

SHORT TERM CARE INSTRUCTIONS
POST-OPERATIVE/POST-TRAUMATIC INSTRUCTIONS

Student's Name _____ DOB _____

School _____ Teacher _____ Grade _____

Diagnosis: _____

Date of procedure/injury: _____

Type of procedure: _____

Immobilization (splint, cast) _____

Release to return to school on: _____

Please check, as applicable:

_____ Weight bearing status: None Partial, as tolerated Full, as tolerated Full

_____ External Support: Wheelchair Crutches Walker

_____ P.E. Participation: None Restricted

_____ Full duration beginning: _____ ending _____

_____ Length of time in cast: _____

_____ Follow up evaluation on: _____

_____ Expected level of discomfort : MILD MODERATE SEVERE

_____ Pain medication required at school (Fill out required forms)

Additional comments: _____

Name of Health Care Provider _____
Telephone _____ FAX _____
Signature _____

SHORT TERM SPECIAL NEEDS

POST-OPERATIVE/POST-TRAUMA INSTRUCTIONS

A student with short-term special needs includes:

- Student returning from home hospital education
- Student who recently had surgery
- Student who suffered a traumatic injury such as a fracture.
- Student requiring a wheelchair or crutches

FUESD requires a physician's release to return to school and instructions for care at school which includes any special equipment, limitations, and expected length of accommodations.

HT/HCS role and responsibilities:

1. Notify the district nurse when a student is coming to school with short term special needs.
2. Provide parents with form for *Short-Term Care Instructions*
3. Provide parents with *Authorization for Medication Administration and Physician's Statement* if medication will be required at school.
4. Provide principal, teacher, and appropriate school personnel with copies of Short-Term Instructions.
5. Document care in SIS and in student health folder.
6. At the conclusion of care, retain all paperwork in student health folder.