



Navigating eLITE – Health Management

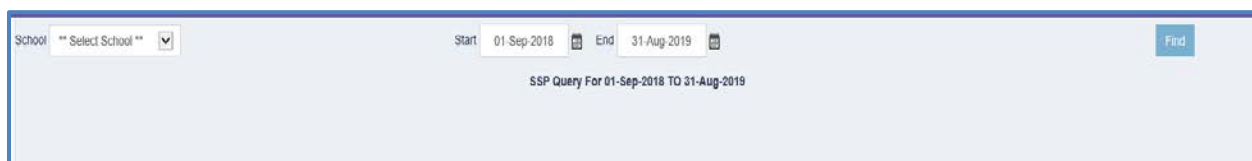
April 2020

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eLITE Medical Plan Module

- Under the Med Plan tab select SSP Query, your school.
- Dates should be Start Date September 1 of the previous school year End Date August 31 of the previous school year. This will give you a list of students in your class who previously have had a support plan in place.
- Export to Excel with query.
- The last plan on file for these students can be found on the Student Dashboard which you may use as reference to start your new Medical Plan.



The screenshot shows a search interface for the eLITE Medical Plan Module. It features a dropdown menu for 'School' with the placeholder text '** Select School **'. To the right, there are date pickers for 'Start' (01-Sep-2018) and 'End' (31-Aug-2019). A blue 'Find' button is located on the far right. Below these fields, the text 'SSP Query For 01-Sep-2018 TO 31-Aug-2019' is displayed.

Search Parameters:

School – the school list contains a list of schools the user has access to as determined in Usernames view. Select one school (or ALL SCHOOLS if applicable).

Grade – select a grade from the dropdown list. (not necessary if searching by Last Name)

ID # – enter the student ID number to find a particular student. (not necessary if searching by Last Name)

Last Name – enter the last name (or first few known characters of the last name) to restrict the working list.

'All' Checkbox – Only students with an open IEP are listed by default. In order to also include students that DO NOT have an open IEP, click the 'All' checkbox.

When the required parameters have been completed, click the FIND button. The student working list automatically appears. If the required student is not found, or the list is too long, revise or refine the search parameters and click the FIND button again. The student working list will be refreshed. As the cursor hovers over a student in the working list, the student name and ID number change color. To select a student, click once on the student name.

All student demographic data is pre-populated from PowerSchool.

School Grade Id # Last Name Student List

Student Medical POC
 8C23D8E4-D100-420F-A604-12CCADD519AD

Name ATEST, Aabsta
 School AMSTV Elementary School
 Parent/Guardian DAD, MOM

OEN 999999999
 Family Not Applicable

Board Id # 314911496
 DOB 01-Jan-1989


Grade 02
 Gender Female

Teacher(s)

Created by: cardinal software on: 27-Feb-2019
 Last Edit by: cardinal software on: 13-Jun-2019

Record Teachers and Emergency Contacts. When saved, POC Alert Forms can then be created.



Emergency Contacts				
Name	Relationship	Daytime Phone	Alt. Phone	Del
DAD		(705) 111-2222		<input type="checkbox"/>
MOM		(705) 111-2222		<input type="checkbox"/>



Note: Once a student is chosen, record teachers and emergency contacts. When saved, Plan of Care Alert Forms can be created.

Medical Plan Dates: In order to create a new Plan of Care, enter Teachers and Emergency contacts then click the green Save button on the left side under your activity's menu.

Print Med Plan
Verification Copy
Print Plan Summary
Save
Delete
Cancel

The POC types will then be displayed on the screen – scroll down and select ‘Create’ in the POC Alert column beside the POC Type needed for that student.

POC Type	Prevalent Medical Conditions Plan Date	Status	Finalized	POC Alert
Anaphylaxis		Last Edit By:		Create
Asthma		Last Edit By:		Create
Diabetic		Last Edit By:		Create
Epilepsy		Last Edit By:		Create
Heart Condition		Last Edit By:		Create
Other		Last Edit By:		Create
Administration of Medication		Last Edit By:		Create
Personal		Last Edit By:		Create

☒ Active ☐ Discontinued

Note: If there are multiple POC Types needed, create each one individually for the student.

