

**Shunt Monitoring Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of a shunt malfunction or failure.

**Desired Outcome:**       will not experience pressure on the brain caused by hydrocephalus. Staff will respond as trained if symptoms of shunt malfunction or failure are exhibited.

**Why at risk/History:**

A **shunt** is a hollow tube surgically placed in the brain, or occasionally in the spine, to help drain cerebrospinal fluid and redirect it to another location in the body, such as the abdomen, lung, or heart, where it can be reabsorbed. Shunt procedures can address pressure on the brain caused by [hydrocephalus](http://www.hopkinsmedicine.org/healthlibrary/conditions/adult/pediatrics/hydrocephalus_22,neu002/), an accumulation of cerebrospinal fluid on the brain, and relieve its symptoms such as gait difficulty, mild dementia and lack of bladder control.

**Supports and interventions:**

* Staff will assist      , as needed, to protect against infectious diseases and to follow vaccination and screening schedules as recommended by physician.
* Staff will assist      , as needed, to use appropriate safety equipment for activities/hobbies.
* Staff will assist      , as needed, to always wear a safety belt in moving vehicles.

**Monitor:**

* Exhibiting symptoms corrected by shunt insertion
* Persistent restlessness
* Confusion or impaired thinking
* Drowsiness/Sleepiness
* Severe and/or frequent headaches
* Nausea
* Changes in personality
* Seizures
* Irritability
* Urinary incontinence
* Developmental delays, memory loss or regression
* Problems with gait/balance or coordination
* Swelling along shunt track
* Fever (sign of shunt failure or infection)
* Redness along the shunt tract (sign of shunt failure or infection)
* Any change in stability
* Any change in condition

**Notify:**

* **Call 911 for a headache that is not relieved with a pain reliever, seizure, they are exhibiting unsteadiness, instability, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of shunt malfunction or failure, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of shunt malfunction or failure, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Shunt Monitoring** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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