

Chapter 7

Medical Conditions

Chapter 7 - Medical Conditions

Introduction

A reference guide “Emergency Guidelines for Schools” may be provided in the health room. This provides step by step instructions for handling emergency situations. The book can be found at the following link:

<http://www.doh.state.fl.us/demo/ems/EMSC/EmergGuidelinesSchools.pdf>

General Emergency Guidelines:

- Remain Calm.
- Never leave an ill or injured student.
- Have someone call 9-1-1, parent and principal.

This Chapter will address the most commonly encountered ailments/illnesses in the school setting. If the illness/ ailment not covered, in this chapter, it is recommended you use other references including the internet for information or contact the Public Health Nurse assigned to your school. Medical Management Plans, Emergency Care Plans (ECP), Individual Health Care Plans (IHP), Health Condition Questionnaires for Parents and treatment logs can be found in this Chapter.

Keep in mind that Principals/Administrators need to be informed of any unusual injuries/events/medical situations that may arise during the school year.

SCHOOL HEALTH CARE PLANS

The number of students with special health care needs in the education setting is increasing due to advances in medicine and increased access to public education as authorized by federal and state laws. Furthermore, some chronic conditions have a potential for developing into a medical emergency and require the development of an Emergency Care Plan (ECP). The ECP is a component of an Individual Health Care Plan (IHP), not a substitute.

These care plans help promote consistency of care. In addition, the use of standardized language is being encouraged in the development of IHPs to ease communication with other team members, to assist with data collection demonstrating the school nurse contribution to student health and education outcomes, and to examine linkages between interventions and outcomes.

A significant task for the school nurse is the determination of which students require an IHP. Prioritization of students and their needs is essential and begins by identifying students whose health needs affect their daily functioning, that is, students who:

- Are medically fragile with multiple needs.
- Require lengthy health care or multiple health care contacts with the nurse or unlicensed assistive personnel during the school day.
- Have health needs that are addressed on a daily basis.
- Have health needs addressed as part of their IEP or 504 plan.

Next, prioritization is accomplished by focusing on health issues that affect safety and the student's ability to learn or that the student, family, and/or teachers perceive as priorities. Ideally, the IHP is developed collaboratively with the student, family, school staff, community, and other health providers, as appropriate. Ongoing evaluation assures a commitment to achieving measurable student outcomes. IHPs are updated as appropriate and revised when significant changes occur in the student's health status.

As a leader of the school health team, the school nurse is responsible for first assessing the student's health status; identifying health problems that may create a barrier to educational progress, safety or well being; and developing a health care plan for management of the problems in the school setting. The use of current care standards in the development of the IHP will help assure administrators, parents, and staff that the student is properly cared for. The IHP can assist in many areas:

- Professional school nurses utilize IHPs to communicate nursing care needs to administrators, staff, students, and parents.
- The IHP will create a safer process for delegation of nursing care, supporting continuity of care.
- The IHP can serve as the health plan component of a 504 plan, and for students qualifying for special education; it can be incorporated into the Individual Education Plan when the health care issues are related to the educational needs of the student.

LIST OF AILMENTS/ILLNESS COVERED IN THIS CHAPTER:

Abdominal Pain/Injury
Abrasions
ADD/ ADHD Care Plan
AIDS/HIV
Anaphylaxis
Asthma/Allergies
Abscesses/Boils
Bites-Animal/Insect/Human
Bleeding Disorders (including hemophilia)
Blisters
Bone/Muscle/Joint Injuries
Burns
Cancer
Cardiovascular Disorders
Cerebral Palsy
Chicken Pox
Cutaneous Larva Migrans (Creeping Eruption)
Cystic Fibrosis
Dental Injuries
Diabetes Mellitus
Diarrhea
Drug/ Alcohol Abuse
Ear Problems
Eating Disorders
Eye Conditions/ Sty/ Conjunctivitis

Fainting
Fever
Fifth's Disease
Foreign Body in Ear
Headache/ Migraine
Head Injuries
Heat Exhaustion/Stroke
Hyperventilation
Hypertension
Herpes Simplex (cold sore)
Impetigo
Influenza
Juvenile Rheumatoid Arthritis (JRA)
Kidney Disease
Lacerations
Meningitis
Mononucleosis (Mono)
Nosebleed
Pediculosis (Head Lice)
Pinworms
Rashes
Ring Worm (Tinea Capitus)
Scabies
Scarlet Fever
Shingles (see Chicken Pox)
Seizure/Epilepsy
Sickle Cell Anemia/Disease
Sore Throat
Spina Bifida
Spinal Injuries
Splinters
Tick Removal
Upper Respiratory Infections
Vomiting
Whooping Cough/Pertussis

ABDOMINAL PAIN/ INJURY

- Assess location of pain
- Ask if it is accompanied by nausea, vomiting or diarrhea.
- When did it start?
- Is it in response to being hit in the abdomen or a fall?
- Does the child have a fever?
- When did the child last eat?

If the child has vomiting, diarrhea, fever or if the abdominal pain is in response to an injury, call the parent. The child should be excluded until symptoms are gone and child is afebrile for 24 hours (less than 100° oral). Abdominal injuries require closer supervision for a minimum of 24 hours depending on the injury.

ABRASIONS

- Cleanse wound with soap and water, pat dry.
- Bandage Lightly.
- Reassure student.
- Notify parent if abrasion is large and/or a tetanus booster is recommended.

ADHD

Attention deficit hyperactivity disorder causes a disruption in the individual's ability to self-regulate and organize behaviors in response to environmental stimuli.

CAUSES:

The exact cause is unknown. Genetics, traumatic brain injury, substance abuse during pregnancy, pre-maturity, complications at delivery, lead poisoning, seizure disorders and thyroid disorders are thought to be contributing factors.

DIAGNOSIS:

Is set forth by the American Psychiatric Association. The student must demonstrate six or more symptoms of hyperactivity-impulsivity and six or more symptoms of inattention. The most important factor to determine diagnosis is impairment of function either social, occupational or academics.

SIGNS AND SYMPTOMS:

- Inability to focus
- Lack of self control
- Inadequate social skills
- Increased risk-taking behavior
- Difficulty processing sensory input and formulating appropriate response
- Restlessness/Agitation

TREATMENT:

Behavior modification techniques such as tokens and praise may be used to elicit positive behavior. Consequences such as reprimands should be utilized for negative behavior.

The rules for earning tokens should be simple, positive and immediate. Minimizing distractions in a structured environment and positive reinforcements will improve the students ability to focus, minimizing symptoms.

Pharmacological-Drug therapy involves the use of stimulants such as Ritalin, Adderall, Dexadrine, Concerta, Strattera and Metadate to increase the student's ability to focus. Side effects include headaches, stomach aches, anorexia, weight loss, dizziness, insomnia and nausea. Medications such as clonidine and guafacine are also used to decrease hyperactivity.

AIDS/HIV

Parents are not obligated to inform the school of an HIV positive child. All exposures to blood/body fluids should be treated as potentially infectious and universal precautions should be adhered to. AIDS/HIV is not transmitted through casual contact (i.e. normal school activities).

ALLERGIES- ANAPHYLAXIS

Allergy is a common condition that occurs in about 20 percent of children in the United States. Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

CAUSES:

In rare cases, the cause is called idiopathic, or unknown. However, anaphylaxis is most commonly triggered by:

- Stings of bees, wasps, hornets, yellow jackets and fire ants.
- Foods, including peanuts, milk, eggs, shellfish, whitefish, and other nuts, as well as food additives.
- Medications, including certain antibiotics, seizure medications, muscle relaxants, aspirin and non-steroidal anti-inflammatory agents.
- Exercise.

SIGNS AND SYMPTOMS:

Itching or burning , hives, tingling/swelling (particularly of face, neck, tongue or lips), throat tightness, tightness in chest, hard to swallow, abdominal pain, vomiting, wheezing, breathing difficulty, dizziness, shock, pallor, sweating, rapid pulse, weakness and unconsciousness.

1. For more mild reactions:
 - a. Observe the student constantly for difficulty breathing, skin reactions and/or signs of shock.
 - b. Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.) Check for Medic-Alert bracelet or necklace.
 - c. Benadryl is sometimes ordered.

If the reaction is severe (respiratory distress, increasing anxiety, increasing swelling), call 9-1-1, the principal and the parent. Students and adults with known allergies should have a completed Allergy Medical Management Plan (attached) and Epi-pen in the health room or on their person. All personnel who have a close working relationship with that person should be trained in use of the Epi-pen.

If the child/adult has not had a prior reaction or the allergen is unknown and they are having symptoms, call 9-1-1 as above.



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



ALLERGY MEDICAL MANAGEMENT PLAN

(To be completed by Physician/ Healthcare Provider)

Name: D.O.B: School Yr.

Parent Primary Phone #

Physician Phone

PLACE I.D. PHOTO HERE

- SEVERE ALLERGY TO: Peanuts Milk Fish Soy Sesame Seed/ Sesame Oil
Eggs Shellfish Tree Nuts (pecans, walnuts, etc.) Wheat Chocolate Bees Ants
Latex Other Asthma Yes No (Higher risk for severe reaction if asthmatic)

Location(s) where EpiPen®/ Rescue Medicine is/are stored:

- School health room with school nurse Backpack On person Waist pack Other

TREATMENT

Symptoms/Presenting complaint:

- If a food allergen has been ingested, but no symptoms
MOUTH- Itching, tingling, or swelling of lips, tongue, mouth
SKIN- Hives, itchy rash, swelling of the face or extremities
GUT- Nausea, abdominal cramps, vomiting, diarrhea
THROAT- Tightening of throat, hoarseness, hacking cough
LUNG**- Shortness of breath, repetitive coughing, wheezing
HEART**- Thready pulse, low blood pressure, fainting, pale, blueness
OTHER**
If reaction is progressing (several of the above areas affected), give

Give Checked Medication:

(To be determined by physician authorizing treatment)

- Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine
Epinephrine Antihistamine

**Potentially life-threatening. The severity of symptoms can quickly change.

MEDICATIONS

Epinephrine: inject intramuscularly EpiPen® 0.3 mg EpiPen® Jr. 0.15 mg Twinject™ 0.3 mg Twinject™ 0.15 mg
Repeat dose of epinephrine: Yes No If yes, when
Child may self administer epinephrine: Yes No

Antihistamine: give Medication/ dose/ route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

EMERGENCY CALLS

Call 911 immediately. 911 must be called WHENEVER EpiPen® has been administered.

