

Please fill out and return to driver:

Medical Information for Transportation: Children with Special Health Care Needs

The attached protocol should be used in determining safe transportation practices related to children with special health care needs. Information should be obtained from the child's family and appropriate medical personnel who know the child. Educational teams should use this information in designing safe and effective transport concerning school related activities.

Specifically, individual education plan (IEP) teams should incorporate this information as appropriate in addressing transportation related issues. Where appropriate, adaptations and specially designed strategies for transport based on the child's needs should be documented by the IEP team.

Provided is a brief description of each section of the protocol. Additionally, some general suggestions are provided for educational teams to consider in planning safe transportation practices for children with special health care needs.

Basic Assessment

Document if the child requires immediate access to life sustaining equipment on a daily basis. Examples would include immediate access to mechanical ventilation, oxygen, and the like. Please be sure to note if the child is considered "medically fragile" and if he or she is considered tactilely defensive (i.e., gentle touch by another's hand to the child hand aversive to the child resulting in behavioral outbursts).

Respiratory

Note if the child has tracheostomy and, if so, does it require suctioning. If this is the case, does the suctioning require a nurse or trained attendant? Finally, does the child require oxygen during transport?

Neurological

Please note if the child has a history, or is suspected of having seizures. Specifically, describe what type of seizures are of concern and if they are considered under control (please describe how they are controlled). Please be sure to describe the frequency of seizures where the seizures are not considered under control.

Musculoskeletal

Please address the child's ability to stand and walk unassisted. Where applicable, describe what the child's ability is to stand and walk with assistance (i.e., what type of assistance is required). Also, note if the child is able to sit unassisted. Additionally, please describe the child's ability to sit with assistance where applicable (i.e., what type of assistance is required).

Gastrointestinal

Please indicate if the child has a permanent feeding tube. Where the feeding tube is present, describe any special care required during transportation.

Communication

It is important to describe the child's ability to both express her or himself and, in turn, interpret communication (i.e., Understand verbal statements). Specifically, indicate if the child currently has the ability to communicate basic needs verbally or through some other means. When the mode of communication is not verbal, please describe in sufficient detail that mode of communication. Additionally, indicate if the child currently has the ability to understand spoken simple directions expressed through some other means (please describe in sufficient detail that mode of communication).

Other Issues that Complicate Transportation

Please describe any other issues that need to be addressed in order to safely transport the child (i.e., behavioral management plans).

Additional Special Equipment or Practices

Please describe any additional equipment, practices, or procedures required to safely transport the child.

Special Note: Please attach additional pages where necessary to adequately describe information related to safely transporting the child in question.

Children With Special Health Care Needs

Child's Name: _____

Age: _____ Weight _____ Height _____ Date: _____

ASSESSMENTS	YES	NO	Additional Comments
I. BASIC ASSESSMENTS			
A. Requires life sustaining equipment daily (mechanical ventilation, Oxygen?)			
B. Is child medically fragile (high risk for death without immediate, medical intervention)?			
II. SENSORY			
A. Hearing impaired to what degree?			
B. Visually impaired to what degree?			
C. Tactility defensive?			
III. RESPIRATORY			
A. Has tracheostomy?			
B. Requires suctioning? Suctioning Requires Nurse or Trained attendant?			
C. Requires oxygen during transport?			
IV. NEUROLOGICAL			
A. Has seizure activity:(check one) Grand mal ____ Petit mal ____			
B. Frequency is 1) ____ Per hour; 2) per day; ____ 3) ____ Per month;			
V. MUSCULOSKELETAL			
A. Able to stand/walk unassisted? If no, describe child's ability to walk/stand with assistance.			
B. Able to sit unassisted? If no, what is child's ability to sit with assistance?			
C. Requires positioning to maintain head control and/or airway?			
D. Currently uses federally approved child restraint during transport?			
E. Uses other personal equipment which requires transport: (circle those that apply) 1.) Collapsible wheelchair; 2) Non-collapsible wheelchair; 3) walker; 4) crutches; 5) other			
F. Requires positioning restraints?			