Select ****Create New Plan**** from the drop-down list to auto-populate today's date – you can then change the plan date if needed.

Name	A TEST, Dabstw	OEN	999999999	Board Id #	314949066	Grade	01
School	AMSTI Elementary School	Family	Not Applicable	DOB	01-Jan-1989	Gender	Male
Parent/Guardian	Mr. Smith, Mrs. Smith						

Asthma POC Dates	<div> <div>** Select A Date **</div> <div>** Select A Date **</div> <div>** Create New Plan **</div> </div>	Enter New Plan Date	<input type="text"/>	Copy Forward <input type="checkbox"/>	Create New Plan	Discontinue
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Name	A TEST, Dabstw	OEN	999999999	Board Id #	314949066	Grade	01
School	AMSTI Elementary School	Family	Not Applicable	DOB	01-Jan-1989	Gender	Male
Parent/Guardian	Mr. Smith, Mrs. Smith						

Asthma POC Dates	<div> <div>** Create New Plan **</div> </div>	Enter New Plan Date	02-Aug-2019	Copy Forward <input type="checkbox"/>	Create New Plan	Discontinue
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Enter New Plan Date: When creating a new Plan of Care select the date using the calendar prompt.

Copy Forward: If a Plan of Care already exists and a new one is being created; the previous Plan can be copied forward by clicking this checkbox.

Click the Create New Plan button and the Plan of Care will appear with a status of Draft.

Asthma Plan of Care Alert (DRAFT)
Type Is 20
7A342DC5-DA44-4F00-8206-C4DEDFC70C25

Asthma POC Help

Name	ATEST, Dabstw	OEN	99999999	Board Id #	314949066	Grade	01
School	AMSTI Elementary School	Family	Not Applicable	DOB	01-Jan-1989	Gender	Male
Parent/Guardian	Mr. Smith, Mrs. Smith						

Asthma POC Dates: 02-Aug-2019 (Draft) Enter New Plan Date: Copy Forward ☐ [Create New Plan](#) [Discontinue](#)

Created By: cardinal software on: 2019.08.02 Last Edit by on: Status: Draft Finalized on:

Additional Contact Information will appear below the Student Demographic information shown below.

Name	ATEST, Dabstw	OEN	99999999	Board Id #	314949066	Grade	01
School	AMSTI Elementary School	Family	Not Applicable	DOB	01-Jan-1989	Gender	Male
Parent/Guardian	Mr. Smith, Mrs. Smith						

Additional Contact Information:

Epilepsy POC Dates: 06-Aug-2019 (Draft) Enter New Plan Date: Copy Forward ☐ [Create New Plan](#) [Discontinue](#)

The Discontinue button is only available when a Plan of Care has a status of Open. When selected, the Discontinue button will set the status of the Plan to Discontinued and the student demographic information will become frozen.

Created By: Populated with the user's name who created the Plan of Care and the date.

Last Edit By: Populated with the last user's name who edited the Plan of Care and the date.

Status: Current status of the Plan of Care (i.e. Draft, Open, Expired, or Discontinued).

Finalized On: Populated with the date the Plan of Care was Finalized.

Authorization/ Plan Review: A list of staff members and other individuals with whom this Plan of Care is to be shared with. There is also a record of other individuals to be contacted such as before/after-school programs.

STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED		AUTHORIZATION/PLAN REVIEW		OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED	
	Q				
	Q				
	Q				
	Q				
	Q				
	Q				

Before-School Program: Yes ☒ No ☐

After-School Program: Yes ☒ No ☐

Other Individuals To Be Contacted Regarding Plan Of Care:

Transported by GEDSB

Other:

This plan remains in effect for the school year without change and will be reviewed on or before: (it is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Staff Members: *Board Staff Members* – Select the Board Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member’s name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt. *Other Individuals* – Enter the Non-Board Member names in the text boxes on the right.

Other Individuals to be Contacted: Use the radio buttons to indicate whether before/after-school programs apply to the student, listing the individual to be contacted in the text box provided. Free form text boxes are provided here for data entry.

