V-P SHUNT MANAGEMENT PLAN
SCHOOL YEAR:

STUDENT NAME:	**DOB:**
SCHOOL:	**STUDENT ID:**

CONTACTS:	
MOTHER:	**FATHER:**
HOME:	**HOME:**
WORK:	**WORK:**
CELL:	**CELL:**
If parents cannot be reached contact:	
Name:	Phone:
Name:	Phone:
PHYSICIAN:	**Phone:**
HOSPITAL PREFERENCE:	

Description: A ventriculo-peritoneal (V-P) shunt is needed when the flow of fluid in the brain is obstructed or more fluid is produced than absorbed. The shunt drains fluid out of the brain into the abdomen. Complications occur when the shunt malfunctions or becomes infected.

DATE OF SHUNT / REVISION: SHUNT SITE:

STUDENT HISTORY :

SYMPTOMS OF SHUNT MALFUNCTION OR INFECTION:

- Headache
- Vomiting
- Lethargy
- Irritability
- Seizures
- Swelling and/or redness along shunt tract
- Decreased school performance
- Fever
- Vision disturbances

MANAGEMENT: Avoid injury to the shunt. Call parents if any of the above symptoms occur. If seizure occurs, follow routine seizure plan.

CALL 911 IF:

Copy of this plan has been provided to Transportation Supervisor Yes □ No □

PARENT SIGNATURE DATE COUNTY SCHOOL NURSE SIGNATURE DATE

Confidentiality must be upheld when talking to other parents or outside persons. Information about students and family is strictly confidential.
Rev. 5/10