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child in regards to his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/Guardian Signature Date

Doctor's Signature Date

(Required)

Notes Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature Date



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



ALLERGY INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

SEVERE ALLERGY TO: Peanuts Milk Fish Soy Sesame Seed/ Sesame Oil
 Eggs Shellfish Tree Nuts (pecans, walnuts, etc.) Wheat Chocolate Bees Ants
 Latex Other _____ Asthma Yes No (Higher risk for severe reaction if asthmatic)

**PLACE
I.D.
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HERE**

Location(s) where EpiPen®/ Rescue Medicine is/are stored:

School health room with school nurse Backpack On person Waist pack Other _____

PREVENTION:

Staff notified: Teacher PE Library Computer Cafeteria Music Art Bus Driver

Allergen free procedures established: Peanut free classroom Peanut free table in cafeteria Student will sit at the classroom table in the cafeteria at a specified location Other _____

EPIPEN TRAINED STAFF MEMBERS:

1. _____ Room # _____ Ext. # _____ Date: _____
2. _____ Room # _____ Ext. # _____ Date: _____
3. _____ Room # _____ Ext. # _____ Date: _____
4. _____ Room # _____ Ext. # _____ Date: _____
5. _____ Room # _____ Ext. # _____ Date: _____
6. _____ Room # _____ Ext. # _____ Date: _____

TREATMENT

Symptoms/Presenting complaint:

- If a **food allergen** has been ingested, but **no symptoms**
- **MOUTh**- Itching, tingling, or swelling of lips, tongue, mouth
- **SKIN**- Hives, itchy rash, swelling of the face or extremities
- **GUT**- Nausea, abdominal cramps, vomiting, diarrhea
- **THROAT**- Tightening of throat, hoarseness, hacking cough
- **LUNG****- Shortness of breath, repetitive coughing, wheezing
- **HEART****- Thready pulse, low blood pressure, fainting, pale, blueness
- **OTHER**** _____
- If reaction is progressing (several of the above areas affected), give

Give Checked Medication:

(To be determined by physician authorizing treatment)

- Epinephrine Antihistamine
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- Epinephrine Antihistamine
- Epinephrine Antihistamine

**Potentially life-threatening. The severity of symptoms can quickly change.

MEDICATIONS

Epinephrine: inject intramuscularly EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg
(see reverse side for instructions)

Repeat dose of epinephrine: Yes No If **yes**, when _____ 192 _____

Child may self administer epinephrine: Yes No

Antihistamine: give _____

eat dose of epinephrine: Yes No If **yes**, when _____
 Child may self administer epinephrine: Yes No

Antihistamine: give _____

Medication/ dose/ route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

EMERGENCY CALLS


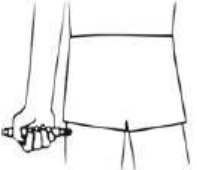



Call 911. 911 must be called WHENEVER EpiPen®/ Twinject™ has been administered.

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

EXERCISE/ SPORTS AND FIELD TRIPS: All field trips will be discussed with parent in advance.

Trained personnel will accompany student. Yes No Necessary supplies will go with student adult

Cell phone will be available for emergency.

<p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none"> ▪ Pull off gray activation cap.  <ul style="list-style-type: none"> ▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none"> ▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. 	<p>Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions</p>  <ul style="list-style-type: none"> ▪ Pull off green end cap, then red end cap. ▪ Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove. <p><u>SECOND DOSE ADMINISTRATION:</u> If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ▪ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base. ▪ Slide yellow or orange collar off plunger. ▪ Put needle into thigh through skin, push plunger down all the way, and remove.  
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Notes: _____

Emergency Care Plan Yes No

504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



ALLERGY EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____
Parent's Name: _____ Phone _____

ALLERGY TO: Peanuts Milk Fish Soy Sesame Seed/ Sesame Oil Eggs Shellfish Wheat
 Trees nuts (pecans, walnuts, etc.) Chocolate Bees Ants Latex Other _____

Location(s) where EpiPen®/ Rescue Medicine is/are stored:

School Health Room Backpack On person Waist pack Other _____

Child may self administer EpiPen®/ Rescue Medicine: Yes No

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TREATMENT

IF ANY OF THE FOLLOWING SYMPTOMS ARE PRESENT:

MOUTH- Itching, tingling, or swelling of lips, tongue, mouth

GUT- Nausea, abdominal cramps, vomiting, diarrhea

LUNG- Shortness of breath, repetitive coughing, wheezing


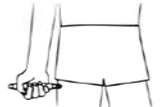


OTHER _____

SKIN- Hives, itchy rash, swelling of the face or extremities

THROAT- Tightening of throat, hoarseness, hacking cough

HEART- Thready pulse, low blood pressure, fainting, pale, blue or reaction is progressing (several of the above areas affected),

ADMINISTER EPIPEN® TWINJECT™ INTO THIGH THROUGH THE CLOTHING.

<p>EpiPen® and EpiPen® Jr. Directions</p> <ul style="list-style-type: none"> ▪ Pull off gray activation cap.  <ul style="list-style-type: none"> ▪ Hold black tip near outer thigh (always apply to thigh).  <ul style="list-style-type: none"> ▪ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds. 	<p>Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions</p>  <ul style="list-style-type: none"> ▪ Pull off green end cap, then red end cap. ▪ Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove. <p>SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:</p> <ul style="list-style-type: none"> ▪ Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base. ▪ Slide yellow or orange collar off plunger. ▪ Put needle into thigh through skin, push plunger down all the way, and remove. 
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CALL 911 IMMEDIATELY.

Call school nurse at ext. _____.

Stay with student.

Call Administration at ext. _____.

Call parents.

RN Signature _____ Date _____

Copies given to:

Parent Teacher 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___

PE Cafeteria Library Computer Music Art Bus Driver Coach Other _____

ASTHMA/ALLERGY

Asthma is one of the most common chronic illnesses of childhood, affecting more than 3 million children in the United States alone, according to the American Academy of Allergy Asthma & Immunology. Allergies and asthma are leading causes of school absenteeism. The impact of both allergies and asthma can be seen, not only in school absenteeism, but also in the lack of participation in athletic and exercise programs, and the amount of time spent taking medication during school hours. In some cases, allergies or asthma can precipitate a life-threatening crisis for a child.

These negative impacts do not need to happen. When allergies and asthma are controlled, students can maintain good performance in school and participate fully in physical activities, including sports.

It takes the family, school personnel and the physician working together as a team to develop a workable plan of action to keep asthma and allergies well controlled. Any child diagnosed with allergies or asthma should have an Allergy or Asthma Medical Management Plan completed and on file at their school.

RECOGNIZING ALLERGIES

Many children suffer unnecessarily from allergic diseases, which often go undiagnosed and untreated. The following clues may help school personnel recognize allergies in children at school.

- Children who rub their eyes or have itchy, red eyes.
- Children who have a runny nose or wipe their nose constantly, sneeze frequently, and have congestion.
- Children who scratch their skin frequently to relieve the itch.
- Children who cough or wheeze for a half hour every day after recess or physical education class may have symptoms of asthma.
- Children who develop gastrointestinal problems, hives or eczema.

It is important to remember that allergies and asthma are not contagious and cannot be spread from one child to another.

GENERAL INFORMATION ABOUT ASTHMA

Asthma is the most common serious chronic illness among children. Most children with asthma have symptoms that can be controlled by medicine.

Asthma is characterized by:

- Airway inflammation.
- Airway obstruction.

Breathing difficulty is caused by changes in the air passages of the lungs:

- Inside walls of the airways swell up.
- Muscles in the walls of the airways tighten and constrict.
- Swollen walls produce excess mucus, which clog the airways.

Most children have continuous inflammation of the airways, but often an “attack” appears to be due to a specific trigger. Each child may react differently to asthma triggers. Factors that may trigger asthma include:

- Respiratory infections, colds
- Allergic reactions to pollen, mold, animal dander, feathers, dust, food
- Vigorous exercise
- Exposure to cold air or sudden temperature changes
- Air pollution, fumes or strong odors
- Cigarette smoke
- Excitement, stress

The child with asthma may feel “different” from his or her classmates (e.g., alone and scared). By treating the child with understanding and reassurance, you can do much to alleviate the fear of asthma.

SIGNS AND SYMPTOMS OF ASTHMA

- Wheezing
- Chest tightness
- Coughing
- Difficulty breathing and shortness of breath

MORE SERIOUS SIGNS WHICH REQUIRE PROMPT MEDICAL ATTENTION

- The child is breathless and may be unable to talk or may talk in one-to-two word phrases.
- The child’s neck muscles may tighten with each inhalation.
- The child’s lips and nail beds may have a grayish or bluish color.
- The child may exhibit chest retractions (chest skin sucked in).
- The child feels uncomfortable and is having trouble breathing, but you don’t hear wheezing sounds; this may still indicate extreme bronchial distress.

TREATMENT FOR ASTHMA

- Asthma treatment should be developed on an individual basis because each case can be different. An Asthma Medical Management Plan may be indicated.
- Medications are used to prevent episodes and to treat those that do occur.
- Avoiding environmental triggers.
- Encourage student to sit quietly, breathe slowly.



CLAY COUNTY DISTRICT SCHOOLS and
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ASTHMA MEDICAL MANAGEMENT PLAN

(To be completed by Physician/ Health Care Provider)

Name: _____ D.O.B: _____ School Yr: _____

Parent _____ Primary Phone # _____

Physician _____ Phone _____

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DAILY ASTHMA MANAGEMENT PLAN

Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Identify the things that start an asthma episode (Check all that applies to the student)

- Exercise
- Strong Odor or Fumes
- Respiratory Infections
- Molds
- Chalk Dust
- Change in Temperature
- Carpets in the Room
- Pollens
- Animals
- Food _____
- Other _____

Control of School Environment (List any environmental control measures, pre-medications, and /or dietary restrictions that the students needs to prevent an asthma episode.) _____

Peak Flow Monitoring

Personal Best Peak Flow Number: _____ Monitoring times: _____

Daily Medication Plan at School:

Meds to be kept By the school nurse in the health room By the teacher in the classroom Kept with the teacher

In the classroom Carried by the student Other _____

Equipment (to be supplied by parent): Spacer Nebulizer Machine Mask Mouthpiece Tubing Peak Flow Meter

EMERGENCY ASTHMA MANAGEMENT PLAN

Emergency Action is necessary when the student has symptoms such as _____,
_____, _____, OR peak flow reading of _____.

Give Emergency Asthma Medications as listed below (if equipment needed, please see above information.)

