

Module 2: Essential Principles for Care

Handout P: Jabari's Individualized Health Plan

ROUTINE CARE

Today's Date: October 5, 1998 **Review no later than:** April 5, 1999
Child: Jabari Williams **Birthdate:** August 5, 1994
Parent(s) or Guardian(s): Monique and John Williams **Phone #:** 643-1292
Primary Health Care Provider: Mary Lafferty, PNP **Phone #:** 929-5435
DIAGNOSIS: 1. Sickle Cell Disease 2. Anemia 3. _____

REGULARLY-SCHEDULED MEDICATIONS

Medication	Schedule (When)	Dose (How much)	Route (How)	Possible Side Effects
Penicillin	2 x per day (at home am/pm)	250 mg (1 tsp.)	Oral	
Children's Multivitamins	1 x per day (at home am)	1 tablet (chewable)	Oral	

Describe accommodations the child needs in daily activities:

Check whether accommodations needed at: **HOME** **SCHOOL**

- **Diet or Feeding:** Lots of water and juicy fruits, especially with hot weather and exercise to prevent sickling crisis. High calorie food to make more blood cells. X X
- **Classroom Activities:** May fatigue easily. Don't push into activities if low energy, especially at end of day. Have alternative quiet activities. X X
- **Naptime/Sleeping:** _____ _____
- **Toileting:** May need to urinate frequently. Give unlimited access to bathroom. X X
- **Outdoor Activities/Field Trips:** Take bottled water or juice on outings. Remind him to take breaks and drink during active play. Watch for overheating on hot days and keep warmly dressed on cold days. See Other. X X
- **Transportation:** Have bottled water in bus or car. Have Ibuprofen on bus and train bus driver in use. X X
- **Other:** Take emergency medicines on field trips. X X

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Handout P: Jabari's Individualized Health Plan (continued)

EMERGENCY CARE

Child: Jabari Williams **Birthdate:** August 5, 1994
Parent(s) or Guardian(s): Monique and John Williams **Phone #:** 643-1292
Primary Health Care Provider: Mary Lafferty, PNP **Phone #:** 929-5435
DIAGNOSIS: 1. Sickle Cell Disease 2. Anemia 3. _____

CALL PARENTS FOR:

- listlessness, unusual fatigue
- complaint of mild pain (e.g., hands/arms, feet/legs, back, abdomen)
- complaint of mild headache
- marked change in behavior or appetite

While waiting for parent(s) or medical help to arrive:

- have him rest
- keep him in a cool place if over heated
- give fluids
- provide comfort

GIVE AS NEEDED OR EMERGENCY MEDICATION FOR:

Medication	Schedule (When)	Dose (How much)	Route (How)	Possible Side Effects
Ibuprofen	pain	100 mg (1 tsp.)	Oral	
Tylenol with Codeine	severe pain 30-60 minutes after giving Ibuprofen	12.5 mg (1 tsp.)	Oral	Drowsiness

GET MEDICAL ATTENTION FOR:

- fever >101.5° F. (oral)
- chest pain, rapid breathing or heart beat after 20 minutes rest
- repeated vomiting, diarrhea
- swelling in penis

CALL 911 (Emergency Medical Services) FOR:

- severe headache, loss of balance, weakness, dragging foot or limping, not using hand, seizures, not able to awaken, loss of consciousness
- pale, gray, or blue lips or fingernails
- severe stomach pain or swollen abdomen

I have helped develop this health plan. I understand it and will try my best to follow the plan. I will communicate any changes in the child's condition or treatment. Plan completed: 10/5/98 (date). Plan will be updated on or before: 4/5/99 (date).

Parent(s) or Guardian(s): Monique Williams
 Head Start Staff Name(s) & Title(s): Sammie Lincoln, Lead Teacher; Janine Brown, Health Coord.
 Health Care Provider Name(s) & Title(s): Mary Lafferty, PNP
 Other: Donna Winters, RN, Children's Hospital Sickle Cell Clinic