Plan/Review Date: Select the school year for which this Plan of Care will remain in effect using the drop down. To select a date for review, click on the calendar prompt and select the applicable date.

IF THE STUDENT IS TRANSPORTED TO AND/OR FROM SCHOOL BY THE SCHOOL BOARD YOU MUST TYPE **YES** INTO THE **TRANSPORTED BY GEDSB** FIELD. THIS WILL ENSURE THAT OUR TRANSPORTATION DEPARTMENT RECEIVES AN EMAIL ONCE YOU HAVE SELECTED “FINALIZE AND EMAIL”. IS STUDENT IS NOT TRANSPORTED BY GEDSB LEAVE BLANK.

Transported by GEDSB	<input type="text"/>
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Asthma Plan of Care

Known Asthma Triggers

There is a checklist and plus additional detail text boxes for entering know Triggers that require more information. Also defined in this section is Asthma Trigger Avoidance instructions and any other medical condition or Allergy the student might have.

KNOWN ASTHMA TRIGGERS	
<input type="checkbox"/> Colds/Flu/illness <input type="checkbox"/> Change in Weather <input type="checkbox"/> At Risk For Anaphylaxis (Specify Allergen)	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Physical Activity/Exercise <input type="checkbox"/> Other (Specify)	<input type="text"/> <input type="text"/>
Asthma Trigger Avoidance Instructions <input type="text"/> <input type="text"/>	
Any Other Medical Condition Or Allergy? <input type="text"/> <input type="text"/>	

Daily/ Routine Asthma Management

This section describes all information needed for reliever inhaler use at school or during school-related activities. There is a mix of text-boxes and checklist items throughout this section.

DAILY/ ROUTINE ASTHMA MANAGEMENT	
RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES	
A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used: <input type="checkbox"/> When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)	
Other (explain): <input type="text"/>	
Use reliever inhaler <input type="text"/> in the dose of <input type="text"/>	(Name of Medication) <input type="text"/> (Number of Puffs) <input type="text"/>
<input type="checkbox"/> Alomir <input type="checkbox"/> Ventolin <input type="checkbox"/> Bricanyl	<input type="checkbox"/> Other (Specify) <input type="text"/>
Spacer (valved holding chamber) provided? Yes <input type="radio"/> No <input checked="" type="radio"/>	
<input type="checkbox"/> Student requires assistance to access reliever inhaler. Inhaler must be readily accessible.	
Reliever inhaler is kept with: <input checked="" type="radio"/> Location: <input type="text"/> Other Location: <input type="text"/>	
<input type="radio"/> Locker #: <input type="text"/> Locker Combination: <input type="text"/>	
<input type="checkbox"/> Student will carry their reliever inhaler at all times including during recess, gym, outdoor and off-site activities.	
Reliever inhaler is kept in the student's: <input type="checkbox"/> Pocket <input type="checkbox"/> Backpack/Fanny Pack <input type="checkbox"/> Case/Pouch	
<input type="checkbox"/> Other (Specify) <input type="text"/>	
Does student require assistance to administer reliever inhaler? Yes <input type="radio"/> No <input checked="" type="radio"/>	
Student's spare reliever inhaler is kept: <input checked="" type="radio"/> Location: <input type="text"/> Other Location: <input type="text"/>	
<input type="radio"/> Locker #: <input type="text"/> Locker Combination: <input type="text"/>	

Inhaler types: The type of inhaler that a student would be prescribed is defined in the Asthma Inhalers section.

Reliever Inhaler locations: Location of where the student would keep their inhaler is defined in the Asthma Inhaler Locations, utilizing prompt for additional details in 'Other (Specify)' field.

Controller Medication use at School and during School-Related Activities

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity). This section provides all details needed regarding who will administer the medication, in what dose and at what times.