Name	Amount	When to use
_____	_____	_____

- Have student return to classroom if _____
- Contact parent if _____
- **SEEK EMERGENCY MEDICAL CARE (CALL 911) IF THE STUDENT HAS ANY OF THE FOLLOWING:**
 - No improvement 15-20 min. after initial treatment with medication and a parent cannot be reached
 - Peak flow of _____
 - Breathing hard and fast with retractions present and/or nasal flaring, stooped body posture, struggling or gasping
 - Trouble walking or talking or eating
 - Stops playing and can't start activity again
 - Lips and fingernails are gray or blue

For Self Administration of Inhalers:

It is my professional opinion that _____ should should **NOT** carry and use the inhaler by him/herself.

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child in regards to his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/ Guardian Signature _____ Date _____

Signature of physician _____ Date _____

Notes: _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



ASTHMA INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

SEVERITY CLASSIFICATION: [] Intermittent [] Mild Persistent [] Moderate Persistent [] Severe Persistent

SIGNS AND SYMPTOMS OF ASTHMA EXACERBATION:

- [] Coughing [] Wheezing [] Nasal Flaring [] Shortness of Breath [] Chest Tightness [] Retractions- chest, neck
[] Change in Skin Color [] Prolonged Expiration [] Increased Respiratory Rate [] Lack of Air Movement [] Exercise Intolerance
[] Postural Changes [] Inability to Speak [] Changes in Level of Consciousness- decreased alertness, disorientation
[] Blue or gray color of lips or nailbeds [] Absence of Wheezing with severe retractions

EMERGENCY NOTIFICATION: Notify parents of the following conditions-

- [] Peak Flow Meter constantly in the red zone
[] No improvement in 15-20 minutes after treatment
[] If 911 is called

PEAK FLOW METER MONITORING: [] Yes [] No Times: _____

[] Notify parent or call 911 if below _____

ENVIRONMENTAL CONTROL:

- [] Pre-medicate before recess [] Pre-medicate before PE
[] Dietary Restrictions: _____
[] No Recess [] if outside temperature too cold [] if outside environment with strong odors or fumes
[] No PE [] if outside temperature too cold [] if outside environment with strong odors or fumes

DAILY MEDS: [] Inhaler [] In health room [] Classroom [] Kept by teacher [] Carried by student [] Other _____
[] Requires assistance [] Needs supervision Self management: [] Independent [] Needs assistance [] Oral Meds

EQUIPMENT PROVIDED BY PARENT: [] Nebulizer Machine [] Mask [] Mouthpiece [] Tubing [] Spacer
[] Peak Flow Meter

EMERGENCY MEDICATIONS:

- [] Nebulizer [] Inhaler [] Bronchodilator _____ [] Epi-Pen
[] In health room [] Classroom [] Kept by teacher [] Carried by student [] Other _____

EXERCISE/ SPORTS AND FIELD TRIPS: [] All field trips will be discussed with parent in advance.
Trained personnel will accompany student. [] Yes [] No Necessary supplies will go with [] student [] adult
[] Cell phone will be available for emergency. [] Other _____

SEEK EMERGENCY MEDICAL CARE IF THE STUDENT HAS ANY OF THE FOLLOWING:

- [] No improvement 15-20 min. after initial treatment with medication and a parent cannot be reached
[] Peak flow of _____
[] Breathing hard and fast with retractions present and/or nasal flaring, stooped body posture, struggling or gasping
[] Severe coughing [] Trouble walking or talking [] Stops playing and can't start activity again
[] Lips and fingernails are gray or blue [] Child collapses

NOTES: _____

Emergency Care Plan [] Yes [] No 504 Plan [] Yes [] No

Parent/Guardian Signature _____ Date _____
Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Rev. 4/10 [] Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



ASTHMA EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

SYMPTOMS OF RESPIRATORY DISTRESS:

- Child not improving 15-20 minutes after treatment or severe coughing
- Peak flow in red zone
- Hard time breathing with chest and neck pulling in while breathing
- Child is hunched over or child is struggling to breathe
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue
- Child collapses



EMERGENCY MEDICATIONS:

- Nebulizer Inhaler Bronchodilator _____ Epi-Pen
- In health room Classroom Kept by teacher Carried by student Other _____

MANAGEMENT OF RESPIRATORY DISTRESS:

- CALL 911 IMMEDIATELY.**
- Call school nurse at ext. _____.
- Call Administration at ext. _____.
- Stay with student.
- Call parents.

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- Teacher 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___
- PE
- Library
- Computer
- Cafeteria
- Music
- Art
- Bus Driver
- Coach
- Other _____

ABSCESSSES/BOILS

A boil or abscess is an infection of the skin and underlying soft tissues. Skin is red, raised with a yellow or white center from which pus may drain. A carbuncle is a cluster of boils that have formed a larger area of infection. A furuncle is an infected hair follicle with the formation of a boil. The infectious agent, Staphylococcus Aureus, is spread through drainage from lesions or the nasal discharge of an infected person.

Incubation Period: 4 to 10 days

Period of Communicability: As long as the lesion continues to drain

May Return to School: Upon recommendation of the family physician. Lesions should be covered, especially if draining, or if child is constantly touching the lesion.

Staph Infections and MRSA: Suspected Staph infections should be referred to the student's physician for diagnosis and treatment. Refer to EPI Fact Sheets for additional information. Students may return to school upon recommendation of family physician. Lesions should be covered. If condition does not improve, student should be referred back to his physician. Contact Health Department School Nurse if two or more students present with similar symptoms. MRSA information is available in Chapter 6 "EPI Info Sheets".

BITES - ANIMAL/HUMAN

Animal Bite: Skin surface is broken by the teeth of an animal.

- Wear Gloves.
- Wash with soap and water (preferably irrigating with running water 2-3 minutes if wound is large/dirty).
- Use direct pressure as needed for bleeding.
- Cover with nonstick bandage.
- Call parent and notify principal.
- Report incident to Animal Control at (904) 284-6342. Include as much information as available on the involved animal.

Insect Bite:

- Examine wound for stinger.
- Observe for systemic reaction (as discussed in anaphylaxis).
- Apply cool pack/ice for 12-15 minutes.
- Apply calamine lotion if desired.
- Return to class if no additional symptoms.

Human Bite: Skin is damaged or torn by a human mouth.

- Wear gloves.
- Wash with soap and water (irrigate under running water 2-3 minutes if not bleeding heavily).
- Cover with nonstick bandage.

- Notify principal and parent. Complete accident report and if adult staff is involved complete a workman's compensation report. Contact Risk Management in the Business Affairs Office.

BLEEDING DISORDERS

Bleeding disorders is a general term for a wide range of medical problems that lead to poor blood clotting and continuous bleeding. In people with bleeding disorders, clotting factors are missing or don't work as they should. This causes them to bleed for a longer time than those whose blood factor levels are normal. Bleeding problems can range from mild to severe.

SYMPTOMS INCLUDE:

- Excessive bleeding
- Excessive bruising
- Easy bleeding
- Nose bleeds
- Abnormal menstrual bleeding

CAUSES:

Some bleeding disorders are present at birth and are caused by rare inherited disorders. Others are developed during certain illnesses or treatments. They can include hemophilia and other very rare blood disorders. There are many causes of bleeding disorders, including von Willebrand's disease, which is an inherited blood disorder, immune system-related diseases, such as allergic reactions to medications, or reactions to an infection; cancer, such as leukemia; liver disease, bone marrow problems, disseminated intravascular coagulation, antibodies that destroy blood clotting factors and medicines, such as aspirin, heparin, warfarin, and drugs used to break up blood clots.

HEMOPHILIA:

Hemophilia is a rare bleeding disorder that prevents the blood from clotting properly. They are deficient in factor VIII and IX. **Hemophilia A**, also known as factor VIII deficiency, is the cause of about 80% of cases. **Hemophilia B**, which makes up the majority of the remaining 20% of cases, is a deficiency of factor IX. Patients are classified as mild, moderate, or severe, based on the amount of factor present in the blood.

SIGNS AND SYMPTOMS:

Signs and symptoms of hemophilia vary, depending on severity of the factor deficiency and the location of the bleeding. The most common type of bleeding in hemophilia involves muscles and joints.

TREATMENT:

Although hemophilia is a lifelong condition with no cure, it can be successfully managed with clotting factor replacement therapy. Bleeds must be treated promptly because prolonged bleeding can cause joint disorders. The accumulation of blood in the joint spaces can erode the smooth surfaces that allow limbs to bend easily. Kids with hemophilia can generally sense when a bleed has occurred. They often describe a tingly or bubbly sensation in a joint. It may also feel

warm to the touch. Doctors also recommend splinting an affected joint for a short period of time and then applying ice to decrease inflammation, promote clotting, and relieve pain.

Acetaminophen (such as Tylenol) is the preferred pain reliever because many other over-the-counter pain medications contain aspirin or NSAIDs (non-steroidal anti-inflammatory drugs such as ibuprofen or naproxen sodium), which can affect blood platelets and lead to increased bleeding.

MANAGEMENT:

Certain bleeds require medical attention, including those injuries affecting:

- the central nervous system — any suspected trauma to the head, neck, or back
- the face, including the eyes and ears
- the throat or another portion of the airway
- the gastrointestinal tract (which might produce signs such as bright red or black blood in the child's stool)
- the kidneys and urinary tract (if you find blood in the urine, this may require treatment and bed rest)
- the iliopsoas muscle in the trunk (which might produce signs that mimic a hip or abdominal bleed, including lower abdominal/groin or upper thigh pain, an inability to raise the leg on the affected side, and a feeling of relief when contracting or flexing that side of the body)
- the genital area
- the hips or shoulders (these can be complicated bleeds because they involve the rotator joints)
- large muscle compartments, such as the thighs



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SCHOOL HEALTH SERVICES



BLEEDING DISORDERS QUESTIONNAIRE

(To be completed by parent)

Name: _____ D.O.B. _____ School Yr. _____

Parent: _____ Primary Phone # _____

Physician _____ Phone _____

Brief Description of condition: _____

Medications: (Please note that IV medications are not given by school personnel) _____

Restrictions: (If your child may not participate in physical education activities, a doctor's note is required)

First Aid Treatment for Bleeding:

- Apply Ice to the site
- Call 9-1-1 for severe bleeding or parent request
- Contact Parent/Guardian
- Other: _____

Please add any additional information you feel is needed to safely care for your child:

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child as regards his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/ Guardian Signature _____ Date _____

Notes _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____

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SCHOOL HEALTH SERVICES



BLEEDING DISORDER INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Bleeding Disorder Diagnosis: Hemophilia Von Willebrand disease (VWD)

Other (Specify) _____

EMERGENCY NOTIFICATION: Notify parents of the following conditions-

- Injury or accident
- Heavy bleeding
- Limited movement, pain, swelling of any joint
- Bruising
- Complaints outside the child's norm _____
- Signs of bleeding into the brain:
 - Severe Headache
 - Neck Stiffness
 - Vomiting
 - Sleepiness
 - Double vision
 - Seizures
- 911 is called

SPECIAL EQUIPMENT: Yes No Equipment: _____

LIMITATIONS: Yes No Restrictions: _____

MEDICATIONS: (IV medications are not given by school personnel)

Yes No Meds: _____

EXERCISE/ SPORTS AND FIELD TRIPS:

- All field trips will be discussed with parent in advance. Trained personnel will accompany student. Yes No
- Necessary supplies will go with student adult
- Cell phone will be available for emergency

FIRST AID TREATMENT FOR BLEEDING/ INJURIES:

- Apply Ice to the site
- Call 911 for severe bleeding or parent request
- Contact Parent/Guardian
- Other: _____

EMERGENCY MANAGEMENT:

- CALL 911 IMMEDIATELY for the following symptoms:
 - Severe Bleeding
 - Head Injury

NOTES: _____

Emergency Care Plan Yes No 504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
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BLEEDING DISORDER EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

SYMPTOMS OF BLEEDING EMERGENCY:

- Heavy Bleeding
- Severe Bruising
- Swelling of joint
- Limited movement of joint
- Pain in joint
- Symptoms of possible bleeding into the brain
 - Severe Headache
 - Neck Stiffness
 - Vomiting
 - Seizure



MANAGEMENT OF BLEEDING EMERGENCY OR INJURY/ ACCIDENT:

- Call school nurse at extension _____.
- Call 911.
- Call Administration at ext. _____
- Apply ice to affected joint
- Stay with student.
- Call parents.

