Individualized Healthcare Plan for Student with non-ambulatory Cerebral Palsy

Name:	Effective Date:
Parent:	School: Grade:
Home Phone:	Address:
Emergency/Cell:	
DOB:	Doctor: Phone:
Allergies:	Preferred Hospital:
Medications:	

Diagnosis: student with Cerebral Palsy diagnosis.

Assessment:
Cerebral Palsy is a motor disability caused by abnormal brain development or damage to a developing brain. Cerebral Palsy (CP) comes most often from premature birth, although there are several other prenatal and neonatal causes. There are different classifications of CP based on where the CP affects the body most, the most common type of CP is Spastic CP, causing hypertonic muscles. There is a five level gross motor functional classification system that can help categorize the severity of motor function. They are on the table found below.
Ambulatory children with CP have significantly different goals and outcomes than non ambulatory children with CP. Non-ambulatory children with CP (those in level 4 or 5 below) can frequently have comorbidities with their CP such as: seizures; cognitive, visual and hearing impairments; communication and swallowing difficulties; aspiration; reflux; constipation; incontinence and many more (Orthopedic Knowledge Update, 2014). It is important to have a good assessment and background knowledge of the student on file.

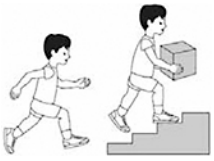
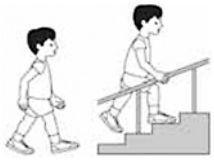
Level	Descriptors	
I	Can perform all the activities of their age-matched peers, albeit with some difficulties with their speed, balance, and coordination	
II	Similar functional abilities on flat and familiar surfaces as level I but require support when negotiating uneven surfaces or stairs	
III	Independent walkers but require a walking aid such as one or two canes, crutches, or a walker and may use wheelchairs for longer distances	
IV	Nonambulatory but able to functionally bear weight for transfers and use a walker for exercise purposes only	
V	Nonambulatory; poor head control and sitting balance; unable to do any functional weight bearing and are usually totally dependent on caregivers	

Table Reference:
Narayanan, U.G. and Caird, M.S. (2014). Neuromuscular Disorders in Children (Section 6 Pediatrics). In Cannada, Lisa (11th edition). *Orthopaedic Knowledge Update*. St Louis, MO. American Academy of Orthopaedic Surgeons.

Nursing Diagnosis:

1.) Impaired Physical Mobility related to neuromuscular impairment.

Goal: Improve physical mobility through exercises and therapy.

Interventions:

Assure student gets to physical therapy when scheduled.
Perform strength and flexibility exercises two times daily (as directed by physical therapist).
Allow use of heat or ice as prescribed by PT or doctor for the comfort of the student.
Use orthotics as prescribed.

Expected Outcome:

Condition improves or remains the same throughout the school year.

2.) Impaired Verbal Communication related to neurological impairment.

Goal: Improve communication through verbal and non verbal means.

Interventions:

Learn students non verbal cues.
Keep environment calm and do not rush student when communicating.
Limit distractions when speaking to student.
Assure student attends speech therapy at least once per week.
Provide an alternate form of communication such as a white board, picture board or flash cards.

Expected Outcome:

Cues are learned between student and primary caregiver at school and communication improves with one new non verbal or verbal communication weekly.

3.) Altered Nutrition: Less than Body Requirements related to inability to ingest food.

Goal: Maintain appropriate height and weight for students age.

Interventions:

Offer smaller meals or snacks every 2 hours.
Assure student is positioned well for meals (upright and straight in chair).
Use softer or blended foods to prevent aspiration.
Encourage fluids every hour to prevent constipation.
Utilize feeding tube if available per physicians orders.
Offer high protein supplements as ordered by physician.

Expected Outcome:

Child maintains appropriate height and weight and does not lose any weight through school year. Height and weight are checked weekly to maintain desired effect.

4.) Risk for Injury related to seizure disorder.

Goal: Keep student safe through a seizure.

Interventions:

Assess students level of consciousness every 30 minutes (per caregiver or teacher).
Limit bright flashing lights and long exposures to television.
Have child wear safety items (such as a helmet) as provided by family or pediatrician.
Caregiver to assist student in all activities requiring assistance (toileting needs, transportation, eating, etc).
Assure student works with PT as prescribed to help keep muscles loosened.

Expected Outcome:

Student has zero injuries from seizures.

5.) Risk for Constipation related to neurological impairment.

Goal: Reduce students risk for constipation.

Interventions:

Offer student fluids every hour.
Offer snacks that are high in fiber to student.
Provide student with regular trips to the bathroom to encourage a bowel schedule.
Attend to toilet needs as soon as possible to prevent student from holding onto stool.

Expected Outcome:

Student to have regular bowel movements at least 3-4 times weekly.

EAP for Student with seizure disorder related to Cerebral Palsy:

Students Name:_____DOB: _____

Parents Name: _____Phone # _____

Emergency Contact: _____Phone #_____

Physician:_____Phone #_____

Medical History:_____

Allergies: _____

Medications:_____

Seizure Triggers:_____

Seizure Warnings:_____

Emergency Medications used during a seizure:

Med_____ Dose:_____ Route:_____

Med_____ Dose:_____ Route:_____

What to do:

- **Remain calm and keep track of time: use the timer on your phone, clock on the wall or a stop watch to mark the beginning of the seizure. Record below.**
- **Call School nurse or clinic immediately.**
- **Keep child safe: move sharp or dangerous objects away from child.**
- **Do not restrain the child!**
- **Do not put anything in mouth!**
- **Stay with child until he/she is fully conscious. The child should be able to speak and answer questions.**
- **Protect head**
- **Keep airway open and watch breathing**
- **Turn child on side**

- **Trained professional (or other trained personnel) to give emergency medications if applicable.**
- **Call 911 if seizure lasts longer than 5 minutes or has had repeated seizures without gaining consciousness.**

Seizure Length:	Seizure Description: