



SCHOOL HEALTH PASSPORT OF CHILDREN WITH SPINA BIFIDA AND HYDROCEPHALUS

Name:	
Date of birth:	
School/kindergarten:	

Spina bifida:	<input type="checkbox"/> Myelomeningocele	Hydrocephalus:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Meningocele	Controlled by:	<input type="checkbox"/> VP shunt on the right	<input type="checkbox"/> VA shunt on the right	
	<input type="checkbox"/> Spina bifida occulta	Model and brand:			
	<input type="checkbox"/> Other type:				
Level of lesion:					
		<input type="checkbox"/> ETV	<input type="checkbox"/> Other:		
		<input type="checkbox"/> Arnold Chiari II malformation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other:					

Neurosurgical Procedures or Operations

Operations	Date	Notes
<input type="checkbox"/> Shunt insertion		
<input type="checkbox"/> Shunt revision I		
<input type="checkbox"/> Shunt revision II		
<input type="checkbox"/> Shunt revision III		
<input type="checkbox"/> Tethered Cord release I		
<input type="checkbox"/> Tethered Cord release II		
<input type="checkbox"/> Chiari Decompression		
<input type="checkbox"/> Other:		

Orthopedic Operations

Operations	Dates	Notes
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Mobility aids:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Orthosis - AFO
	<input type="checkbox"/>	Orthosis - KAFO
	<input type="checkbox"/>	Orthosis - RGO
	<input type="checkbox"/>	Cane
	<input type="checkbox"/>	Crutches
	<input type="checkbox"/>	Walker
	<input type="checkbox"/>	Wheelchair/ relatively independently
	<input type="checkbox"/>	Wheelchair /assistance
	<input type="checkbox"/>	Power chair
<input type="checkbox"/>	Scooter	
Other:		

Other type of orthosis	<input type="checkbox"/>	Corset brace
	<input type="checkbox"/>	Hand orthosis - left
	<input type="checkbox"/>	Hand orthosis - right
Other:		

Transfer need in school	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please specify:		

Orthopedic conditions	Notes
<input type="checkbox"/> Spine	
<input type="checkbox"/> Hips	
<input type="checkbox"/> Feet	
<input type="checkbox"/> Contractures	
Other:	

Bladder incontinence
<input type="checkbox"/> Self-continnence
<input type="checkbox"/> CIC
<input type="checkbox"/> Indwelling catheter
<input type="checkbox"/> Diapers
<input type="checkbox"/> Medications:
Other:

Urological operations and surgeries
<input type="checkbox"/> Bladder augmentation
<input type="checkbox"/> Mitrofanoff
<input type="checkbox"/> Sling procedure
<input type="checkbox"/> Vesicostomy
<input type="checkbox"/> Deflux injection
<input type="checkbox"/> Botox injection
<input type="checkbox"/> Macroplastique injection
Other:

Clean Intermittent Catheterization	
Frequency for 24 hours	
Frequency during school day	
Time for CIC during school day/preferred by the student	1. 2.
Catheter type	
Catheter size/CH	
Self-catheterization?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Need supervision

Bowel incontinence	Bowel routine
<input type="checkbox"/> Self-continenence	Please specify procedure, frequency...
<input type="checkbox"/> Constipation	
<input type="checkbox"/> Incontinence/frequent leakage	
<input type="checkbox"/> Diapers	
<input type="checkbox"/> Medications:	
<input type="checkbox"/> Fecal impaction:	
Other:	

Medications	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Medications during the school day		
Name	Dosage	Time
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Allergies:	
<input type="checkbox"/> Latex	Please specify:
Other allergies:	

Other medical conditions not mentioned here /skin conditions, seizures, diabetes, depression/

Other surgeries and operations not mentioned here

Nursing care at school/kindergarten:

- CIC
- Supervision during self-CIC
- Help in toilet
- Medications
- Assistance in positioning/repositioning
- Assistance in placing orthosis
- Assistance in mobility aid
- Diapers change

Other:

Contacts		
	Name	Telephone number
Parent 1/guardian 1		
Parent 2/guardian 2		
GP		
...		
...		
...		
...		

The passport is prepared by:	1. ... 2. ...
Date:	

This passport contains the most important medical data of students with spina bifida and hydrocephalus. More details are available in the medical documents attached to the child's file in the health office. The passport is filled in jointly by the medical person at the school, the parents and the child. If a section does not apply to the patient, it should be omitted.

The Health Passport is part of the Manual for nurses and healthcare professionals in kindergartens and schools on multidisciplinary care and inclusive education of students with spina bifida and hydrocephalus, developed under the Multi-IN project. More resources in inclusive education of students with spina bifida and hydrocephalus are available on the project website www.multi-in.eu

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