damage to the spinal cord causes the loss of function.

Anatomy of the Spinal Cord

The spinal cord is the largest nerve in your body. This cord connects the brain to the other parts of your body. The brain plus the spinal cord is called the central nervous system (CNS). It starts at the base of the brain (brainstem) and extends to the lower back. The nerves in the spinal cord are called upper motor neurons. Their job is to carry messages back and forth from the brain to the spinal nerves. The spinal nerves branch out from the spinal cord to other parts of the body and are called lower motor neurons. These nerves exit and enter each vertebra and communicate with a specific area of the body. Motor and sensory nerves outside the CNS are called the peripheral nervous system (PNS). There is another system of nerves that control involuntary functions. This is called the parasympathetic and sympathetic nervous system. The spinal cord is protected by a kind of bone tunnel made up of vertebra. To keep the spinal column flexible, there are intervertebral discs. These discs are made up of a gelatin material. The first seven vertebrae are called the cervical vertebra (C1-C7), with the first vertebra at the base of the skull. The cervical nerves are responsible for the movement and feeling in the arms, neck and upper respiratory system. The next 12 vertebrae are the thoracic vertebrae (T1-T12). They are from the bottom of the neck through the chest to the curve of the back. The lumbar vertebrae (L1-L5) make up the lower back and the lumbar nerves supply the trunk and abdominal area. The sacral vertebrae (S1-S5) are in the tailbone area and the sacral nerves supply the legs, bladder, bowel and sexual functioning. The nerves of the spinal cord end at L2, but the remaining nerves hang down from the lumbar and sacral regions.

Level of Injury (Lesions)

A lesion is the exact point in the spinal cord at which damage has occurred. A **complete injury** means that there is a complete loss of muscle control and sensation below the level of the lesion. An **incomplete injury** means that maybe only muscles have been paralyzed or that there is impaired sensation.



Level	Abilities	Functional Goals
C1-C3	Limited movement of head and neck	<p>Breathing: Depends on a ventilator for breathing.</p> <p>Communication: Talking is sometimes difficult, very limited or impossible. If ability to talk is limited, communication can be accomplished independently with a mouth stick and assistive technologies like a computer for speech or typing. Effective verbal communication allows the individual with SCI to direct caregivers in the person's daily activities, like bathing, dressing, personal hygiene, transferring as well as bladder and bowel management.</p> <p>Daily tasks: Assistive technology allows for independence in tasks such as turning pages, using a telephone and operating lights and appliances.</p> <p>Mobility: Can operate an electric wheelchair by using a head control, mouth stick, or chin control. A power tilt wheelchair also for independent pressure relief.</p>
C3-C4	Usually has head and neck control. Individuals at C4 level may shrug their shoulders.	<p>Breathing: May initially require a ventilator for breathing, usually adjust to breathing full-time without ventilator assistance.</p> <p>Communication: Normal.</p> <p>Daily tasks: With specialized equipment, some may have limited independence in feeding and independently operate an adjustable bed with an adapted controller.</p>
C5	Typically has head and neck control, can shrug shoulder and has shoulder control. Can bend his/her elbows and turn palms face up.	<p>Daily tasks: Independence with eating, drinking, face washing, brushing of teeth, face shaving and hair care after assistance in setting up specialized equipment.</p> <p>Health care: Can manage their own health care by doing self-assist coughs and pressure reliefs by leaning forward or side -to-side.</p> <p>Mobility: May have strength to push a manual wheelchair for short distances over smooth surfaces. A power wheelchair with hand controls is typically used for daily activities. Driving may be possible after being evaluated by a qualified professional to determine special equipment needs.</p>

