

SCHOOL PRECAUTIONS FOR THE STUDENT WITH A SHUNT

(LAST NAME)	(FIRST)	(MIDDLE)	(DOB)	(ID #)
(HOME ADDRESS)			(ZIP CODE)	(TELEPHONE)
(PARENT'S/ GUARDIAN'S NAME)		(SCHOOL)		
(MEDICAL PROVIDER'S NAME)	PROVIDER'S TELEPHONE	PROVIDER'S FAX	DATE	

The shunt is a length of plastic tube that has been surgically implanted to drain excess spinal fluid from the brain into the abdominal cavity where it is absorbed by the body to relieve hydrocephalus symptoms.

SYMPTOMS OF A SHUNT MALFUNCTION

This is considered a MEDICAL EMERGENCY! Notify the parent/guardian immediately if you observe any of the following symptoms of shunt malfunction listed below.

- Severe headache
- Irritability
- Projectile vomiting
- Decrease in appetite
- Change in personality
- Loss of skills which were previously achieved
- Onset of eye deviation
- Loss of ability to look up or roll the eyes up
- Swelling/redness along the shunt tract
- Lethargy
- Seizures
- Loss of balance

SCHOOL PRECAUTIONS

- Guard against falls (particularly fall involving the head or near the shunt site)
- Observe shunt site for redness, swelling, or other signs of infection
- Prohibit contact sports and diving

Parent/Student/Teacher/Nurse Conference Date: _____

Participant Names:

Cc: Student Health Folder/Teacher Cumulative File
Physical Education Teacher
Parent/Guardian