

**EMERGENCY ACTION PLAN FOR VENTRICULOPERITONEAL SHUNT**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gr \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency #'s \_\_\_\_\_

Other Relative: \_\_\_\_\_ Emergency #'s \_\_\_\_\_

School Nurse: \_\_\_\_\_

Physician: \_\_\_\_\_ Office # \_\_\_\_\_

Location of shunt \_\_\_\_\_ Date of last revision \_\_\_\_\_

Current medications: \_\_\_\_\_

Transportation: Bus # \_\_\_\_\_ Car rider \_\_\_\_\_ Drives self \_\_\_\_\_ Extracurricular: \_\_\_\_\_

**Information to include in the IHP Careplan:**

**Ventriculoperitoneal (VP) shunts are tubes that are implanted in the brain to shunt cerebrospinal fluid to the peritoneum. They relieve intracranial pressure associated with hydrocephalus. Shunts may malfunction from time to time and cause a build-up of pressure within the brain. This is an emergency situation requiring early detection and intervention.**

**SIGNS AND SYMPTOMS TO WATCH FOR AND REPORT IMMEDIATELY**

- |                     |                   |                           |
|---------------------|-------------------|---------------------------|
| Lethargy            | Vomiting          | Pupils changed or unequal |
| Irritability        | Vertigo           | Decreasing pulse          |
| Transient confusion | Agitation         | Seizures                  |
| Eating poorly       | Altered alertness |                           |

**If student receives any blow to head, neck or abdomen:**

**\*notify school nurse and parent**

**\*monitor student throughout remainder of the school day for symptoms listed above**

**Additional information:** \_\_\_\_\_

\_\_\_\_\_  
**School Nurse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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*Staff will sign the IHP Careplan*