C6	Has movement in head, neck, shoulders, arms and wrists. Can shrug shoulders, bend elbows, turn palms up and down and extend wrists.	<p>Daily tasks: With help of some specialized equipment, can perform with greater ease and independence, daily tasks of feeding, bathing, grooming, personal hygiene and dressing. May independently perform light housekeeping duties.</p> <p>Health care: Can independently do pressure reliefs, skin checks and turn in bed.</p> <p>Mobility: Some individuals can independently do transfers but often require a sliding board. Can use a manual wheelchair for daily activities but may use power wheelchair for greater ease of independence.</p>
C7	Has similar movement as an individual with C6, with added ability to straighten his/her elbows.	<p>Daily tasks: Able to perform household duties. Need fewer adaptive aids in independent living.</p> <p>Health care: Able to do wheelchair pushups for pressure reliefs.</p> <p>Mobility: Daily use of manual wheelchair. Can transfer with greater ease.</p>
C8-T1	Has added strength and precision of fingers that result in limited or natural hand function.	<p>Daily tasks: Can live independently without assistive devices in feeding, bathing, grooming, oral and facial hygiene, dressing, bladder management and bowel management.</p> <p>Mobility: Uses manual wheelchair. Can transfer independently.</p>
T2-T6	Has normal motor function in head, neck, shoulders, arms, hands and fingers. Has increased use of rib and chest muscles, or trunk control.	<p>Daily tasks: Should be totally independent with all activities.</p> <p>Mobility: A few individuals are capable of limited walking with extensive bracing. This requires extremely high energy and puts stress on the upper body, offering no functional advantage. Can lead to damage of upper joints.</p>
T7-T12	Has added motor function from increased abdominal control.	<p>Daily tasks: Able to perform unsupported seated activities.</p> <p>Mobility: Same as above.</p> <p>Health care: Has improved cough effectiveness.</p>

L1-L5	Has additional return of motor movement in the hips and knees.	Mobility: Walking can be a viable function, with the help of specialized leg and ankle braces. Lower levels walk with greater ease with the help of assistive devices.
S1-S5	Depending on level of injury, there are various degrees of return of voluntary bladder, bowel and sexual functions.	Mobility: Increased ability to walk with fewer or no supportive devices.

Medical Concerns of a Student with a Spinal Cord Injury

Autonomic dysreflexia

Autonomic dysreflexia, or AD, is an over activity of the autonomic nervous system. This is the system that you cannot control, but is controlled automatically, such as the heart rate, breathing, blood pressure and digestion. AD occurs when a stimulus below the level of the spinal cord injury causes irritation. The stimulus sends nerve impulses to the spinal cord. When the message wants to travel up the cord to the brain it is blocked because of the injury. Since the message cannot reach the brain, a reflex is activated that increases the sympathetic portion of the autonomic nervous system. This causes a narrowing of the blood vessels, which causes an abrupt increase in blood pressure. The nerve receptors in the heart and blood vessels detect this rise and send a message to the brain. The brain then sends messages to the heart, which slows down the heart rate. Since the brain cannot send a message below the level of injury, the blood pressure cannot be regulated. This can be a life threatening condition and mainly affects people with injuries at T-5 or higher. If it is not treated promptly and correctly, it may lead to seizures, stroke and even death.

Causes of AD

- Irritation of the bladder (most common), such as a full bladder or infection
- Blocked catheter
- Constipation / impaction
- Clothing irritation
- Cramps
- Skin infections
- Abdominal conditions
- Bone fractures
- Ingrown toe nails
- Wounds

- Pressure sores
- Burns from water that is too hot or sunburn
- Prolonged pressure by an object in the shoe or wheelchair
- Cuts, abrasions

Anything that would have been painful, uncomfortable or physically irritating before the injury may cause autonomic dysreflexia after the injury.

Signs and Symptoms of AD

- Some students will have a tell tale sign such as white patchy marks or goose bumps
- Sudden onset of headache
- Sweating above the level of injury
- Nasal stuffiness
- Elevated blood pressure (greater than 200/100)
- Flushed (reddened) face
- Red blotches on the skin above the level of the spinal cord injury
- Nausea
- Slow pulse (< 60 beats per minute)
- Cold, clammy skin below level of spinal injury

Treatment must be initiated quickly to prevent complications.

- Put the student in an upright position and do a pressure relief immediately.
- Loosen any tight clothing or any clothing that might be wrinkled.
- Look for the cause of the AD and relieve it immediately.

Since this is a medical emergency the school nurse or designated health team member should be notified immediately since catheterization or personal care might need to be completed.