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES				
Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).				
Use/administer	<input type="text"/>	In the dose of	<input type="text"/>	At the following times: <input type="text"/>
Use/administer	<input type="text"/>	In the dose of	<input type="text"/>	At the following times: <input type="text"/>
Use/administer	<input type="text"/>	In the dose of	<input type="text"/>	At the following times: <input type="text"/>

Anaphylaxis Plan of Care

Known Life-Threatening Triggers

There is a checklist in this section as well as an “Other” prompt with a field adjacent for additional details. Select the EpiPen Dosage, if a previous anaphylactic reaction has occurred and if the student has asthma using the radio buttons provided. The expiry date and location for the Auto-Injector are entered using free form text boxes, as well as the option to list any other medical conditions or allergies.

KNOWN LIFE-THREATENING TRIGGERS	
<input type="checkbox"/> Food(s) <input type="checkbox"/> Insect Stings <input type="checkbox"/> Other	<div> <div></div> <div></div> <div></div> </div>
Dosage: EpiPen Jr. 0.15 mg <input checked="" type="radio"/> EpiPen 0.30 mg <input type="radio"/>	Epinephrine Auto-Injector(s) Expiry Date (s): <div></div>
Previous anaphylactic reaction: Yes <input checked="" type="radio"/> (Student at greater risk) No <input type="radio"/> (Has had NO anaphylactic reaction)	Location Of Auto-Injector(s): <div></div>
Any other medical condition or allergy? <div></div>	Has asthma: Yes <input checked="" type="radio"/> (Student at greater risk) No <input type="radio"/> (Has had NO anaphylactic reaction) If student is having a reaction and has difficulty breathing, give epinephrine before asthma medication.

Daily/ Routine Anaphylaxis Management

The Symptoms checklist includes utilizing the description for specific details of the symptom itself. The additional free form text boxes can be customized to capture other information.

DAILY/ROUTINE ANAPHYLAXIS MANAGEMENT	
SYMPTOMS A STUDENT HAVING AN ANAPHYLACTIC REACTION MIGHT HAVE ANY OF THESE SIGNS AND SYMPTOMS:	
<input type="checkbox"/> Skin system: <input type="checkbox"/> Respiratory system (breathing): <input type="checkbox"/> Gastrointestinal system (stomach): <input type="checkbox"/> Cardiovascular system (heart): <input type="checkbox"/> Other:	hives, swelling (face, lips, tongue), itching, warmth, redness. coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing nausea, vomiting, diarrhea, pain or cramps paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock. anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste
Avoidance of an allergen is the main way to prevent an allergic reaction. <div></div>	
Food Allergen(s): eating even a small amount of a certain food can cause a severe allergic reaction. Foods to be avoided: <div></div>	
Safety Measures: <div></div>	
Insect Stings: (Risk of insect stings is higher in warmer months. Avoid areas where stinging insects nest or congregate. Destroy or remove nests, cover or move trash cans, keep food indoors.) Designated eating area inside school building <div></div>	
Safety Measures: <div></div>	
Other Information: <div></div>	

Epilepsy Plan of Care

Known Seizure Triggers

There is a checklist available as well as 'other' a free form text box to list any other medical conditions or allergies.

KNOWN SEIZURE TRIGGERS CHECK ALL THOSE THAT APPLY		
<input type="checkbox"/> Stress	<input type="checkbox"/> Menstrual Cycle	<input type="checkbox"/> Inactivity
<input type="checkbox"/> Changes in Diet	<input type="checkbox"/> Lack of Sleep	<input type="checkbox"/> Electronic Stimulation (TV, Videos, Florescent Lights)
<input type="checkbox"/> Illness	<input type="checkbox"/> Improper Medication Balance	<input type="checkbox"/> Change in Weather
<input type="checkbox"/> Other <input type="text"/>		
Any Other Medical Condition Or Allergy? <input type="text"/>		

Daily/Routine Epilepsy Management

This section provides free form text boxes to describe the seizure a student may have, both non-convulsive and convulsive. As well, there are actions noted to deal with each instance.

DAILY/ROUTINE EPILEPSY MANAGEMENT		
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)		ACTION
DESCRIPTION OF SEIZURE (CONVULSIVE)		ACTION

Seizure Management

Seizure Type drop down provides a list in addition to a free form 'other'. Actions, frequency and duration are all free form text fields for the user to enter information about the Seizure type selected.

