

Date Plan Was Developed:

NORTHPORT SCHOOL DISTRICT Call School Nurse!

Shunts (Ventriculo-peritoneal or Ventriculo-atrial)

Health Care Plan

Never send student with signs and symptoms of malfunctioning shunt!!!!!!

Student Name: _____ **DOB:** _____ **Student Picture**

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____
 Emergency Contact: _____ Home Phone: _____ Work Phone: _____
 Emergency Contact: _____ Home Phone: _____ Work Phone: _____
 Physician: _____ Phone: _____
 Preferred Hospital: _____
 Current Medication: _____
 Allergies: _____

Shunt: flexible tube about the size of ink tube inside a pen, but longer. Shunt is put into the ventricles of the brain to carry fluid to another part of the child's body. **Your child has a programmable shunt? Yes No VP Shunt VA Shunt

SIGNS AND SYMPTOMS OF SHUNT EMERGENCIES

Signs of plugged shunt

upset stomach / poor appetite
 throwing up
 changes in behavior
 trouble walking; wobbles or sways
 very sleepy
 jerking arms and legs (seizures)
 eyes looking down (called sunset eyes)
 unusual eye movement
 swelling on or along shunt tube
 slurred speech or raised
 weakness on one side of body
 blurry or double vision
 pupils not equal, crossed eyes
 headache
 stiff neck
 head size grows very quickly

Signs of infected shunt

Temperature over 101 rectally
 Sores on or along the shunt tube
 Very sleepy
 Redness on or along the shunt tube
 Fussy, crying
 Fluid from the incision site

IF YOU SEE THIS

DO THIS

Never send student anywhere alone!!!!!!

**TIME
Initial**

**ANY OF THE ABOVE SIGNS
AND
SYMPTOMS**

**Notify Nurse to evaluate.
Notify Parents.**

AUDIO/VISUAL

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

1. _____ 2. _____ 3. _____

Registered Nurse's Signature _____ Date _____ Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Primary Health Care Provider's Signature _____ Date _____