Neurogenic Bladder and Bowel

Spinal cord injury at any level almost always affects bladder and bowel function. This is because the nerves controlling these organs are attached in levels S2-4 and are not able to receive messages from the brain. After paralysis, the student cannot “feel” when he needs to go to the bathroom. After trauma to the spinal cord, the bladder is either **spastic** or **flaccid**. A spastic bladder is when the bladder fills with urine and then suddenly empties. This usually occurs when the injury is above the T12 level. The problem with this is that you do not know when the bladder will empty. When the bladder is flaccid, the bladder muscles are either sluggish or absent. This causes the bladder to become distended or stretched, which causes the urine to back up into the kidneys. There are 3 methods of emptying the bladder. **Clean intermittent catheterization (CIC)** is the most common method and is done on a routine schedule of usually every 3-4 hours. A **suprapubic catheter** may be placed in the bladder surgically through the abdomen. An

indwelling foley catheter is when a foley is inserted through the urethra and stays in the bladder. It is changed every few weeks.

A student will also be on a **bowel regime** so that their bowels can be emptied on a schedule. This is generally completed at home and can take time depending on the level of the injury. Using these schedules, students are usually continent, but it is possible that they may have an accident while at school. These should be handled as discreetly as possible by allowing the student to go to the nurse to clean up and change clothes.

Spasms

Spasms can occur as a side effect of the paralysis and they can range from mild to severe stiffness and can produce uncontrollable leg movements. The symptoms can include increased muscle tone, rapid contractions, muscle spasms, scissoring and fixed joints. Some students will be on medication to help with the spasms. Some students will receive their medication through a baclofen pump, which is permanently placed and should not be an issue at school.

Pressure Relief

A student with a spinal cord injury will need to complete pressure relief every 15 or 30 minutes to prevent skin breakdown from constant pressure on one area. The student might need assistance from a personnel assistant to help tip the manual wheelchair back while the student is in class. If the student has an electric wheelchair that can recline, the student will need to be in an area of the classroom that has enough space for this to occur. A student that has upper extremity movement will be able to do a pressure relief by pushing up on the arms of the wheelchair (called a wheelchair “pushup”) and holding the buttocks off the chair seat for a period of time prescribed by the medical team.

Fatigue

Fatigue can be a result of physical stress that is related to working hard to perform everyday functions such as breathing, relieving the bladder, changing positions and moving from room to room. It can also be related to a psychological issue that causes stress on the body.

The Role of the School Nurse

The role of the school nurse is very important in ensuring that the transition back to school for the student with a spinal cord injury can occur smoothly. The school nurse needs to be involved from the beginning to help transition the student back to school safely. To help guide the nurse through this process listed below are some key items that need to be addressed prior to the student’s return.

Medical Issues

- Make sure you understand the level of the injury
- Know the method of bladder management and whether the student is independent or will need help.
- Did the student ever have episodes of AD? If so, what are his tell tale signs?
- Does the student have any other complications related to the injury, such as wounds, spasms and/or fatigue?
- What is the student's bowel regime? Have there been accidents after performing the bowel regime?
- Understand the student's equipment (i.e.-baclofen pump, ventilator, etc.) and know how to troubleshoot the equipment if there is a problem.
- Will lifting be required, if so is there special equipment that is needed?
- What medication(s) is the student on? Will the student be receiving medications at school?

Equipment and the Environment

- Know if the student is in a power chair or a manual wheelchair. This is important with relation to pressure relief. Know if the student will need help or can complete the pressure relief independently.
- Will the student be attending full day or half day?
- Will the student need a personal aide, or an instructional assistant?
- Is the school accessible (entrances, classrooms, bathrooms, general areas)?
- Contact the fire marshal to develop an evacuation plan. A sample emergency plan form is included at the back of this guide.
- Is special transportation needed, such as an air conditioned bus with a lift?
- Understand how to work the student's wheelchair. If the wheelchair is electric and can be shifted into manual mode, know how to do that. If it is a manual chair, know how to recline the chair, release the supports, etc. The physical therapist should be able to help with this.

