



INFLAMMATORY BOWEL DISEASE
Health Management Plan
SCHOOL YEAR: _____

Student Name:	DOB:
School:	Student ID:
CONTACTS:	
MOTHER:	FATHER:
HOME:	HOME:
WORK:	WORK:
CELL:	CELL:

EMERGENCY CONTACTS:	
Name:	Phone:
Name:	Phone:
PHYSICIAN:	PHONE:
HOSPITAL PREFERENCE:	

DEFINITION: Inflammatory bowel disease includes Crohn’s disease and ulcerative colitis. Crohn’s disease can affect any part of the digestive tract and ulcerative colitis affects the large bowel. Both cause the bowel to become inflamed and may cause ulcerations in the bowel. Episodes of flare ups and remission may occur.

POSSIBLE SYMPTOMS:

<i>fever</i>	<i>constipation</i>
<i>persistent loose, watery, frequent diarrhea</i>	<i>rectal bleeding</i>
<i>crampy abdominal pain decreased appetite / weight loss</i>	

<u>BRIEF STUDENT HISTORY / MEDICATIONS:</u>

<u>MANAGEMENT:</u>
<ul style="list-style-type: none"> • Restroom: _____ • Dietary considerations: _____ • Ostomy care: _____ <input type="checkbox"/> none • OTHER: _____

CALL PARENT IF STUDENT HAS: change in bathroom habits (soiling or increased frequency), fever, severe abdominal pain, or _____

CALL 911 IF STUDENT HAS:
 intolerable pain, uncontrolled bleeding, change in level of consciousness

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

 PARENT SIGNATURE / DATE

 COUNTY SCHOOL NURSE SIGNATURE / DATE