Cc:
□ Teacher(s)
□ PE Teacher
Office use only

DOWNEY UNIFIED SCHOOL DISTRICT
VP/VA SHUNT
School Year _____

Student: _____ Date: _____
Name ID

Birthdate: _____ School: _____ Grade: _____ Room: ____

Medical Diagnosis: _____

Parent Emergency Number: _____

Physician: _____ Phone: _____

Student-Specific Emergencies

If You See This	Do This

IF AN EMERGENCY OCCURS:

1. If the emergency is life-threatening, immediately call **911**
2. Stay with student or designate another adult to do so
3. Call or designate someone to call the school nurse and/or the principal
   a. State who you are
   b. State where you are
   c. State the problem

_____ _____
Parent's Signature Date Physician's Signature & Stamp Date

SEE NEXT PAGE FOR – GENERAL GUIDELINES – CARE PROTOCOL

DOWNEY UNIFIED SCHOOL DISTRICT
Educational Services

VP/VA Shunt

I. GENERAL GUIDELINES
- a. PURPOSE
  - i. The student has a history of placement of a ventriculoperitoneal or ventriculatrial shunt
  - ii. To be aware of signs and symptoms of shunt malfunction
- b. PERSONNEL
  - i. School nurse or designated school personnel under direct or indirect supervision of the school nurse
- c. EQUIPMENT
  1. None
- d. SCHOOL NURSE
  - i. Have parent/guardian sign release of medical information from student's physician.
    1. Request specific information regarding VP/VA Shunt.
    2. Request procedure to be followed if notice signs of shunt malfunction.
    3. Request instructions regarding physical education activities, contact sports and swimming.
  - ii. Keep parent's/guardian's phone numbers readily available.
- e. VP/VA SHUNT INFORMATION
  - i. Hydrocephalus is a condition characterized by an imbalance in the production and absorption of cerebrospinal fluid in the body.
  - ii. This causes an abnormal increase of cerebrospinal fluid within the intra-cranial cavities, resulting in an enlarged head.
  - iii. Treatment generally consists of the placement of a shunt to allow the flow of fluid out of the brain. With a ventriculoperitoneal shunt, a plastic tube is inserted into the ventricle and is connected to a one-way valve that is threaded under the skin to the peritoneal cavity, where the fluid can be absorbed. With a ventriculatrial shunt, the tube is inserted into the heart.
  - iv. One of the main concerns with a shunt is a malfunction of the valve. When this happens, increased intracranial pressure can occur.
  - v. There are some important signs to be aware of that can alert the school nurse to this problem. If these signs are seen in a student with a VP/VA shunt, the parent should be alerted immediately and advised to contact their physician for further follow up.

WARNING SIGNS

Unexplained changes in:
1) Behavior – irritability, crankiness, restlessness/listlessness, crying/whining, lethargy/sleepiness
2) Eating habits – pickiness, loss of appetite
3) Activity – decreased activity, awkward movements (jerkiness, inability to use arms or legs)
4) Headache – blurring of vision
5) Fever

Advanced increased intracranial pressure: (Notify physician immediately)
1) Vomiting – forceful/projectile; not related to feeding
2) Stiff neck – unable to bend forward
3) Increased head size – should be measured and recorded by the same person at regular intervals
4) Bulging or Fullness – over soft spot of head (child should be sitting and not crying)
5) Abnormal eye movements – may appear to be crossed; unable to move eyes in upward gaze
6) Difficulty awakening child
7) Seizures

II. PROCEDURE

ESSENTIAL STEPS	KEY POINTS AND PRECAUTIONS
1. Observe for signs of shunt malfunction	
2. Follow instructions on student's care plan	Ensure proper care for student specific emergencies
3. Notify school nurse and parent/physician	
4. Document all occurrences, procedure performed and actions taken	