

Hydrocephalus and shunt care plan

for education, childcare and community support services

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

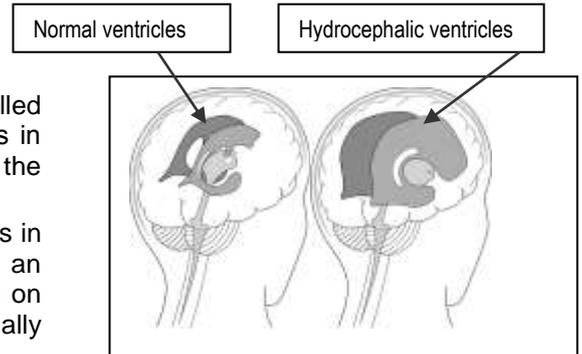
Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)
MedicAlert Number (if relevant) _____ Date for next review _____

What is Hydrocephalus?

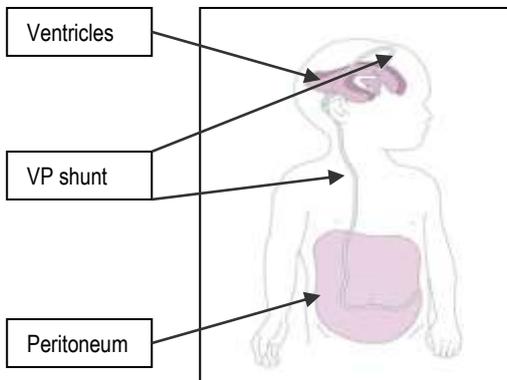
Inside everyone's brain and spinal cord there is a clear fluid called 'cerebrospinal fluid' also known as CSF, made inside spaces in the brain called ventricles. CSF acts as a cushion to protect the brain and spinal cord.

Hydrocephalus is when there is too much CSF in the ventricles in the brain, and the ventricles get bigger. This will lead to an increase in pressure causing one or more of the signs listed on the table on the next page. If left untreated this can eventually result in damage to the brain.

Hydrocephalus is usually treated by a shunt insertion operation.



What is a Shunt (or Ventriculo Peritoneal Shunt or VP Shunt)?



A shunt is used to treat hydrocephalus. It is a very fine tube that is inserted from inside one of the ventricles in the brain to a place to dump the CSF, usually the peritoneum (tummy). It is completely internal and the child will only have a small wound behind one ear and another on the tummy. This new pathway allows CSF to drain from the ventricles, lowering the pressure inside the head.

What do I need to know?

While the shunt is working the hydrocephalus is resolved and the child/student should be treated normally. This means that the child/student can participate in all curriculum activities including camps and excursions. There is no need to place any restrictions on participation in activities such as swimming and aquatics. If the child is involved in an incident provide standard first aid and inform emergency contacts as per first aid training. This application of standard first aid also applies to head injuries.

Very infrequently the shunt may not work properly and the child/student may show one or more of the signs in the tables on the next page. If the child/student is exhibiting one or more of these signs inform the emergency contacts as per DECD guidelines. As per first aid training an ambulance should be called if staff are concerned for the child/student's wellbeing.

Please refer to the tables on next page for signs that indicate that the shunt may not be working.

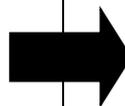
Hydrocephalus and Shunt Care Plan (continued)

Signs that shunt may not be working

(may have one or more)

Signs for Baby
Irritable, unsettled
More sleepy than usual
High pitched cry
Vomiting
Sunsetting eyes (eyes unable to look up)
Poor feeding
Head getting bigger
Fontanelle (soft spot on top of head) full and firm when sitting up and quiet
Seizures (fits)
Fever
Swelling/redness along shunt tract

Signs for Child
Irritable, confused, disoriented or just not usual self
More sleepy than usual
Headache
Vomiting
Double or blurred vision
Photophobia (eyes sensitive to light)
Unsteady on feet
Difficulty doing routine tasks
Seizures (fits)
Fever
Swelling/redness along shunt tract



FIRST AID
If there are any signs that the shunt may not be working contact the parent/carer or emergency contacts.
If the child has a seizure follow the DECD seizure first aid flow chart. (Attached)
IN AN EMERGENCY CALL AN AMBULANCE AS PER FIRST AID TRAINING.

Additional Information

Additional information attached to this care plan

- Epilepsy First Aid Flowchart
- Individual first aid plan (if different to standard first aid)
- General Information about this person's condition
- Other (please specify) _____

This plan has been developed for the following services/settings:

<input type="checkbox"/> School/education	<input type="checkbox"/> Outings/camps/holidays/aquatics
<input type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input type="checkbox"/> Respite/accommodation	<input type="checkbox"/> Home
<input type="checkbox"/> Transport	<input type="checkbox"/> Other (please specify)

AUTHORISATION AND RELEASE

Health Professional _____	Professional role _____
Address _____	
_____ Telephone _____	
Signature _____	Date _____
<i>I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.</i>	
Parent/guardian or adult student/client _____	Signature _____ Date _____
Family name (please print)	First name (please print)