Training Needs of Staff and Students

- Be prepared to train the school staff on signs and symptoms of AD, as well as the level of injury. They might also have other concerns, especially if the student has complicated medical issues. Relieving their concerns and arranging for a support system is very important.
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- If the student has a private duty nurse, are you aware of the routine and equipment that the nurse is using? Make sure that you understand the **Nurse Practice Act** of your state and your role as outlined in it. Does your school require a contract?
- Arrange for the student to return to school when the school is empty so he can navigate the hallways, check lockers and feel comfortable with the arrangements for personal care before returning to school full time. Coordinate with physical and occupational therapy, if needed.
- A presentation to the student's classmates should be considered. Ask the student if he wants to be involved and what type of information he is comfortable having shared with his classmates. Ask if he would like to talk about what happened in terms of his injury. Other potential topics might include how to act around the student (only if he is not present), personal space and wheelchair safety. If the student is comfortable with it, a question time at the end of the presentation is also helpful. It keeps the student from having to answer the same questions over and over on an individual basis.

Developing the Individualized Health Plan

The school nurse needs to develop the Individualized Health Plan prior to the student's return to school. Developing the plan should involve reviewing any medical information received, physician's orders, nursing physical assessment(in many states a nurse may make a home visit to see the student and perform an assessment) and talking with the parents and student. Some key points to remember when gathering information for the plan should include the following:

- Level of injury
- Bladder issues: catheterization schedule, size of catheter, how often the equipment is used and whether the student needs help or is independent with catheterization
- Pressure relief techniques and schedule
- Transferring technique, if needed
- What is needed if the student requires assistance with lunch and/or snacks
- Storage of equipment
- An emergency plan for each teacher if the student may have episodes of autonomic dysreflexia, or any other medical complication.
- Concerns of the student and his/her family .
- Equipment troubleshooting guides.
- Who is going to be responsible for any of the nursing interventions, as well as back up individuals.

Educational Considerations for the Student with a Spinal Cord Injury

IDEA and Section 504

There are federal laws that outline and protect a child's right to services that enable him to attend a school program without being discriminated against because of his disability. More specifically, the two that apply to students with spinal cord injuries are the Individuals with Disabilities Education Improvement Act of 2004, commonly referred

to as IDEA, and Title V of the Rehabilitation Act of 1973, commonly referred to as Section 504.

IDEA is the most comprehensive law that deals with a child's right to a "free and appropriate public education" or FAPE. This law covers the provision of special education and related services such as physical therapy, occupational therapy, speech/language therapy, special transportation, etc. A child who qualifies for services under one of the approved disability categories listed in IDEA will have an Individualized Family Services Plan, or IFSP, for children less than 3 years of age, or an Individualized Education Plan, or IEP, for children 3 years of age or older. These are written documents outlining the specific services to be provided by the school. Although spinal cord injury is not one of the disability categories listed, a child with a spinal cord injury generally qualifies for services under the category of "other health impaired" or "orthopedically impaired". The majority of children with an IEP receive special education instruction because their disability has an effect on their learning and education. Most children who sustain a spinal cord injury do not also have learning problems as a result of their injury, so they do not need special education instruction. For these children, they will still probably qualify for accommodations at school under Section 504 of the Rehabilitation Act of 1973. Section 504 prohibits discrimination on the basis of disability from any program that receives federal funds, which includes public schools. It ensures that children with disabilities have equal access to education. To qualify for services under Section 504, the child's disability as a result of his injury must substantially limit one or more of his "major life activities". These are defined as "caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working". Children who receive services and/or accommodations under Section 504 will have a 504 Plan written. This is a legal document outlining the specifics of these services and accommodations to assist them in the regular education setting. It is generally up to the school system to determine whether to provide a child with a spinal cord injury services on an IEP or a 504 Plan. While still following the law, different school systems have different regulations that they follow. These can vary from district to district and state to state. For example, if a student needs adaptive physical education as part of their overall educational program or to meet graduation requirements for a physical education credit, this may dictate the need for an IEP versus a 504 Plan. Not all school systems have a 504 Plan document. A sample 504 Plan is included at the back of this guide and may be used as written or serve as a guide for others to modify to their specific needs.

