

SPECTRUM ACADEMY

Health Care Plan

ENCOPRESIS

Student Name: _____

Date: _____

Encopresis occurs when a child resists having bowel movements, causing impacted stool to collect in the colon and rectum. When a child's colon is full of impacted stool, liquid stool can leak around the impacted stool then out of the anus, staining the child's underwear.

Encopresis is not a disease, but rather a symptom that may have different causes. In most cases, encopresis is a symptom of chronic constipation. Less frequently, it may be the result of developmental or emotional issues. Encopresis usually occurs after age 4 and is more common in boys.

Patience is the key to treating encopresis. It may take anywhere from several months to a year for the stretched-out colon to return to its normal size and for the nerves in the colon to become effective again. However this is dependent on following a prescribed regimen both at home and school

1. What we know about student's encopresis?
 - A. Student was diagnosed with encopresis at age_____.
 - B. Student IS [] or IS NOT [] under the care of a physician for encopresis and IS [] or IS NOT [] currently on a bowel regimen.

2. Symptoms of encopresis:
 - A. Leakage of stool or liquid stool on child's under wear when he or she is not sick. If the amount of leakage is large, it may be misinterpreted as diarrhea.
 - B. Constipation and dry, hard stool
 - C. Passage of large stool that clogs or almost clogs the toilet
 - D. Avoidance of bowel movements
 - E. Lack of appetite
 - F. Abdominal pain

3. Preventive measures at school:
 - A. Encourage student to drink plenty of fluids throughout the day, eat a high fiber diet and exercise.
 - B. Set up a regular scheduled restroom routine, where the student is TAKEN to or INSTRUCTED/PROMPTED to go the restroom and encouraged to have a bowel movement. The goal is to establish a pattern of regular bowel movements. Besides a regular restroom routine student should have unlimited

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bathroom privileges.

- C. Be patient and use positive reinforcement. Don't blame, criticize or punish the student if he or she has an accident. Instead, offer your unconditional support.
- D. Parent to provide an extra change of clothing to be kept at the school at all times.
- E. A pull up or diaper should be worn by student during times the student does not have control of bowels.

4. Treatment of an encopresis episode

- A. Remain positive with student
- B. Keep other students away from contaminated area and clothing.
- C. Follow appropriate universal precautions and district diapering/pull up procedure
 - i. If area becomes grossly contaminated contact school custodian for proper clean up.
 - ii. Identify an appropriate private school area for student to wash and clean himself up.
 - iii. Staff to assist student with hygiene issues as needed. Encourage student to be as independent as possible.
- D. Send soiled clothing home daily in a tightly closed plastic bag for proper cleaning.
- E. If student has a foul odor, smelling of urine or feces:
 - i. Remain positive with student
 - ii. Parent to come to school to clean student up as necessary. OR Staff to assist in cleaning student up as necessary - follow universal precautions.
 - iii. Notify parent/guardian of concern
- F. Document and log all interventions.

- 5. It is suggested that parent notify student's medical provider of reoccurring accidents for medical evaluation and follow-up and report suggestions to school personnel.

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AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE

1. I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:

- A. To benefit the student in terms of health maintenance and academic progress.
- B. When necessary to accommodate the safety and well-being of student and staff.
- C. With the discretion of the school nurse to determine what is shared and who should know.

2. I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

3. I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

Parent Signature

Date

School Personnel Signature

Date

School Nurse Signature

Date

I, _____ agree with and approve the above care plan.

Healthcare Provider - printed name

Healthcare Provider Signature

Date