# CYSTIC FIBROSIS
## Health Management Plan
**SCHOOL YEAR:** _____

| | |
|---|---|
| **STUDENT NAME:** | **DOB:** |
| **SCHOOL:** | **STUDENT ID:** |
| **CONTACTS:** | |
| **MOTHER:** | **FATHER:** |
| **HOME:** | **HOME:** |
| **WORK:** | **WORK:** |
| **CELL:** | **CELL:** |
| **If parents cannot be reached call:** | |
| **Name:** | **Phone:** |
| **Name:** | **Phone:** |
| **Physician:** | **Phone:** |
| **Hospital Preference:** | |

**BASIC INFORMATION:** Cystic Fibrosis is a chronic, genetic disease resulting in the formation of a thick, sticky mucous which leads to severe respiratory and digestive problems. Treatment consists of various airway clearance therapies via medications and chest percussion as well as taking enzymes with every meal and snack to aid digestion. It is not contagious and affects each person differently.

STUDENT HISTORY: _____

_____

**GUIDELINES FOR SCHOOL:**

1. COUGHING: Have box of tissues at student's desk. Other measures:_____
   _____
2. WATER & RESTROOM PRIVILEGES: Allow student to have water bottle in class and to use restroom as needed without hesitation.
3. NUTRITION: Allow student to have extra snack as needed.
4. MEDICATIONS before all meals and snacks:_____
   _____
5. ACTIVITY LIMITATIONS:_____

**CALL PARENTS IF:** Student has fever, shortness of breath, pale skin color, fatigue and weakness, abdominal pain that increases, vomiting, cough that is blood tinged, or any other signs of illness or injury while at school.

**CALL 911 IF: Student is unable to catch his/her breath, dusky or has bluish lips, a change in level of consciousness, or coughing or vomiting blood.**

*School Clinic: Copy of plan to be provided to Transportation Supervisor*

_____ _____

PARENT SIGNATURE / DATE COUNTY SCHOOL NURSE SIGNATURE/ DATE

Information about students and family is strictly confidential.

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