Hydrocephalus Medical Alert

Information for Educational Staff

Shunts and Endoscopic Third Ventriculostomies (ETV) can malfunction for a number of reasons.

Acute blockages can be **life threatening**. All staff should be vigilant and aware of the protocol to follow if they suspect a shunt malfunction.

Educational staff should ensure they have home, work and mobile phone numbers recorded and readily accessible for parents and carers.

Shunt Malfunction Protocol

Emergency symptoms or signs to look for may include some, or all of the following:

Drowsiness/ Confusion

Vomiting/ extreme nausea

Photophobia/ Sensitivity to light

Visual disturbances

Severe headaches

If you notice any of the symptoms listed:

Think Shunt!

Call parents:

Describe the symptoms and ask the parents what they want you to do. Do they want you to call 999? Do they want to collect their child?

Check shunt alert card:

If the parents/carers can't be contacted, check the shunt alert card for details of the neurosurgical centre and call them for advice

Be ready to call 999:

If the parents ask you to, or if you cannot contact them or the neurosurgical centre. If the child is losing conciousness, call an ambulance (999) straightaway

Parents / Carers should:

1. Contact the hospital A & E department
2. Speak directly to the Neurosurgery ward sister or neurosurgery registrar
3. In acute shunt malfunction, the child needs to be seen at a neurosurgical unit **within four hours.**

Educational staff may need to carry out steps 1 and 2 if unable to contact parents/carers.

Chronic Symptoms

Chronic symptoms may develop over weeks or even months. Symptoms that should be reviewed at a neurosurgery centre include:

- Fatigue
- Behaviour changes
- General malaise
- Decline in academic performance
- Visual problems
- Being “not right”

If a child with hydrocephalus has any of these symptoms, **do not assume** that someone else has noticed. **You should inform parents/carers immediately.**

Health and safety alerts

Children and young people can do most activities in school and on trips. Care should be taken in the following situations:

Magnets

Close supervision is required when using magnets as some shunts are sensitive to them. Anything with an electro-magnetic field must be kept well away from a child’s shunt valve (usually in the neck area). If a pupil with a programmable shunt becomes unwell then the shunt malfunction protocol should be followed.

Hydration

It is important that pupils with hydrocephalus do not become dehydrated as it can cause fatigue, head-ache and behaviour changes. It is recommended that children drink a small glass of water approximately every hour. If a child is noticeably more tired in the afternoons, check their water intake.

Visiting the toilet

Children who are drinking water regularly will need to use the toilet more often. Children with hydrocepha-lus sometimes do not notice the messages their body gives them. Discreet prompts to go to the toilet may help avoid accidents in class.

Technology

Pupils should have a safety assessment for handling tools and equipment. If in doubt, seek advice from the child’s neurosurgeon or Shine’s health specialists.

Out of school

Some pupils have difficulty finding their way. Do not assume that a route has been memorised and can be recalled. Pupils who have difficulty judging speed and distance must be supervised when crossing roads.

Sports alerts

Physical activity has huge benefits for anyone with hydrocephalus as it can help to “reprogram” the brain through repetition and positive feedback. There are very few sports that are not advisable, but you should **always communicate with the child’s parent/ carers before starting a new activity programme.**

- Swimming is a recommended sport, although children with epilepsy may need close supervision
- Children can run, jump, trampoline, do forward rolls and use gym apparatus. They may need help with balancing activities. They should **not** hang upside down for any length of time as the shunt will not drain in this position.
- If a child has a lumbar peritoneal (LP) shunt, sports involving twisting of the lumbar region may not be advisable, e.g. gymnastics, aerobics, golf or ballet.
- Some children may find sports that require good visual perception and spatial awareness challenging. Team sports requiring quick and accurate responses, e.g. close-fielding positions in cricket or rounders may be difficult if the child has visual perception difficulties.
- Care should be taken with contact sports or certain martial arts, as well as any activity where a child is grabbed around the neck, as shunt tubing can become fractured
- Advice should be sought from a neurosurgeon before partaking in contact sports.

Watch out!

If a child is hit hard in the head during any activities (e.g. struck by a ball) then watch out for signs of shunt malfunction.

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