SEIZURE MANAGEMENT				
Seizure Type	Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.			Delete
	Actions to take during Seizure	Frequency of seizure activity	Typical seizure duration	
other <input type="text"/>				<input type="checkbox"/>
<input type="text"/>				

Diabetes Plan of Care

Type 1 Diabetes Supports

This section consists of 3 free form text boxes that can be used to document names of trained individuals who will support the student with diabetes-related tasks, method of home-school communication, or any other medical condition or allergy.

TYPE 1 DIABETES SUPPORTS	
Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)	
Method of home-school communication:	
Any other medical condition or allergy?	

Daily/Routine Type 1 Diabetes Management

This section consists of a yes/no radio button that can be used to track whether a student is able to manage their diabetes care independently or not.

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT	
Yes <input type="radio"/> No <input type="radio"/>	Student is able to manage their diabetes care independently and does not require any special care from the school.

Blood Glucose Monitoring

This section consists of a checklist, as well as free form text boxes.

BLOOD GLUCOSE MONITORING	
ROUTINE	ACTION
<input type="checkbox"/> Student requires trained individual to check BG/ read meter.	Target Blood Glucose Range: <input type="text"/>
<input type="checkbox"/> Student needs supervision to check BG/ read meter.	Time(s) to check BG: <input type="text"/>
<input type="checkbox"/> Student can independently check BG/ read meter.	Contact Parent(s)/Guardian(s) if BG is: <input type="text"/>
<input type="checkbox"/> Student has continuous glucose monitor (CGM)	Parent(s)/Guardian(s) Responsibilities: <input type="text"/>
	School Responsibilities: <input type="text"/>
	Student Responsibilities: <input type="text"/>

Nutrition Breaks and Activity Plan

This section consists of a checklist, as well as free form text boxes.

NUTRITION BREAKS	
ROUTINE	ACTION
<input type="checkbox"/> Student requires supervision during meal times to ensure completion.	Recommended time(s) for meals/snacks: <input type="text"/>
<input type="checkbox"/> Student can independently manage his/her food intake: <input type="text"/>	Parent(s)/Guardian(s) Responsibilities: <input type="text"/>
	School Responsibilities: <input type="text"/>
	Student Responsibilities: <input type="text"/>
	Special instructions for meal days/ special events: <input type="text"/>

ACTIVITY PLAN	
ROUTINE	ACTION
Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.	Please indicate what this student must do prior to physical activity to help prevent low blood sugar:
	1. Before activity: <input type="text"/>
	2. During activity: <input type="text"/>
	3. After activity: <input type="text"/>
	School Responsibilities: <input type="text"/>
	Student Responsibilities: <input type="text"/>
	For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

Insulin

This section consists of radio buttons, checklists, as well as free form text boxes.

INSULIN	
ROUTINE	ACTION
<p>Yes <input type="radio"/> No <input type="radio"/> Student takes insulin at school.</p> <p>Student takes insulin at school by:</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Pump</p> <p>Insulin is given by:</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Student with supervision</p> <p><input type="checkbox"/> Parent(s)/Guardian(s)</p> <p><input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin: <input type="text"/></p> <p>Required times for insulin:</p> <p><input type="checkbox"/> Before School: <input type="text"/></p> <p><input type="checkbox"/> Morning Break: <input type="text"/></p> <p><input type="checkbox"/> Lunch Break: <input type="text"/></p> <p><input type="checkbox"/> Afternoon Break: <input type="text"/></p> <p><input type="checkbox"/> Other (Specify): <input type="text"/></p> <p>School Responsibilities: <input type="text"/></p> <p>Student Responsibilities: <input type="text"/></p> <p>Special instructions for meal days/ special events: <input type="text"/></p>

Diabetes Management Kit

This section consists of a checklist, as well as free form text boxes.

DIABETES MANAGEMENT KIT	
ROUTINE	ACTION
<p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <p><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</p> <p><input type="checkbox"/> Insulin and insulin pen and supplies</p> <p><input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</p> <p><input type="checkbox"/> Carbohydrate containing snacks</p> <p><input type="checkbox"/> Other (Please List) <input type="text"/></p> <p>Location of Kit: <input type="text"/></p>

Special Needs

This section consists of a statement and free form text box to provide additional information or special needs for the plan of care.