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- Teacher 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___
- PE
- Library
- Computer
- Cafeteria
- Music
- Art
- Bus Driver
- Coach
- Other _____

BLISTERS

“Bubble” of fluid under the outer layer of skin, caused by friction, usually heals in 3-7 days.

INTERVENTION:

- Use gloves.
- Wash gently with soap and water.
- DO NOT open the blister.
- Cover loosely with sterile, nonstick bandage.
- Send the student back to class.

BONE/MUSCLE/JOINT INJURIES

Injuries of the bones, muscles and joints may be fractures, dislocations or sprains/strains. Only a licensed health care provider can determine the type of injury. Typical signs and symptoms of these types of injuries can be: pain, swelling, redness, bruising and or inability to move the extremity.

INTERVENTION (if no spinal injury is suspected):

- Elevate the extremity, apply ice/cold pack.
- Assess for ROM, pain, swelling, and pulse distal to injured area.
- If ice/elevation relieves discomfort, return child to class, but notify parent to check area.
- Notify Parent and/or 9-1-1 if movement causes increased pain, if obvious joint deformity, or if pulse not present. Notify principal or designee if injury is severe.
- Incident and/or Accident forms are to be completed as required.
- DO NOT wrap the extremity with an ace wrap.
- DO NOT provide crutches or wheelchairs to the student as improper use can cause injury to the student and others. The health room wheelchair is for emergency use only and may be needed for other emergencies in school.

If a student brings crutches, wheelchair or another assistive device to school, an Orthopedic Injury Assistive Device Authorization form may be filled out by the physician.



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**ORTHOPEDIC INJURY ASSISTIVE DEVICE
AUTHORIZATION FORM**
(To be completed by Healthcare Provider)

Student Name _____ Sex _____ DOB _____ Grade _____

School Name _____ Phone _____ Fax _____

Dear Parent/Guardian:

In order for your child to use an assistive device during school hours, the school will need the information on this form from you and the health care provider. Please return this completed form to the school health room.

This section is to be completed by the parent/guardian

Medical Release

It is necessary for my child _____ to have a special assistive device during school hours. I hereby give permission for release of medical information pertaining only to the orthopedic injury and prescribed assistive device to the Clay County School District. This device will be supplied and maintained by me and will arrive at the school in working order daily. The school and Clay County Health Department personnel will assume no responsibility for the use, proper maintenance or delivery of the special assistive device that is necessary.

Assistive device supplied by parent: _____

Parent/Guardian Signature: _____ Date: _____

This section is to be completed by the treating physician

Type of Injury _____ Location _____ Date of Injury _____

Activity Level (Please Check) Non-weight bearing Partial weight bearing
 Weight bearing to tolerance Full weight bearing

Assistive device (s) to be used _____

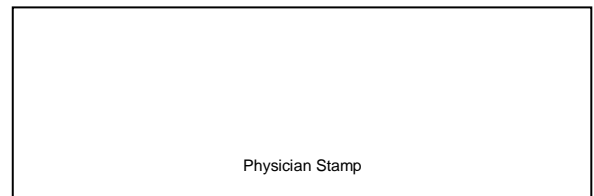
Has the student been instructed in the use of crutches, or other assistive device (s) Yes No

Student needs extra time changing class? Yes No

Comments/Special Instructions/Restriction _____

This order is effective until _____
Date

Physicians Signature _____ Date _____



Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____

BURNS

Burns are defined as the destruction of a layer or layers of skin caused by heat, cold, electricity, chemicals, light, friction or radiation. The deeper the burn the more severe it is.

Note: If student comes to school with unexplained burns (i.e. iron or cigarette or repeated health room visits for burns, consider the possibility of child abuse.

Degrees of severity:

- First Degree (superficial)-pain and redness with no blisters
- Second Degree (partial-thickness)-pain, redness and blisters
- Third Degree (full thickness)- red, raw, ash white, black, leathery with little or no pain.

Critical Burns

Any of the following call 9-1-1 and notify Parent/Guardian and Principal.

- Breathing difficulty
- Burns covering more than one body part
- Burns to the head, neck, hands, feet or genitals
- Burn resulting from chemical, explosion or electricity

INTERVENTION:

- Stop the burn:
 - Extinguish flames.
 - Remove student from source of the burn.
 - **Note: if electrical injury, NEVER go near the student until you are sure the power is off**
- Cool the burn:
 - Use large amounts of cool water on burned area.
 - DO NOT USE ICE!!!** (It can cause bruising or freezing.)
 - DO NOT BREAK BLISTERS!**
 - DO NOT use butter, Vaseline or other greasy ointments.
- Cover the burn:
 - Loosely cover with dry, sterile dressing.
 - Call Parent/Guardian and notify Principal.
 - Strongly advise Parent/Guardian to seek medical treatment immediately.
 - Provide the Parent/Guardian with the date of the student's last tetanus booster.
 - Accident report to be completed as applicable.

CANCER

Cancer is a disease in which abnormal cells grow in an uncontrollable manner. Management depends on the type of cancer, what stage the cancer is in, treatment and side effects of treatment. Many children with cancer have central venous catheters/ports and pain medications which the school personnel need to be aware of.

Intravenous medications and catheterization site care are not approved to be done by health room personnel.

CARDIOVASCULAR DISORDERS

Cardiovascular diseases affecting children can be categorized as congenital or acquired. Some children will have physical limitations which will be noted in the Medical Management Plan.

Congenital conditions are usually present at birth and involve structural abnormalities which cause blood flow or conduction problems.

CAUSE:

- May be unknown- 95%
- Genetic Defect
- Maternal environmental factors

SYMPTOMS:

- Cyanosis
- Chest Pain
- Irregular heart beat/ murmurs
- Dizziness
- Cough
- Shortness of breath
- Exercise intolerance

TREATMENT:

- Medications
- Surgical correction
- Diet

Acquired conditions occur after birth and include conditions such as rheumatic heart disease and endocarditis.

CAUSE:

- Inflammatory process due to infections from streptococcus, staphylococcus aureus and candida albicans.

TREATMENT:

- Antibiotics
- Anti-inflammatory drugs

- Pain meds

SYMPTOMS:

- Fever
- Headaches
- Weight loss
- Murmurs
- Polyarthritis
- Rash on the chest and upper extremities



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CARDIAC MEDICAL MANAGEMENT PLAN

(To be completed by Physician/ Healthcare Provider)

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Name: _____ D.O.B. _____ School Yr. _____

Parent: _____ Primary Phone # _____

Physician _____ Phone _____

- Cardiac condition:**
- Aortic stenosis Coarctation of the aorta Congestive heart failure
 - Hypertension Murmur Patent ductus arteriosus Rheumatic heart disease
 - Tetralogy of fallot Septal defect Transposition of the great arteries

Surgery- Type _____ When? _____

Other (Specify) _____

Please list medications the student takes for cardiac condition (Name of Medication/ Dosage/Time):

Medications Needed at School Yes No _____

Special Equipment Needed at School Yes No _____

Symptoms child may demonstrate:

- Tires easily Shortness of Breath Pain Other _____

Vital Signs Needed at School Yes No

Normal parameters for this student B/P _____ Pulse _____

Limitations:

- Cleared without limitation including all physical activities and recess
- Not Cleared** for (please be specific) _____

If student complains of chest pain, shortness of breath and/or has vital signs outside acceptable parameters, school personnel should immediately:

- Call 9-1-1
- Contact Parent/Guardian
- Other: _____

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child in regards to his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/Guardian Signature _____ Date _____

Signature of physician _____ Date _____

Notes _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
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CARDIAC INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

CARDIAC CONDITION: Aortic stenosis Coarctation of the aorta Congestive heart failure
 Hypertension Murmur Patent ductus arteriosus Rheumatic heart disease
 Tetralogy of fallot Septal defect Transposition of the great arteries
 Surgery- Type _____ When? _____
 Other (Specify) _____

EMERGENCY NOTIFICATION: Notify parents of the following conditions-
 Complaints outside the child's norm
Normal symptoms for child Tires Easily Shortness of Breath Pain Other _____
 Vital signs outside the child's normal parameters BP _____ HR _____
 911 is called

SPECIAL EQUIPMENT: Yes No Equipment: _____

LIMITATIONS: Yes No Restrictions: _____

MEDICATIONS: Yes No Meds: _____

EXERCISE/ SPORTS AND FIELD TRIPS:
 All field trips will be discussed with parent in advance. Trained personnel will accompany student. Yes No
Necessary supplies will go with student adult Cell phone will be available for emergency.

