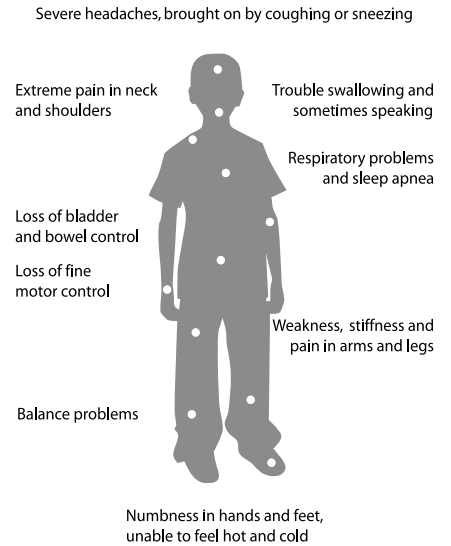


Chiari malformation type 1 (CM1) Individual Health Plan



I HAVE Chiari

The Chiari Malformation Type One (CM1) is the dropping of the cerebellar tonsils of the brain (not the tonsils in your throat) into the opening from the brain to the spinal canal. Normally, only the spinal cord passes through this opening called the foramen magnum. The most common presenting symptom in children is pain reported by the child as a headache or neck and shoulder pain. Circle symptoms that apply to this student.



Health Concern:

Student name: Parent or Guardian:

Grade/ Student ID #: Contact information:

Academic year: Emergency Contact:

Teacher: Doctor:

Allergies: Other health conditions:

Nursing Assessment:

Expected Outcome:

Intervention: Staff Persons Involved: nurse, delegated staff, staff working w/ child

Implementation:

Evaluation Plan:

Items needed: Persons Responsible: Deadline:

Nursing Assessment:

Expected Outcome:

Intervention: Staff Persons Involved: nurse, delegated staff, staff working w/ child

Implementation:

Conclusions:

Items: Persons Responsible: Deadline:

Nursing Assessment:

Expected Outcome:

Intervention: Staff Persons Involved: nurse, delegated staff, staff working w/ child

Implementation:

Conclusions:

Items: Persons Responsible: Deadline:

I give permission for the information on this care plan to be shared with the listed health care provider of my child and adult staff at the school that will be working with my child. This plan will remain in force for 1 year from approval date. It is the responsibility of the parent to notify the school nurse whenever there is a change in the health status of the child. Signed parent permission allows the school nurse or delegated staff to contact the health care provider as necessary and authorizes staff members to seek emergency medical assistance for my child

Signature of Parent/Guardian Date

Signature of School Nurse Date