SPECIAL NEEDS	
ROUTINE	ACTION
<p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments: <input type="text"/></p>

Emergency Procedures: Hypoglycemia – Low Blood Glucose

This section consists of a checklist, as well as free form text boxes. The usual symptoms checklist plus a prompt for additional details in 'other'. The steps to take provide a text box as well as any other details to specify.

EMERGENCY PROCEDURES HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED			
Usual symptoms of Hypoglycemia for my child are:			
<input type="checkbox"/> Shaky	<input type="checkbox"/> Irritable/Grouchy	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Trembling
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry	<input type="checkbox"/> Weak/Fatigue
<input type="checkbox"/> Pale	<input type="checkbox"/> Confused	<input type="checkbox"/> Other: <input type="text"/>	
Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)			
1. Check blood glucose, give <input type="text"/> grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles)			
2. Re-check blood glucose in 15 minutes.			
3. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.			
4. Other - Specify: <input type="text"/>			
Steps for <u>Severe</u> Hypoglycemia (student is unresponsive)			
1. Place the student on their side in the recovery position.			
2. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.			
3. Contact parent(s)/guardian(s) or emergency contact			

Hyperglycemia – High Blood Glucose

This section consists of checklists, as well as free form text boxes. The usual symptoms checklist plus the prompt for additional details in 'other'. The steps to take provide a text box for any other details to specify.

HYPERGLYCEMIA - HIGH BLOOD GLUCOSE (14 MMOL/L OR ABOVE)			
Usual symptoms of hyperglycemia for my child are:			
<input type="checkbox"/> Extreme Thirst	<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hungry
<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: <input type="text"/>	
Steps to take for <u>Mild</u> Hyperglycemia			
1. Allow student free use of bathroom			
2. Encourage student to drink water only			
3. Inform the parent/guardian if BG is above <input type="text"/>			
4. Other - Specify: <input type="text"/>			
Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately)			
<input type="checkbox"/> Rapid, Shallow Breathing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Fruity Breath	<input type="checkbox"/> Other: <input type="text"/>
Steps to take for <u>Severe</u> Hyperglycemia			
1. If possible, confirm hyperglycemia by testing blood glucose			
2. Call parent(s)/guardian(s) or emergency contact			

Heart Condition Plan of Care

This plan of care consists of all free form text boxes.

HEART CONDITION:
MEDICATION TO BE TAKEN AT SCHOOL:
List any side effects of the medication to learning/physical activity:
List effects of the heart condition on learning activities:
Recommendations/accommodations for learning activities:
List effects of the heart condition on physical activities:
Recommendations/accommodations for physical activities:
Participation in school/classroom daily or routine management activities, co-curriculars, recess, etc.:

The lower section has 4 text boxes which are being used to describe the symptoms that can be identified, as well as stating an emergency plan.

IDENTIFICATION AND EMERGENCY TREATMENT PLAN	
Identification of Symptoms:	
EMERGENCY TREATMENT PLAN:	
When to call 911:	
When to call home:	

Administration of Medication Plan of Care

This plan of care consists of free form text boxes that can be used to capture the information needed for a student to receive medication while at school.

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN					
Name of Dispensing Pharmacy:					
Pharmacy Address:			Phone:		
Name of Physician:					
Physician Address:			Phone:		
MEDICATION INFORMATION: To be filled in by Parent/Guardian					
Diagnosis/Reason for Medication:	frde				
Medication Prescribed	Dosage	Time of Administration	Possible side effects (if any)	Duration of continuing medication	Delete
					<input type="checkbox"/>
Parent/Guardian Signature: _____		Date: _____			

This plan is developed to inform staff of health conditions that could/may result in a medical incident requiring immediate action/response or medical emergency. A free form text box is used to capture the names of the development team for this plan. Select the Staff Members from the list of names provided when clicking on the magnifying glass prompt. Type the first few characters of the staff member's name in order to narrow down the list of names that will appear when clicking on the magnifying glass prompt.

