

Student health support plan for cystic fibrosis

This document has been developed as a guide for principals, teachers and parents to use when completing a student health support plan for a child with cystic fibrosis (CF) in child care, kindergarten or preprimary. A blank form is available from cfsmart.org

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School:	Date plan created:
Student's name:	Date for plan to be reviewed for following year:
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Date of birth:	
Year level:	Medical Practitioner contact:
Student's teacher:	Phone: Email:
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	CF Clinic contact: Phone:
	Email:
Parent/carer contact information:	Parent/carer contact information:
Name:	Name:
Relationship to student:	Relationship to student:
Home phone:	Home phone:
Mobile:	Mobile:
Work phone:	Work phone:
Address:	Address:
Email:	Email:
Parent responsibilities:	
Provide teacher with daily medications required.	Inform teacher of additional medications which may be required during the year.
Provide teacher with clear information about the medication e.g. how and when to be administered and side effects.	Inform teacher/school when child has to go to hospital, clinic appointments, is home on IV treatment or is unwell at home.
Discuss appropriate location for storing medications.	Inform teacher if there are any changes in the child's health.
Signs or symptoms to bring to parents' attention	at end of the day:
Toilet issues e.g. diarrhea, constipation, frequent trips to toilet or on toilet for a long time.	Complaints of stomach aches or abdominal swelling.
Lethargic, extra tired.	Markedly decreased or increased appetite.
Increased coughing.	If child has eaten food without consuming enzymes.
Small amount of blood in mucus.	Changes in the student's behaviours.
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Medications	Reason used	When required
Enzymes	To assist with digestion of food.	
Salt tablets	To reduce risk of dehydration and to replace loss of salt from body.	
Inhaler e.g. Ventolin	To open airways and improve oxygen intake.	
High fat drinks, extra snacks	To assist with the amount of calories required for a person with CF.	
Antibiotics	To treat lung and sinus infections.	
Vitamins	To treat vitamin deficiency associated with CF.	
Other		
Other considerations	Reason	Management in class
High fat diet	To assist with the amount of calories required for a person with CF.	
Easy access to water bottle and drinks such as cordial or sports drinks	To avoid dehydration, mainly needed in summer.	
Infection control	Flus, colds, gastro, whooping cough etc can pose a greater risk to children who have CF.	
Easy access to toilet	Bowel issues, embarrassment at amount of flatulence.	
Coughing	Very common for children with CF to have a cough, clears mucus in lungs.	
Regular absence from school due to hospitalisation and clinic appointments.	If child has an infection in lungs or gastro issues, needs IV antibiotics etc. Can be up to two weeks in hospital.	
Tired/lethargic	Common for some children to be extra tired, lungs are working extra hard.	
Exercise	Very good for CF, but sometimes child may not be able to perform consistently, depending on lung function.	
Cross infection risk if another student with CF attending the school.	Risk of passing germs to children with CF that don't affect other people.	
PORT, PEG or PICC line	Increased calorie feeding via tube / administration of intravenous antibiotics while participating in a Hospital in the Home program.	

Adapted from The Cystic Fibrosis Care Plan from DECS 2009, South Australia





Student health support plan for cystic fibrosis: Emergency action plan

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Situation	Symptoms	Action required
Dehydration	Lethargy, thirst, dry sticky mouth, decreased urine output- 8 hrs without urination (school aged child), fever, headache, rapid breathing, fast pulse, vomiting.	Give fluids (gastrolyte or similar if available), keep cool out of sun Call parent/carer. If pulse remains above 110 beats per minute after 15 minutes rest consider ambulance if parent not able to come straight away.
PICC/Port problems	INFECTION: Skin around port / catheter is painful, red, hot swollen or oozing (pus / blood), fever.	Call parent/carer.
	DAMAGE: cut line, lost cap on end	Kink line so air does not get in. Call parent/carer or ambulance .
	WET DRESSING.	Needs replacement - call parent/carer.
	PICC LINE accidentally pulled out.	Apply pressure to area for 5 minutes to prevent / stop bleeding. Call parent/carer or ambulance
	Chest pain accompanied by shortness of breath	Call parent/carer or ambulance
Bowel obstruction	Severe stomach ache, vomiting.	Call parent/carer.
Blood in mucus	Small < 5 ml	Inform parent the same day.
(uncommon)	Moderate over 5 ml	Call parent/carer or ambulance if can't reach parents.
	Large < 240 ml	Call ambulance.
PEG feeding tube or button problems (not many students have this)	Leaking around tube, pain. Accidental dislodgement.	Call parent/carer. Call parent immediately, tube needs to be replaced ASAP. Country schools if close to hospital take child to ED and
Rectal Prolapse (uncommon)	Rectal pain, bleeding, protrusion of rectum through anus.	call parent. Reassure child, lie quietly if painful to sit. Call parent/carer.
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