EMERGENCY MANAGEMENT:
 CALL 911 IMMEDIATELY for the following symptoms:
• Chest Pain
• Shortness of breath
• Cyanosis of the lips and nails
• Collapse

NOTES: _____

Emergency Care Plan Yes No 504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



CARDIAC EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

IF STUDENT HAS ANY OF THESE SYMPTOMS:

- Chest Pain
- Shortness of breath
- Blue or gray color of the lips and nails
- Dizziness
- Collapse



MANAGEMENT OF CARDIAC EMERGENCY:

- CALL 911 IMMEDIATELY.**
- Get AED
- Call school nurse at ext. _____
- Call Administration at ext. _____
- Call School Emergency Response Team
- Stay with student
- Call parents

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- Teacher 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___
- PE
- Cafeteria
- Library
- Computer
- Music
- Art
- Bus Driver
- Coach
- Other _____

CEREBRAL PALSY

Cerebral palsy is a neurological disorder that appears early in infancy or early childhood. It is characterized by a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); altered muscle tone (too stiff or too loose); altered gait (toe walking, “scissored” gait, dragging one leg or foot). It is caused by abnormalities in parts of the brain that control muscle movement. These factors include genetics, premature birth or low birth weight, maternal health issues in pregnancy, meningitis, encephalitis or head injury.

CHICKENPOX (VARICELLA)

What causes chickenpox?

Chickenpox is caused by the varicella-zoster virus.

How does chickenpox spread?

Chickenpox spreads from person to person by direct contact or through the air by coughing or sneezing. It is highly contagious. It can also be spread through direct contact with the fluid from a blister of a person infected with chickenpox, or from direct contact with a sore from a person with shingles.

How long does it take to show signs of chickenpox after being exposed?

It takes from 10-21 days to develop symptoms after being exposed to a person infected with chickenpox. The usual time period is 14-16 days.

What are the symptoms of chickenpox?

The most common symptoms of chickenpox are rash, fever, coughing, fussiness, headache, and loss of appetite. The rash usually develops on the scalp and body, and then spreads to the face, arms, and legs. The rash usually forms 200-500 itchy blisters in several successive crops. The illness lasts about 5-10 days.

How long is a person with chickenpox contagious?

Patients with chickenpox are contagious for 1-2 days before the rash appears and continue to be contagious until all the blisters are crusted over (usually 6-8 days). Once all lesions are dried up, students can return to school.

Is there a treatment for chickenpox?

Most cases of chickenpox in otherwise healthy children are treated with bed rest, fluids, and control of fever. Children with chickenpox should NOT receive aspirin because of possible subsequent risk of Reye’s syndrome. Acetaminophen may be given for fever control. Chickenpox may be treated with an antiviral drug in serious cases, depending on the patient’s age and health, the extent of the infection, and the timing of the treatment.

Can you get chickenpox more than once?

Most people are immune to chickenpox after having the disease. However, second cases of chickenpox do occur. The frequency of second cases is not known with certainty, but this appears to be an uncommon event.

How are chickenpox and shingles related?

Both chickenpox and shingles are caused by the same virus. After a person has had chickenpox, the virus resides in the body permanently, but silently. About 20% of all people who have been infected with chickenpox later develop the disease known as herpes zoster, or shingles. Symptoms of shingles are pain, itching, blisters, and loss of feeling along a nerve. Most cases occur in persons older than 50, and the risk of developing shingles increases with age.

Vaccine for the Varicella-zoster virus is available and is being phased into routine childhood immunization schedules.

It is recommended for the following:

- All children younger than age 13 years (one dose at 12-15 months and a second dose at age 4-6 years);
- Everyone age 13 years and older who has never had chickenpox (two doses, given 4-8 weeks apart);
- Anyone missing a dose at the recommended times should get the shot at their next visit to their doctor or clinic.

What side effects have been reported with this vaccine?

Possible side effects are generally mild and include redness, stiffness, and soreness at the injection site. Such localized reactions occur in about 20% of children immunized. A small percentage of persons develop a mild rash, usually around the spot where the shot was given.

How effective is this vaccine?

Ninety-seven percent of children between age 12 months and 12 years develop immunity to the disease after one dose of vaccine. For older children and adults, an average of 78% developed immunity after one dose and 99% develop immunity after the recommended two doses. Although some vaccinated children (about 2%) will still get chickenpox, they generally will have a much milder form of the disease, with fewer blisters (typically fewer than 50), lower fever, and a more rapid recovery. The vaccine almost always prevents against severe disease. Getting chickenpox vaccine is much safer than getting chickenpox disease.

Who should NOT receive the chickenpox vaccine?

Persons with weakened immune systems and those with life-threatening allergies to gelatin or the antibiotic neomycin should not receive this vaccine. Pregnant women should not receive this vaccine, as the possible effects on fetal development are unknown. However, non-pregnant women of childbearing age who have never had the disease may be immunized against chickenpox to avoid contracting the disease while pregnant.

Varicella is reportable to County Health Dept. Use the Communicable Disease reporting form in Chapter 6.

CUTANEOUS LARVA MIGRANS: (Creeping Eruption)

Sometimes referred to as Creeping Eruption, this skin infection has characteristic corkscrew lesions. Dog and Cat hookworm larvae are the infectious agents. Disease is spread through

contact with sandy soil contaminated with dog and cat feces. Larvae enter the skin and migrate for long periods forming corkscrew lesions (track) that itch intensely.

May Return To School: No exclusion from school is necessary after initiation of anti- parasitic treatment.

CYSTIC FIBROSIS

Cystic fibrosis is a hereditary disease that affects mainly the lungs and digestive system. Thick mucus production, as well as a less competent immune system, results in frequent lung infections. Diminished secretion of pancreatic enzymes causes poor growth, fatty diarrhea and deficiency in fat-soluble vitamins.

Diagnosis of Cystic Fibrosis may be confirmed if high levels of salt are found during a sweat test. There is no cure for Cystic Fibrosis and it is one of the most common life shortening childhood-onset inherited diseases. It is most common among Europeans and Ashkenazi Jews.

MANAGEMENT:

- Postural drainage
- Inhalation medications
- Antibiotics
- Supplemental digestive enzymes
- Low fat high protein diet

The 2010 Florida Legislature passed Senate Bill (SB) 166 – Pancreatic Enzyme Supplements. Governor Crist signed SB 166 into law on June 3, 2010. The legislation amends section 1002.20, Florida Statutes, to add the use of prescribed pancreatic enzyme supplements.

Effective July 1, 2010, key provisions of this legislation include the following:

- Permits a student with pancreatic insufficiency or cystic fibrosis to carry and self-administer prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities, or in transit to or from school if the school has been provided with authorization from the student's parent and prescribing practitioner;
- The State Board of Education, in cooperation with the Department of Health, shall adopt rules for the use of prescribed pancreatic enzyme supplements that shall include provisions to protect the safety of all students from the misuse or abuse of the supplements;
- A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified (held harmless) by the parent of a student authorized to use prescribed pancreatic enzyme supplements for any and all liability with respect to the student's use of the supplements.



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



CYSTIC FIBROSIS MEDICAL MANAGEMENT PLAN

(To be completed by Physician/ Healthcare Provider)

PLACE
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Name: _____ D.O.B. _____ School Yr. _____

Parent: _____ Primary Phone # _____

Physician _____ Phone _____

Symptoms: persistent coughing, at times with mucus fatigue wheezing or shortness of breath
 upset stomach recurrent respiratory infections smaller stature

Medications taken at home: _____

Medications Needed at School: Yes No _____

Enzymes Needed at School: Yes No Enzyme Brand Name _____

to be taken with snacks _____ # to be taken with meals _____

For Self Administration of Enzymes:

It is my professional opinion that _____ should should **NOT** carry and use the enzymes by him/ herself.

Special Equipment Needed at School Yes No _____

Dietary Modifications: _____

Activity restrictions (excuse from physical education program will require a doctor's note): _____

Fluids needed with physical activity Yes No What type is needed? _____

Other modifications needed (i.e. frequent bathroom breaks): _____

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child as regards his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/ Guardian Signature _____ Date _____

Signature of physician _____ Date _____

Notes _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



CYSTIC FIBROSIS INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Normal symptoms for child: persistent coughing, at times with mucus fatigue upset stomach
 smaller stature wheezing or shortness of breath recurrent respiratory infections

Medications taken at home: _____

Medications Needed at School: Yes No _____

Enzymes Needed at School: Yes No Enzyme Brand Name _____

to be taken with snacks _____ # to be taken with meals _____

For Self Administration of Enzymes: will will NOT carry and use the enzymes by him/ herself.

Special Equipment Needed at School Yes No _____

Dietary Modifications: _____

Fluids needed with physical activity Yes No What type is needed? _____

Activity restrictions (excuse from physical education program will require a doctor's note): _____

Other modifications needed (i.e. frequent bathroom breaks): _____

EMERGENCY NOTIFICATION: Notify parents of the following conditions-

Shortness of Breath Fever Persistent cough not resolving Persistent abdominal pain

EXERCISE/ SPORTS AND FIELD TRIPS:

All field trips will be discussed with parent in advance. Trained personnel will accompany student. Yes No
Necessary supplies will go with student adult Cell phone will be available for emergency.

EMERGENCY MANAGEMENT:

CALL 911 IMMEDIATELY for the following symptoms:

- Chest Pain
- Acute Shortness of breath
- Cyanosis of the lips and nails
- Collapse
- Severe Abdominal Pain

NOTES: _____

Emergency Care Plan Yes No 504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



CYSTIC FIBROSIS EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

IF STUDENT HAS ANY OF THESE SYMPTOMS:

- Difficulty breathing, shortness of breath, persistent cough that does not improve with rest
- Blue or gray color of the lips and nails
- Severe Abdominal Pain



MANAGEMENT OF CYSTIC FIBROSIS EMERGENCY:

- CALL 911 IMMEDIATELY.**
- Call school nurse at ext. _____
- Call Administration at ext. _____
- Stay with student
- Call parents

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- Teacher 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____
- PE
- Cafeteria
- Library
- Computer
- Music
- Art
- Bus Driver
- Coach
- Other _____

DENTAL INJURIES

Knocked out tooth

INTERVENTION:

- Save tooth and place in a cup of low fat milk, normal saline, tooth preservative, student's saliva or water.
- Call Parent/Guardian and notify Principal. Emphasize to the parent the need to get to the dentist on an emergency basis to maximize the chances for successful re-implantation of the tooth.
- **DO NOT** touch root portion of the tooth.
- **DO NOT** attempt to clean tooth as this may interfere with the re-implantation process.
- Have the student rinse mouth with warm salt water, if desired.
- Accident and incident reports are to be completed as applicable.

Chipped/Broken tooth

INTERVENTION:

- Save large fragments and see dentist immediately because break could extend down to the root of the tooth.
- Rinse mouth with warm water.
- Cover sharp edge of tooth with gauze to prevent laceration of tongue or cheek.
- Apply cold pack to face next to injured tooth to minimize swelling.
- Call Parent/Guardian and notify principal.
- Suggest that the Parent/Guardian get the student to the dentist as soon as possible.