Use the remaining free form text boxes and section provided to capture the necessary data in this plan including a section on the bottom half of this form to inform transportation of a Plan for Problem Behaviour on Transportation.

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Personal Care Plan

For students with physical disabilities, the school board provide such services as lifting and positioning, assistance with mobility, feeding and toileting, and general maintenance exercises.

To ensure the safety of staff and students, considerations and procedures for performing the above activities should be documented and reviewed on a regular basis. Since these activities are usually not listed in an Individual Education Plan, each child who requires a significant level of personal care requires a Personal Care Plan to be developed based on their unique needs.

Use the free form text boxes to record the necessary information – refer to the Personal Care Plan and examples for more information (located on the Staff Portal – Special Education Resources).

<input type="checkbox"/> Feeding <div></div>	Frequency of care <div></div> Location of care <div></div> Special Training Required <div></div> Trained By <div></div> Visual prompts/cues required <div></div> Verbal prompts/words used/explanation given <div></div> Description of routine <div></div>	Preferred time of care <div></div> Special Equipment Required <div></div> Date of Training <div></div> Staff Trained <div></div> Physical prompts/cues required <div></div> Level of assistance required (i.e., total care, hand over hand, an adult present) <div></div>
<input type="checkbox"/> Lifts/Transfers/Positioning <div></div>	Frequency of care <div></div> Location of care <div></div> Special Training Required <div></div> Trained By <div></div> Visual prompts/cues required <div></div> Verbal prompts/words used/explanation given <div></div> Description of routine <div></div>	Preferred time of care <div></div> Special Equipment Required <div></div> Date of Training <div></div> Staff Trained <div></div> Physical prompts/cues required <div></div> Level of assistance required (i.e., total care, hand over hand, an adult present) <div></div>

<input type="checkbox"/> Toileting	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
	Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
	Special Training Required <input type="text"/>	Date of Training <input type="text"/>
	Trained By <input type="text"/>	Staff Trained <input type="text"/>
	Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
	Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
	Description of routine <input type="text"/>	

<input type="checkbox"/> Maintenance Stretches	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
	Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
	Special Training Required <input type="text"/>	Date of Training <input type="text"/>
	Trained By <input type="text"/>	Staff Trained <input type="text"/>
	Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
	Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
	Description of routine <input type="text"/>	

<input type="checkbox"/> Personal Hygiene/Oral Care	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
	Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
	Special Training Required <input type="text"/>	Date of Training <input type="text"/>
	Trained By <input type="text"/>	Staff Trained <input type="text"/>
	Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
	Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
	Description of routine <input type="text"/>	

<input type="checkbox"/> Other (Specify) <input type="text"/>	Frequency of care <input type="text"/>	Preferred time of care <input type="text"/>
	Location of care <input type="text"/>	Special Equipment Required <input type="text"/>
	Special Training Required <input type="text"/>	Date of Training <input type="text"/>
	Trained By <input type="text"/>	Staff Trained <input type="text"/>
	Visual prompts/cues required <input type="text"/>	Physical prompts/cues required <input type="text"/>
	Verbal prompts/words used/explanation given <input type="text"/>	Level of assistance required (i.e., total care, hand over hand, an adult present) <input type="text"/>
	Description of routine <input type="text"/>	



Finalize

When any Plan of Care is complete, the blue Finalize button in the left hand navigation bar will set the plan status to Open, lock it down from further editing, and prompt an email to be sent to the board staff entered on the Plan of Care, as well as anyone defined in the email profile.

Print

While viewing a specific Plan of Care, the **Print MedPlan** button in the left-hand navigation bar will display a PDF of that *single medical plan* that you have open, including a student picture, which can be printed. The **Verification Copy** button will display the same version of the plan in PDF except all data fields are outlined in red to be sent home for parents to verify and sign off on.

While viewing the student medical POC Overview screen, shown below, the **Print Medplan** button will display *ALL draft or open* Plans of Care in PDF for the corresponding student, which can be printed. The **Print Verification** button will display the same PDF of ALL Plans of Care, with all data fields outlined in red to be sent home for parents to verify and sign off on multiple plans at once. Also, on this screen there is a **Print Summary** button which will only be active when all draft plans have been finalized and set to open status. The summary version was created as the alert form to be posted for staff, displaying a student, highlighting key elements of the students POC and the school procedure to follow.