Each child with a spinal cord injury is different and needs to be considered individually when planning for his return or initial entrance in to school. Each child will have different needs in the school setting based on his functional abilities. These abilities are determined by the level of the injury to the spinal cord (please refer to earlier chart of abilities and functional goals).

Almost all students with spinal cord injuries will require some physical modifications and/or accommodations. Others may require scheduling accommodations, testing accommodations, classroom accommodations and/or program accommodations. Schools should review the following lists in planning for a student's attendance at their school.

Physical accommodations

- Building accessibility includes
 - ramps inside and outside of the school
 - an elevator in a multilevel building with free access for the student
 - doorways wide enough to accommodate a student's wheelchair
 - accessible general areas (i.e.-gym, cafeteria, auditorium)
 - an accessible bathroom with grab bars and
 - classrooms with enough space to accommodate a student's wheelchair (including turning space)
 - an accessible locker
- Desks and tables high enough to accommodate a wheelchair in each of the student's classrooms
- A fire/emergency evacuation plan which should be shared with the local fire department
- Provide a private location for catheterization and other necessary personal care
- Temperature controlled environment
- Temperature controlled transportation

Scheduling accommodations

- Consider a partial day schedule, possibly supplemented by homebound instruction, to allow students to attend outpatient therapy or to accommodate decreased stamina
- Arrange major content area classes during one portion of the day to allow a student on a partial day schedule to receive the maximum amount of critical instruction in those areas
- Schedule rest breaks throughout the day, if needed
- Allow students to leave classes early to travel to their next class, allowing them sufficient time and the ability to move through the halls when they are less crowded
- Provide time in their schedule for catheterization

Testing accommodations

- Extra time or untimed
- One-on-one evaluation
- Alternate response mode (i.e.-oral response, dictation of written answers)
- Allow test to be taken over several sessions or several days
- Use of a laptop
- Use of calculator
- Use of external prompts (i.e.-list of keyboard shortcuts)

The above testing accommodations should be provided on classroom tests as well as standardized tests such as district-wide tests, advanced placement tests and college entrance exams. **Guidance counselors** should familiarize themselves with the documentation needed by the College Board to obtain these accommodations on college entrance exams and the timeline for filing the appropriate forms. They should also connect students with spinal cord injuries with the Disability Support Services Office at the colleges that they are interested in to discuss programs and services available on their campus. Guidance counselors should provide students and/or their colleges of choice with the documentation necessary (i.e.-a copy of their 504 Plan, copy of doctors' notes) to obtain these services. It is also critical that a referral be made to Vocational Rehabilitation because they may be instrumental in providing the student with many of the services and/or equipment needed to attend college. The most important thing to remember when helping the student as he plans for the college search and application process is to **start early!!!**

Classroom accommodations

- Extended time to complete written assignments
- Use of a laptop
- Assistance with getting laptop and/or materials in and out of backpack or bag
- Allowed to have list of keyboard shortcuts on student's desk
- Preferential seating near door as well as electrical outlets.
- Allowed to carry fluids

Program accommodations

- Assistance with set-up for meals and/or snacks
- Decreased written demands
- Significantly decreased homework assignments (to allow time for outpatient therapy, home therapy and increased time to complete self-care activities)
- Modified work load
- Peer buddy for assistance with materials, cafeteria assistance, opening doors, etc.
- Peer note taker
- In-servicing staff and/or students about the child's disability
- Moving the location of a class to make it accessible
- Extracurricular activities held in accessible part of building
- **Be certain to consider all of the necessary accommodations needed for the student to participate in field trips!!**

Materials to be provided

- Extra set of books to keep at home
- Copies of teachers' notes
- Taped lectures
- Assistive technology equipment

If a student with a spinal cord injury has any decreased function of his fingers, hands or arms, he may need to use an assistive device to help him with written work in school. The school system should complete an assistive technology evaluation to determine the student's exact needs. Any assistive device or software needed should be provided by the school system. The **assistive technology specialist** should train the student and staff in the use of the device. Once training is complete and the student is able to use the device functionally, services should continue to be provided on a consultative basis to address any future concerns or additional needs.