DIABETES MELLITUS

Type 1 diabetes is caused by an autoimmune disorder which is a problem with the body's immune system. In a healthy body, specialized cells (called beta cells) in the pancreas make insulin. Insulin is a hormone that allows the body to use energy from food. In type 1 diabetes, the immune system mistakes beta cells for invaders and attacks them. When enough beta cells are destroyed, symptoms of diabetes appear.

In type 2 diabetes, the beta cells still produce insulin. However, either the cells do not respond properly to the insulin or the insulin produced naturally is not enough to meet the needs of the body. So insulin is usually still present in a person with type 2 diabetes, but it does not work as well as it should. Some people with type 2 can keep it under control by losing weight, changing their diet, and increasing their exercise. Others take one or more medications, including insulin.

Diabetes often goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes.

SYMPTOMS:

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unusual weight loss

- Increased fatigue
- Irritability
- Blurry vision

TREATMENT:

In 1993, the Diabetes Control and Complications Trial proved beyond doubt that keeping glucose levels close to those of a person without diabetes can prevent or slow the progress of many complications of diabetes, giving extra years of healthy, active life. Blood glucose checking is one of the best tools for managing diabetes.

In childhood, the treatment for diabetes is a combination of insulin therapy, exercise, and regulation of diet. Children with diabetes face two problems: hypoglycemia and hyperglycemia. The most urgent situation for which the school must be prepared is hypoglycemia (low blood sugar).

The 2010 Florida Legislature passed House Bill (HB) 747 – Treatment of Diabetes. Governor Crist signed HB 747 into law on May 11, 2010. The legislation amends section 1002.20, Florida Statutes, to add diabetes management.

Effective July 1, 2010, key provisions of this legislation include the following:

- Prohibits school districts from restricting the assignment of a student who has diabetes to a particular school on the basis that the student has diabetes;
- Permits students with diabetes to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided written parental and physician authorization;
- The State Board of Education (SBE), in cooperation with the Department of Health (DOH), shall adopt rules to encourage each school in which a student with diabetes is enrolled to have personnel trained in routine and emergency diabetes care;
- The SBE, in cooperation with the DOH, shall also adopt rules for the management and care of diabetes by students that shall include provisions to protect the safety of all students from the misuse or abuse of diabetic supplies or equipment;
- A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified (held harmless) by the parent of a student authorized to carry diabetic supplies or equipment for any and all liability with respect to the student's use of such supplies and equipment.

Diabetic students need a care planning meeting with the parent and school staff to develop a plan of care for the student during the school day, for field trips and for after school activities.

Hypoglycemia:

Hypoglycemia (also called an insulin reaction) occurs when blood glucose goes too low. Low blood sugar can be caused by a number of factors: too much insulin, not enough food, too much exercise, eating late, or eating too little carbohydrates. Children with hypoglycemia sometimes behave erratically or act sleepy, and are often very hungry and shaky. Low blood sugar must be treated immediately by giving the child foods with simple sugars, such as glucose tablets, fruit juice or regular (NOT diet) soda. If you suspect that a child has low blood sugar, do not leave the child unattended because the child can lose consciousness. **Never**

have a child who you suspect has a low blood sugar sent to the nurse or health room alone.

Procedure for treatment of hypoglycemia:

Give the student 15 grams of carbohydrates of concentrated sugar immediately:

- 1/2 to 3/4 cup of orange or grape juice
- 8 ounces of skim milk
- 4 glucose tablets or 2 doses of glucose gel
- 2–4 pieces hard candy
- 5 gumdrops
- 1–2 tablespoons of honey
- 6 oz. regular (not diet) soda (about half a can)
- 2 tablespoons of cake icing

This action should relieve the signs and symptoms within 5 to 10 minutes. Avoid food items with fat in them. Fat slows down the movement of glucose into the blood. So candy bars, sweet baked goods, and other sweets that have more fat are not the best choices for treating hypoglycemia. Re-check blood glucose in 15 minutes. If the blood sugar is less than 80, repeat the 15 gm. carbs. If the blood sugar is above 80, give the child a 15 gm. snack. Obtain a snack if child does not have one.

Mild or moderate hypoglycemia can be dangerous if it's not treated right away and can turn severe. People with severe hypoglycemia have so little sugar in their system that it affects their brain.

Symptoms include:

- Disorientation
- Dizziness
- Uncooperativeness (even combativeness)
- Seizures
- Unconsciousness which can lead to a diabetic coma.

These symptoms may occur without warning.

Procedure for treatment of advanced hypoglycemia:

CHECK BLOOD SUGAR UNLESS CHILD IS UNRESPONSIVE. Immediately give the student cake icing, honey using a gloved hand or glucose gel. The icing, honey or gel may be rubbed into the gums between the cheek and the side of the mouth even if the student is unconscious. BE ALERT FOR THE POSSIBILITY OF CHOKING. If unconscious, or seizing, turn on their side and give I.M. Glucagon, if prescribed and trained. Glucagon is a substance that makes the liver release sugar into your bloodstream and must be injected. CALL 9-1-1.

Glucagon Instructions:

1. Do not take the time to check the child's blood sugar if they are unconconscious or seizing. A child cannot be overdosed on Glucagon.
2. Prepare the Glucagon for injection immediately before use by following the instructions that are included with the Glucagon kit.
3. The Glucagon will work whether it is injected into the muscle or subcutaneous fat. Injecting air will not harm the student.
4. Glucagon can cause vomiting, so be sure to place the child on their side so he/she does not aspirate.
5. After injecting Glucagon, follow with food once the person regains consciousness and is able to swallow.
6. Contact the parent and the physician.
7. If the child has nausea or vomiting, abdominal pain or dyspnea (difficulty breathing), urine should be checked for ketones by trained staff.
8. If moderate or large ketones are present, contact the physician immediately.
9. Observe closely for another episode of hypoglycemia.



HYPOGLYCEMIA (LOW BLOOD SUGAR)

Here are some of the symptoms of hypoglycemia:

Causes: Too little food, too much insulin or diabetes medicine, or extra activity.

Onset: Sudden, may progress to insulin shock.

Blood Sugar: Below 70 mg/dL
Normal range: 70-115 mg/dL



SHAKING



FAST HEARTBEAT



SWEATING



DIZZINESS



ANXIOUS



HUNGER



IMPAIRED VISION



**WEAKNESS,
FATIGUE**



HEADACHE



IRRITABLE

What can you do?



Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).



Within 20 minutes after treatment, **TEST BLOOD GLUCOSE**. If symptoms don't stop, call your doctor.



Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

Hyperglycemia:

Hyperglycemia, or high blood sugar, occurs when the blood sugar level is too high due to too much food, too little insulin, blockage in insulin pump tubing, disconnected insulin pump infusion set, illness or stress. Children with high blood sugar sometimes act lethargic and sleepy, and are often very thirsty, have frequent urination, blurry vision, dry mouth, and fatigue. High blood sugar is treated by giving additional insulin and sugar-free drinks, such as water or diet (NOT regular) soda. Children with diabetes must be given free access to water and the bathroom whenever they feel the need. Prolonged hyperglycemia due to insufficient insulin can lead to a very serious condition called diabetic ketoacidosis, which can lead to coma and death.

It is the goal of the Clay County School District to identify every child with diabetes in order to administer appropriate health services and maintain school attendance and education.

- All students with diabetes require the completion of a Diabetes Medical Management Plan.
- Obtain parental signatures on appropriate forms for medication administration.
- Educate all teachers and staff who work with the child during the school day regarding diabetes.
- Provide a back-up plan to staff the health room in the event of the nurse's absence to maintain continuity of care.
- Routine and as-needed blood glucose testing is best provided in the school health room. Provisions for independent, in classroom monitoring, may apply to some student situations.
- Promotion of a "504 Plan" for the student is recommended.
- The teacher, front office and health room staff will be informed regarding the student with diabetes and will be given a copy of the diabetic procedures.
- The student will be encouraged to wear a Medic-Alert bracelet at all times. The health folder and the Emergency Medical Card will both be conspicuously flagged with the information that the student has diabetes.
- Diabetic children can eat a normal school lunch in most cases. Some restrictions may apply and this will be written on their Diabetes Medical Management Plan. Nurses will contact teachers and food services to alert them about diet restrictions. Parties and after-school programs may require different snacks be provided. Care should be taken to ensure that students receive equal treatment during these situations.
- Diabetic supplies, trained staff and a cell phone in the event of an emergency need to accompany all diabetic students on field trips.



HYPERGLYCEMIA (High Blood Sugar)

Here are some of the symptoms of hyperglycemia:

Causes: Too much food, too little insulin or diabetes medicine, illness, or stress.

Onset: Gradual, may progress to diabetic coma.

Blood Sugar: Above 200 mg/dL
Acceptable Range: 115-200 mg/dL



EXTREME THIRST



FREQUENT URINATION



DRY SKIN



HUNGER



BLURRED VISION



DROWSINESS



DECREASED HEALING



TEST BLOOD GLUCOSE



If over 200 mg/dL for several tests or for 2 days, CALL YOUR DOCTOR

DIABETES MEDICAL MANAGEMENT PLAN (School Year _____ - _____)																													
Student's Name: _____ Date of Birth: _____ Diabetes <input type="checkbox"/> Type 1 ; <input type="checkbox"/> Type 2 Date of Diagnosis : _____ School Name: _____ Grade _____ Homeroom _____ Plan Effective Date(s) : _____																													
CONTACT INFORMATION																													
Parent/Guardian #1: _____ Phone Numbers: Home _____ Work _____ Cell/Pager _____ Parent/Guardian #2: _____ Phone Numbers: Home _____ Work _____ Cell/Pager _____ Diabetes Healthcare Provider _____ Phone Number: _____ Other Emergency Contact _____ Relationship: _____ Phone Number: Home _____ Work/Cel/Pager _____																													
EMERGENCY NOTIFICATION: Notify parents of the following conditions (if unable to reach parents, call Diabetes Healthcare Provider listed above) a. Loss of consciousness or seizure (convulsion) immediately after Glucagon given and 911 called. b. Blood sugars in excess of _____ mg/dl c. Positive urine ketones. d. Abdominal pain, nausea/vomiting, diarrhea, fever, altered breathing, or altered level of consciousness.																													
MEALS/SNACKS: Student can: <input type="checkbox"/> Determine correct portions and number of carbohydrate serving <input type="checkbox"/> Calculate carbohydrate grams accurately <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Time/Location</th> <th style="width: 25%; text-align: center;">Food Content and Amount</th> <th style="width: 25%;"></th> <th style="width: 25%; text-align: center;">Time/Location</th> <th style="width: 25%; text-align: center;">Food Content and Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Breakfast</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Mid-afternoon</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Midmorning</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> Before PE/Activity</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Lunch</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> After PE/Activity</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> If outside food for party or food sampling provided to class: _____							Time/Location	Food Content and Amount		Time/Location	Food Content and Amount	<input type="checkbox"/> Breakfast	_____	_____	<input type="checkbox"/> Mid-afternoon	_____	_____	<input type="checkbox"/> Midmorning	_____	_____	<input type="checkbox"/> Before PE/Activity	_____	_____	<input type="checkbox"/> Lunch	_____	_____	<input type="checkbox"/> After PE/Activity	_____	_____
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BLOOD GLUCOSE MONITORING AT SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Meter: _____ If yes, can student ordinarily perform own blood glucose checks? <input type="checkbox"/> Yes <input type="checkbox"/> No; Interpret results <input type="checkbox"/> Yes <input type="checkbox"/> No; Needs supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No Time to be performed: <input type="checkbox"/> Before breakfast <input type="checkbox"/> Before PE/Activity Time <input type="checkbox"/> Midmorning: before snack <input type="checkbox"/> After PE/Activity Time <input type="checkbox"/> Before lunch <input type="checkbox"/> Mid-afternoon <input type="checkbox"/> Dismissal <input type="checkbox"/> As needed for signs/symptoms of low/high blood glucose Place to be performed: <input type="checkbox"/> Classroom <input type="checkbox"/> Clinic/Health Room <input type="checkbox"/> Other _____ OPTIONAL: Target Range for blood glucose: _____ mg/dl to _____ mg/dl (Completed by Diabetes Healthcare Provider).																													
INSULIN INJECTIONS DURING SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Guardian elects to give Insulin needed at school) If yes, can student: Determine correct dose? <input type="checkbox"/> Yes <input type="checkbox"/> No Draw up correct dose? <input type="checkbox"/> Yes <input type="checkbox"/> No Give own Injection? <input type="checkbox"/> Yes <input type="checkbox"/> No Needs supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin Delivery: <input type="checkbox"/> Syringe/Vial <input type="checkbox"/> Pen <input type="checkbox"/> Pump (If pump worn, use "Supplemental Information Sheet for Student Wearing an Insulin Pump")																													
Standard daily insulin at school: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Dose: _____ Time to be given: _____ _____ _____			Correction Dose of Insulin for High Blood Glucose: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Regular <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog Time to be given: _____ <input type="checkbox"/> Determine dose per sliding scale below (In units): Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____ Blood sugar: _____ Insulin Dose: _____																										
Calculate insulin dose for carbohydrate intake: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, use: <input type="checkbox"/> Regular <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog _____ # unit(s) per _____ grams Carbohydrate <input type="checkbox"/> Add carbohydrate dose to correction dose			<input type="checkbox"/> Use formula: (Blood glucose - _____) ÷ _____ = _____ _____ - _____ = _____ units of Insulin																										
OTHER ROUTINE DIABETES MEDICATIONS AT SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name of Medication</th> <th style="width: 15%;">Dose</th> <th style="width: 15%;">Time</th> <th style="width: 15%;">Route</th> <th style="width: 25%;">Possible Side Effects</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>						Name of Medication	Dose	Time	Route	Possible Side Effects	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____									
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_____	_____	_____	_____	_____																									
_____	_____	_____	_____	_____																									
EXERCISE, SPORTS, AND FIELD TRIPS Blood glucose monitoring and snacks as above. Quick access to sugar-free liquids, fast-acting carbohydrates, snacks, and monitoring equipment. A fast-acting carbohydrate such as _____ should be available at the site. Child should not exercise if blood glucose level is below _____ mg/dl OR if _____																													
SUPPLIES TO BE FURNISHED/RESTOCKED BY PARENT/GUARDIAN: (Agreed-upon locations noted on emergency card/nursing care plan) <input type="checkbox"/> Blood glucose meter/strips/lancets/lancing device <input type="checkbox"/> Fast-acting carbohydrate _____ <input type="checkbox"/> Insulin vials/syringe <input type="checkbox"/> Ketone testing strips <input type="checkbox"/> Carbohydrate-containing snacks <input type="checkbox"/> Insulin pen/pen needles/cartridges <input type="checkbox"/> Sharps container for classroom <input type="checkbox"/> Carbohydrate free beverage/snack <input type="checkbox"/> Glucagon Emergency Kit																													

Clay County School Health Services Manual

MANAGEMENT OF HIGH BLOOD GLUCOSE (over _____ mg/dl)

✓ Usual signs/symptoms for this student:

- Increased thirst, urination, appetite
- Tiredness/sleepiness
- Blurred vision
- Warm, dry, or flushed skin
- Other _____

Indicate treatment choices:

- Sugar-free fluids as tolerated
- Check urine ketones if blood glucose over _____ mg/dl
- Notify parent if urine ketones positive.
- May not need snack: **call parent**
- See "Insulin Injections: Correction Dose of Insulin for High Blood Glucose"
- Other _____

MANAGEMENT OF VERY HIGH BLOOD GLUCOSE (over _____ mg/dl)

✓ Usual signs/symptoms for this student

- Nausea/vomiting
- Abdominal pain
- Rapid, shallow breathing
- Extreme thirst
- Weakness/muscle aches
- Fruity breath odor
- Other _____

Indicate treatment choices:

- Carbohydrate-free fluids if tolerated
- Check urine for ketones
- Notify parents per "Emergency Notification" section
- If unable to reach parents, call diabetes care provider
- Frequent bathroom privileges
- Stay with student and document changes in status
- Delay exercise.
- Other _____

MANAGEMENT OF LOW BLOOD GLUCOSE (below _____ mg/dl)

✓ Usual signs/symptoms for this child

- Hunger
- Change in personality/behavior
- Paleness
- Weakness/shakiness
- Tiredness/sleepiness
- Dizziness/staggering
- Headache
- Rapid heartbeat
- Nausea/loss of appetite
- Clamminess/sweating
- Blurred vision
- Inattention/confusion
- Slurred speech
- Loss of consciousness
- Seizure
- Other _____

Indicate treatment choices:

If student is awake and able to swallow,

give _____ grams fast-acting carbohydrate such as:

- 4oz. Fruit juice or non-diet soda or
- 3-4 glucose tablets or
- Concentrated gel or tube frosting or
- 8 oz. Milk or
- Other _____

Retest BG 10-15minutes after treatment

Repeat treatment until blood glucose over 80mg/dl

Follow treatment with snack of _____
if more than 1 hour till next meal/snack or if going to activity

- Other _____

IMPORTANT!!

If student is unconscious or having a seizure, presume the student is having a low blood glucose and:

Call 911 immediately and notify parents.

- Glucagon ½ mg or 1 mg (circle desired dose) should be given by trained personnel.**
- Glucose gel 1 tube can be administered inside cheek and massaged from outside while awaiting or during administration of Glucagon by staff member at scene.**
- Glucagon/Glucose gel could be used if student has documented low blood sugar and is vomiting or unable to swallow.**

Student should be turned on his/her side and maintained in this "recovery" position till fully awake".

SIGNATURES

I/we understand that all treatments and procedures may be performed by the student and/or trained unlicensed assistive personnel within the school or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I have reviewed this information sheet and agree with the indicated instructions. This form will assist the school health personnel in developing a nursing care plan.

Parent's Signature: _____ Date: _____

Physician's Signature _____ Date: _____

School Nurse's Signature: _____ Date: _____

This document follows the guiding principles outlined by the American Diabetes Association

Revised December 5, 2003

DIABETES MEDICAL MANAGEMENT PLAN SUPPLEMENT FOR STUDENT WEARING INSULIN PUMP		
School Year _____ - _____		
Student Name: _____ Date of Birth: _____ Pump Brand/Model: _____		
Pump Resource Person: _____ Phone/Beeper: _____ (See basic diabetes plan for parent phone#)		
Child-Lock On? <input type="checkbox"/> Yes <input type="checkbox"/> No How long has student worn an insulin pump? _____		
Blood Glucose Target Range: _____ - _____ Pump Insulin: <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Regular		
Insulin:Carbohydrate Ratios: _____		
(Student to receive carbohydrate bolus immediately before / _____ minutes before eating)		
Lunch/Snack Boluses Pre-programmed? <input type="checkbox"/> Yes <input type="checkbox"/> No Times _____		
Insulin Correction Formula for Blood Glucose Over Target: _____		
Extra pump supplies furnished by parent/guardian: <input type="checkbox"/> Infusion sets <input type="checkbox"/> reservoirs <input type="checkbox"/> batteries <input type="checkbox"/> dressings/tape <input type="checkbox"/> Insulin <input type="checkbox"/> syringes/insulin pen		
STUDENT PUMP SKILLS	NEEDS HELP?	IF YES, TO BE ASSISTED BY AND COMMENTS:
1. Independently count carbohydrates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Give correct bolus for carbohydrates consumed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Calculate and administer correction bolus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Recognize signs/symptoms of site infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Calculate and set a temporary basal rate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Disconnect pump if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Reconnect pump at infusion set.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Prepare reservoir and tubing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Insert new infusion set.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Give injection with syringe or pen, if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Troubleshoot alarms and malfunctions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Re-program basal profiles if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MANAGEMENT OF HIGH BLOOD GLUCOSE Follow instructions in basic diabetes medical management plan, but in addition:		
If blood glucose over target range _____ hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula: Blood glucose - _____ ÷ _____ = _____ units Insulin		
If blood glucose over 250, check urine ketones		
1. If no ketones, give bolus by pump and recheck in 2 hours.		
2. If ketones present or _____, give correction bolus as an injection immediately and contact parent/ health care provider		
If two consecutive blood glucose readings over 250 (2 hrs or more after first bolus given)		
1. Check urine ketones		
2. Give correction bolus as an injection		
3. Change infusion set.		
4. Call parent		
MANAGEMENT OF LOW BLOOD GLUCOSE Follow instructions in Basic Diabetes Care Plan, but in addition:		
If low blood glucose recurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.		
If seizure or unresponsiveness occurs:		
1. Call 911 (or designate another individual to do so).		
2. Treat with Glucagon (See basic Diabetes Medical Management Plan)		
3. Stop insulin pump by:		
<input type="checkbox"/> Placing in "suspend" or stop mode (See attached copy of manufacturer's instructions)		
<input type="checkbox"/> Disconnecting at pigtail or clip (Send pump with EMS to hospital.)		
<input type="checkbox"/> Cutting tubing		
4. Notify parent		
5. If pump was removed, send with EMS to hospital.		
ADDITIONAL TIMES TO CONTACT PARENT		
<input type="checkbox"/> Soreness or redness at infusion site	<input type="checkbox"/> Insulin Injection given	
<input type="checkbox"/> Detachment of dressing/infusion set out of place	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Leakage of insulin	_____	