Print Med Plan
Verification Copy
Print Plan Summary
Save
Delete
Cancel
 

When a Plan of Care is created it will be posted to the Student Dashboard regardless of the Status. Users with access to the Med Plan activity are then able to access the Plan of Care entry screen right from the Student Dashboard by selecting the Med Plan date that is underlined. Other users will only be able to see the date of the student's Plan of Care and the Status.

Medical Plan Query

The Med Plan Query will display all students from your school who have a Plan of Care.

Student demographic information is included as well as the status of each Plan of Care (i.e. Draft, Open, Archived, or Discontinued).

Select a status from the Status dropdown list to display Plans of Care with a particular status only. Select a POC Type from the dropdown list to display only a specific Type of Medical Care plan.

The Export to Excel button will open a new window with the report data.

Medical Plan
Medical Plan Query
Medical Year End
Medical Plan Tables
Med Plan Discrepancy Report
eLite Bulk Print

School: ALL SCHOOLS
Status: Open
POC Types: Epilepsy
Find

Medical Query / Export

OEN	ID	DOB	Student Name	Gender	Grade	School Code	School Name	POC Type	Plan Date	Created By	Status	Finalized
OEN:999999999	ID:314787896	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	AMSTI Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314949066	01-Jan-1989	ATEST, Dabstiv	Male	01	AMSTI	AMSTI Elementary School	Epilepsy	2019.08.06	cardinal software	Open	2019.08.02
OEN:999999999	ID:397772104	01-Jan-1989	ATEST, Rabsta	Female	06	AMSTI	AMSTI Elementary School	Epilepsy	2019.05.29	cardinal software	Open	2019.05.29
OEN:999999999	ID:314911496	01-Jan-1989	ATEST, Aabsta	Female	02	AMSTV	AMSTV Elementary School	Epilepsy	2019.02.27	cardinal software	Open	2019.06.11
OEN:999999999	ID:314830761	01-Jan-1989	ATEST, Cabsta	Female	06	AMSTV	AMSTV Elementary School	Epilepsy	2019.03.28	cardinal software	Open	2019.03.28
OEN:999999999	ID:326719564	01-Jan-1989	ATEST, Aabsta	Female	JK	BATHP	BATHP Elementary School	Epilepsy	2019.06.12	cardinal software	Open	2019.06.12
OEN:999999999	ID:461013781	01-Jan-1989	ATEST, Aabsta	Female	06	BATHP	BATHP Elementary School	Epilepsy	2019.02.11	cardinal software	Open	2019.02.11
OEN:999999999	ID:326674579	01-Jan-1989	ATEST, Babsta	Female	SK	BATHP	BATHP Elementary School	Epilepsy	2019.05.29	cardinal software	Open	2019.05.29
OEN:999999999	ID:314916537	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	CALVP Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314922162	01-Jan-1989	ATEST, Aabsta	Female	07	CALVP	CALVP Elementary School	Epilepsy	2019.06.03	cardinal software	Open	2019.06.03
OEN:999999999	ID:314775255	01-Jan-1989	ATEST, Babstn	Female	08	FRONT	FRONT Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314902651	01-Jan-1989	ATEST, Babsty	Female	06	FRONT	FRONT Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314895905	01-Jan-1989	ATEST, Aabsta	Female	03	JGSIM	JGSIM Elementary School	Epilepsy	2019.02.26	cardinal software	Open	2019.02.26
OEN:999999999	ID:314939414	01-Jan-1989	ATEST, Aabsta	Female	02	JGSIM	JGSIM Elementary School	Epilepsy	2018.12.01	cardinal software	Open	2018.12.13
OEN:999999999	ID:314840532	01-Jan-1989	ATEST, Aabsta	Female	04	JGSIM	JGSIM Elementary School	Epilepsy	2018.12.06	cardinal software	Open	2018.12.13

Logoff
Status
Exit

Cancel
Export To Excel

Returned 15 Medical Plans