With regards to transportation to and from school, a student with a spinal cord injury will most likely need to be transported on a lift bus, unless his physician clears him to transfer from his wheelchair to a regular bus seat. The transportation office needs to make sure that there is an appropriate system on the bus for securing the wheelchair for safe transportation. As previously mentioned, the bus should be climate controlled.

Planning for a student's medical needs at school

A student with a higher level spinal cord injury (C1-C3) usually has breathing difficulties that require the need for a tracheostomy and possibly, a ventilator. These students may still attend school with the appropriate services and accommodations. However, there are additional things that the school must consider before the student begins school. A student with a tracheostomy, who may also be ventilator dependent needs to have someone with him at all times at school and when he is being transported to and from school. This person will need to be able to:

- Change the tracheostomy in an emergency
- Suction the tracheostomy-routine and emergency
- Manually ventilate the student using ambu-bag via tracheostomy
- Perform CPR and
- Manage someone on mechanical ventilation

It is up to the school's health team to determine whether these needs require the services of a private duty nurse or other health care professional based on their state's **Nurse Practice Act**. Determination is based on nursing assessment, review of medical information, as well as physician's orders.

Although not all students with a spinal cord injury experience episodes of autonomic dysreflexia, all staff working with them should be knowledgeable about what it is, what signs to look for and what the causes might be. Students in wheelchairs will also need to complete pressure relief throughout the school day at suggested intervals (i.e.-every 30 minutes) in order to prevent skin breakdown. This involves changing their position for a brief period of time. This is usually accomplished by tilting the wheelchair back, the student doing a "pushup" using the arms of the wheelchair or having the student shift his position if he is able. Some students in power wheelchairs may be able to do this independently. Some students may need to have an adult assist with the pressure relief by tilting their wheelchair. All of this information should be outlined in detail in an **Individualized Health Plan** that is attached to the student's IEP or 504 Plan.

Many students who sustain spinal cord injuries are in high school. In addition to their physical, medical and programming needs, the requirements that they need for graduation should also be considered when developing a schedule for them. Just because they are bright and were in gifted and talented or advanced placement classes prior to their injury doesn't mean that it is best for them to be in these same classes following their injury. Their level of stamina, as well as their schedule outside of school, such as outpatient therapy, a home therapy program and/or increased time to complete routine self-care should be considered when developing a schedule of classes. Fewer demands at school will make it easier for them in the after school hours and keep them from becoming too fatigued to benefit from school. At times, it may be best for the student to take only the classes needed for graduation, as well as a less challenging level of classes, instead of the typical full load.

CONCLUSION

Planning for a student with a spinal cord injury in the school setting can present many challenges, both medically and educationally. Although this guide should prove helpful in planning for these students, it should not replace the consideration of each student's individual needs. It is hoped that the information here will also be combined with kindness, consideration and compassion for all of these students and a desire to help them achieve and meet their goals.

EMERGENCY PLAN

Name: _____

Date: _____

Child-specific emergencies:

If you see this	Do this

If an emergency occurs:

1. Stay with child.
2. Call or designate someone to call the nurse.
 - State who you are.
 - State where you are.
 - State the problem.
3. The school nurse will assess the child and decide whether the emergency plan should be implemented.
4. If the school nurse is unavailable, the following staff members are trained to initiate the emergency plan:

INDIVIDUALIZED HEALTH CARE PLAN CHECKLIST

Preparation for Entry:

- Home Visit/Assessment _____
(date)
 - Health History _____
(date)
 - Planning Meetings _____ (date) _____ (date) _____ (date)
 - Staff Training Meetings _____ (date) _____ (date) _____ (date)
 - Educational Team Meetings _____ (date) _____ (date) _____ (date)
-

Health Care Plan Included in:

- Student Record _____
(date)
 - Individualized Education Program _____ (date)
 - Individualized Student Accommodation Plan _____ (date)
-

