

Increased Intracranial Pressure/Hydrocephalus

**** Increased Intracranial Pressure (ICP) OR Hydrocephalus—caused by excessive formation of cerebrospinal fluid, by a block in the circulation of this fluid, or both within the brain.**

Emergency Health Care Plan

Never send student with signs and symptoms anywhere alone!!!!!!

Student Name:	Grade:	DOB:	Student Picture
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Parent/ Guardian:	Home Phone:	Work Phone:
Hospital:		
Physician:	Phone:	Fax:
Current Medications:		
Allergies:		
Brief Medical History:		

Signs and Symptoms of Increased Intracranial Pressure**What are the signs and symptoms of the condition?**

- headache
- ringing in the ears
- nausea and vomiting
- vision problems, such as blurry vision or double vision
- sleepiness
- painful eye movements
- hearing loss
- neurologic deficits ---walking problems where the feet appear to stick to the floor
- confusion / changes in behavior
- progressive decreased consciousness, lethargy
- seizures

Nursing Considerations: In addition to the above, if mass effect is present with resulting displacement of brain tissue, additional signs may include [pupillary dilatation](#), abducens (CrN VI) palsies, and the [Cushing's triad](#). Cushing's triad involves an increased [systolic blood pressure](#), a widened [pulse pressure](#), [bradycardia](#), and an abnormal respiratory pattern. In children, a slow heart rate is especially suggestive of high ICP. If [papilledema](#) is protracted, it may lead to visual disturbances, optic atrophy, and eventually blindness.

IF YOU SEE THIS	DO THIS	TIME
	Never send student anywhere alone when symptoms are present!!!!!!	Initial
ANY OF THE ABOVE SIGNS AND SYMPTOMS	Notify Nurse to evaluate immediately. Notify Parents of concerns if nurse is unavailable.	
IF A SEIZURE OCCURS OR STUDENT LOSES CONSCIOUSNESS	CALL 911 Lay student down in safe unobstructed area and protect head/body from injury (do not restrain). Time seizure until EMS arrives. DO NOT place anything in child's mouth. START CPR IF LOSS OF CONSCIOUSNESS.	

- ➔ This Emergency Care Plan must be signed by the parent & reviewed by the school nurse yearly or earlier as needed.
- ➔ I understand that if any changes are needed on the ECP, it is the parent's responsibility to contact the school nurse.
- ➔ It is the parent's responsibility to alert all other school programs of their child's health condition. Such as sports/field trips, etc.
- ➔ My signature below shows I have reviewed and agree with this Emergency Care Plan.

Registered Nurse's Signature	Date	Student's Signature	Date
Parent/Guardian Signature	Date	Licensed Health Care Provider's Signature	Date

Parent to fill out Emergency Contacts:

Emergency Contacts

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

School Nurse Section:

Trained Staff Members

The following **staff members** are trained to deal with an emergency, and initiate the appropriate procedures:

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Plan Distributed To:

- | | | | |
|--|-------------|--------------------------------------|-------------|
| <input type="checkbox"/> Parent | Date: _____ | <input type="checkbox"/> Bus | Date: _____ |
| <input type="checkbox"/> ECP Notebook | Date: _____ | <input type="checkbox"/> Kitchen | Date: _____ |
| <input type="checkbox"/> Medication Book | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |
| <input type="checkbox"/> Teacher(s)/Subfile | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |
| <input type="checkbox"/> Student Health File | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |