

Franklin County Public Schools IHP for PICC Line

Student Name: _____ **Grade:** _____ **DOB** _____

Effective Date: _____ **School** _____

Individual Health Plan for students with a PICC Line

Diagnosis and Description of Medical Concern:

List relevant medical history: Include surgery, hospitalizations and allergies:

Is this student medically able to attend school? _____

Are there health related expected absences? _____

Level of participation in PE and/or recess. The child's healthcare provider should provide written instructions for participation in physical education and any other restrictions or modifications in the education setting. _____

Are there any emergency medical interventions needed? **Describe**

M.D. Print _____ **Phone** _____

M.D. Signature _____ **Date** _____

I agree with this plan of care and I give permission for the school to contact any of the above providers.

Parent Print _____ **Phone:** _____

Parent Signature _____ **Date:** _____

Student Name: _____ Birth Date: _____

Home Address: _____

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

Language spoken at home _____

Emergency Contact:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

The access site should not be bumped or the tubing pulled. A dressing, as well as the student's clothing should cover the site. A conscious effort should be made to protect the site from injury. If the dressing becomes loose, it should be reinforced carefully with tape and parent notified. Dressing changes should be done at home. Any staff member who has contact with the student should be familiar with the student's IHP. The student's parent or legal guardian should be notified if any redness, swelling, tenderness, pain or warmth is observed at the site, drainage occurs at the insertion site or if the catheter comes out. If the catheter should come out, the bleeding should be controlled and the catheter should be sent home for length comparison. **IF PROBLEMS OCCUR WITH A PICC LINE, THE FAMILY AND HEALTH CARE PROVIDER MUST BE NOTIFIED.**

Student will wash hands frequently and notify school nurse of any changes to site area.

School Nurse _____ Date _____

Approved by: Parent _____ Date: _____