Health Care Plan

- Health Assessment _____
(date)
- Physician's Order for Medications _____ (date)
- Health Care Procedure _____ (date)
- Student-Specific Procedural Guidelines _____ (date)
- Procedural Skills Checklist _____ (date)
- Problems/Goals/Actions _____ (date)

Emergency Plan

- School _____ (date)
- In Transit _____ (date)
- Health Care Plan Reviewed by Physician _____ (date)
- Signed by Parent, Education Administrator, School Nurse/Health Care Coordinator _____ (date)

Name: _____

Date: _____

BACKGROUND INFORMATION

Brief health history: _____

Special health care needs of the student: _____

Other considerations: _____

Student participation in care: _____

Baseline status (i.e., skin color, activity/energy level, blood pressure, pulse, temperature, respirations): _____

Medication (dose, route, time): _____

Diet: _____

Allergies: _____

Transportation needs: _____

What is the transportation emergency communication system: _____

Name: _____

Date: _____

PROCEDURE INFORMATION SHEET

Procedure: _____

Frequency: _____ Times: _____

Position of student during procedure: _____

Ability of the student to assist/perform procedure: _____

Suggested setting for procedure: _____

Equipment (include make and model when applicable):

Daily: _____ Emergency: _____

Checked by: _____

Checked by: _____

Storage: _____

Storage: _____

Maintenance: _____

Maintenance: _____

Home care company: _____

Home care company: _____

Child-specific techniques and helpful hints: _____

Procedural considerations and precautions: _____

Name: _____

Date: _____

School Nurse: _____

INDIVIDUALIZED HEALTH CARE PLAN

Date	Health Need/Nursing Diagnosis	Goals	Action/Intervention	Evaluation

**INDIVIDUAL STUDENT PLAN FOR STUDENTS IDENTIFIED WITH A
DISABILITY UNDER SECTION 504**

Date: _____

Name: _____ **DOB:** _____

Current School: _____ **Home School:** _____

Grade/Section: _____ **Student ID#:** _____

1. Specify the Diagnosed Physical or Mental Impairment:

**2. Cite the Medical or Psychological Assessment Report used to Document the
Physical or Mental Impairment:**

3. Check the Major Life Activity Substantially Limited by the Disability:

Breathing Caring for Self Hearing
 Learning Performing Tasks Seeing
 Speaking Walking Working
 Other: _____

**4. Describe Reasonable Accommodations Based Upon the Substantial
Limitation:**

- **Classroom Accommodations to be Permitted/Provided**

Specific Accommodations	Setting	Staff Responsible

- **Testing Accommodations:** (Testing accommodations must be based upon substantial limitation as exhibited in the classroom on a regular basis. Testing accommodations include formal, statewide testing-HSA, AP Classes, Standardized Testing, etc.)

Testing Accommodations	Setting	Staff Responsible

- **Classroom Materials to be Provided:**

Classroom Accommodations	Setting	Staff Responsible

- **Physical Facilities Accommodations, etc.**

Physical Accommodations	Setting	Staff Responsible

- **Necessary Related Services:**

Necessary Accommodations	Setting	Staff Responsible

see attached nursing care plan

Case Manager: _____

Prepared by: _____

Parent Signature: _____

Date: _____

RESOURCES

Porter, Stephanie, Haynie, Marilyn, Bierle, Timaree, Caldwell, Terry Heintz and Palfrey, Judith S. Children and Youth Assisted by Medical Technology in Educational Settings Guidelines for Care. Paul H. Brookes Publishing Company, Baltimore, Maryland, 1997.

Kennedy Krieger Institute

www.kennedykrieger.org

- Specialized Health Needs Interagency Collaboration (SHNIC) can be found under professional training, then click on Children with Specialized Health Needs in the Schools
- Click on the diagnosis Spinal Cord Injury under the Search box

National Institute of Neurological Disorders and Stroke Spinal Cord Injury Information Page

www.ninds.nih.gov/disorders/sci

National Information Center for Children and Youth with Disabilities

www.nichcy.org

National Spinal Cord Injury Association

www.spinalcord.org

Spinal Cord Injury Resource Center

www.spinalinjury.net