Effective Date(s) of Pump plan: _____

Parent's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____

Diabetes Care Provider Signature: _____ Date: _____

Revised February 3, 2003/Florida Governor's Diabetes Council



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



DIABETES INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Type 1 Diabetes Type 2 Diabetes

EMERGENCY NOTIFICATION: Notify parents of the following conditions-

- Loss of consciousness or seizure immediately after Glucagon is given and 911 is called
- Blood sugars in excess of _____ Positive urine ketones
- Abdominal pain, nausea/vomiting, diarrhea, fever, altered breathing or altered level of consciousness

MEALS/SNACKS: Breakfast Mid morning snack Lunch Mid afternoon snack Before PE/activity
 After PE/activity Carbohydrate counting Meal plan: _____ Time for breakfast _____ Carbohydrates for breakfast _____ Time for lunch _____ Carbohydrates for lunch _____ Times for snack _____ Carbohydrates for snack _____

GLUCOSE MONITORING: Yes No Type of Meter _____

Able to interpret BS independently Needs assistance with Blood Sugar interpretation

Times to be performed: Before Breakfast Mid morning, before snack Before Lunch Dismissal
 Before PE/ Activity After PE/ Activity Mid afternoon As needed for signs/symptoms of low/high blood sugar

Place to be performed: Classroom Clinic/ Health Room Other _____

Target range for blood sugar _____ mg/dl to _____ mg/dl

INSULIN DELIVERY SYSTEM: Injections Pen Pump Pump Brand/Model: _____

Able to determine correct dose Draw up correct dose Give own injection Needs supervision

Able to carbohydrate count independently **Self management:** Independent Needs assistance

Insulin Type: Humalog Novolog Lantus Other _____

Insulin: Carbohydrate Ratio: _____ # unit(s) per _____ grams of carbohydrates

Correction Dose for **High** Blood Sugars: Blood Glucose - _____ ÷ _____ = units of insulin
 (Blood sugar goal) (Correction factor)

Correction Dose for **Low** Blood Sugars: _____ - Blood Glucose ÷ _____ = units of insulin
 (Blood sugar goal) (Correction factor)

EXERCISE/ SPORTS AND FIELD TRIPS: A fast acting carbohydrate should be available at the site. Child should not exercise if blood sugar level is below _____ or above _____ or if _____.

All field trips will be discussed with parent in advance. Trained personnel will accompany student. Yes No
 Necessary supplies will go with student adult Cell phone will be available for emergency or call in blood sugar.

MANAGEMENT OF HIGH BLOOD SUGARS: Sugar free fluids PRN. Check urine ketones if BS > _____.

Give correction dose of insulin Frequent bathroom privileges Notify parents if BS > _____, if unable to reach parents, notify diabetes care provider.

MANAGEMENT OF LOW BLOOD SUGARS: To be accompanied by another student to clinic Give 15 grams of fast acting carbohydrate such as fruit juice, non-diet soda, 3-4 glucose tabs, concentrated gel or tube frosting

Retest blood sugar in 10-15 minutes Repeat treatment until blood glucose over 80 mg/dl. Follow treatment with a snack of _____ carbohydrates.

MANAGEMENT OF UNCONSCIOUSNESS OR SEIZURE:

CALL 911 IMMEDIATELY. Call parents. Glucagon _____ mg as ordered.

Glucose Gel 1 tube administered inside cheek and massaged while awaiting arrival of Glucagon.

Student should be turned on his/her side and maintained in this position until awake.

NOTES: _____

Emergency Care Plan Yes No 504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Rev. 4/10 Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



DIABETES EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

SYMPTOMS OF LOW BLOOD SUGAR (less than 70 mg/dl):

MILD

- Hunger
- Irritable
- Weak
- Pallor
- Crying
- Unable to concentrate
- Other _____

MODERATE

- Sleepiness
- Behavior Change
- Confusion
- Slurred Speech
- Other _____

SEVERE

- Unable to swallow
- Combative
- Unconscious
- Seizures

**PLACE
I.D.
PHOTO
HERE**

MANAGEMENT OF "MILD" OR "MODERATE" LOW BLOOD SUGAR (less than _____ mg/dl):

- Provide 15 grams of fast acting sugar
 - 3-4 glucose tabs
 - 4 oz. juice
 - 6 oz. REGULAR soda
- Wait 10-15 minutes
- Recheck blood sugar
- If blood sugar is < 80 mg/dl, repeat sugar source
- If sugar is >80, give student 15 gram snack
- Notify school nurse at ext. _____.

MANAGEMENT OF "SEVERE" LOW BLOOD SUGAR:

- CALL 911 IMMEDIATELY.**
- Call school nurse at ext. _____.
- Call Administration at ext. _____.
- Stay with student.
- Call parents.
- Glucagon _____ mg as ordered.
- Glucose Gel 1 tube administered inside cheek and massaged while awaiting arrival of Glucagon.
- Student should be turned on his/her side and maintained in this position until awake.

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- PE
- Computer
- Music
- Bus Driver
- Teacher 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____
- Library
- Cafeteria
- Art
- Coach
- Other _____



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Glucose Log for _____ Date _____

Time	Blood Sugar	Action



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



Date _____

Dear Parent,

Your child _____ needs diabetes supplies replaced. Please send in **insulin strips lancets alcohol syringes pen needles 15 carb juices low carb snacks no carb snacks regular snacks.**

Please plan on replacing your child's supplies as soon as possible.

Thank you.

School Nurse

DIARRHEA

Diarrhea is a condition associated with frequent watery stools and may be accompanied with vomiting and fever. It may be a symptom of infection, which can be caused by many different organisms. Antibiotics may also induce diarrhea due to changes in the normal flora of the intestinal tract.

TRANSMISSION:

The organisms are transmitted via the fecal oral route. Transmission of the infection to others can be prevented by thorough hand washing, especially before eating, after using the bathroom and changing diapers.

INTERVENTION:

- Take the students temperature.
- Call Parent.
- Disinfect all contaminated surfaces and instruct student to wash hands.
- Recommend Parent/Guardian contact licensed health care providers for instruction.
- Further persistent diarrhea, especially if accompanied by a fever or bloody stools, should be evaluated by a medical provider for possible infectious diarrhea (i.e. shigella, giardiasis, salmonella).
- Multiple cases of diarrhea in one classroom should be reported to the Clay County Health Department.

May Return To School: The student should be excluded from school until the diarrhea has stopped for 24 hours.

DRUG OR ALCOHOL USE

If a school administrator asks the nurse to assess a student for intoxication or being under the influence of a controlled, illegal substance, the school nurse can only give general assessments. The only legal way of knowing is through drug testing of the urine or blood.

Marijuana: causes increased blood pressure, pulse and temperature, red eyes, reduced coordination and concentration, dry mouth, and laughing.

Cocaine: causes increases temperature, blood pressure and heart rate, dilated pupils, and frequent sniffing.

Hallucinogens (ecstasy, Acid, LSD): causes large dilated pupils, fatigue, difficulty concentrating, nausea, sweating, heart rate, anxiety, panic, and aggression

Narcotics (Demerol, Codeine, Morphine): causes pinpoint pupils, slow respirations, nausea, vomiting, drowsiness, euphoria, cold skin, and needle tracks on arms, and body.

Stimulants (Speed, Crack, Crystal, and Ritalin like Meds): cause dilated pupils, increased heart rate, blood pressure and respirations, blurred vision, dizziness, anxiety, glossy eyes, inability to focus eyes, irritability, and insomnia.

Depressants (Valium, Yellow Jackets): cause slowed breathing and heart rate, pinpoint pupils, mental confusion, drowsiness, droopy eyelids, staggering, slurred speech.

EARACHE

INTERVENTION:

- Take temperature.
- Make student comfortable.
- Call Parent/Guardian.
- Recommend Parent/Guardian seek medical attention if discomfort persists or if the child has a fever.

EATING DISORDERS

(ANOREXIA AND BULIMIA)

Bulimia is a severe eating disorder. People with bulimia rapidly eat tremendous amounts of food and then purge themselves of the food by vomiting or other means.

Anorexia Nervosa is a compulsion to inflict self- starvation. People of all races can develop bulimia and anorexia, but the vast majority of patients are white. This may reflect social-economic, rather than racial, factors. The illnesses are not restricted to females or those with certain occupational or educational backgrounds.

Left untreated, either disorder can become chronic and can result in severe health damage or even death.

Bulimia: Signs & Symptoms:

- Recurrent episodes of binge eating, or the rapid consumption of large amounts of food in a short period of time, usually less than two hours.
- During the eating binges, there is a feeling of total lack of control over the eating behavior.
- The individual regularly engages in either self-induced vomiting, use of laxatives, diuretics, or strict dieting or fasting and vigorous exercising in order to prevent weight gain.
- Discoloration or staining of the teeth.
- Overly concerned and disturbed with perception of body weight.

Bulimia usually begins in conjunction with a diet. Once the binge and purge cycle becomes established, it can get out of control. Some bulimics may be somewhat underweight and a few may be obese, but most tend to maintain a nearly normal weight. In many cases the menstrual cycle becomes irregular. Sexual interest may diminish. Bulimics may exhibit impulsive behaviors such as shoplifting and alcohol and/or drug use. Many appear to be healthy and

successful, even a perfectionist in everything they do. Actually most bulimics have very low self-esteem and are often depressed.

Anorexia Nervosa: Signs & Symptoms:

- Refusal or inability to maintain body weight over a minimum normal weight (Deliberate self-starvation).
- Intense fear of gaining weight or becoming fat, despite being underweight.
- Disturbance in perception of body shape.
- In post-menarcheal females, absence of three (3) consecutive menstrual cycles.

Anorexia causes peculiar behaviors and bodily changes typical of any starvation victim. Some functions are often restored to normal once sufficient weight is regained. Meanwhile, the starving body tries to protect itself (especially the two main organs, the brain and heart) by slowing down or stopping less vital body processes. Menstruation ceases, often before weight loss becomes noticeable. Blood pressure and respiratory rate slow, thyroid function diminishes resulting in brittle hair and nails, dry skin. Slowed pulse rate, cold intolerance and constipation also develop. With depletion of fat, the body temperature is lowered. Soft hair called lanugo forms over the skin. Electrolyte imbalance can become so severe that irregular heart rhythm, heart failure and decreased bone density occur. Other physical signs can include mild anemia, swelling of joints, reduced muscle mass and lightheadedness.

Exactly what causes anorexia nervosa and bulimia is a puzzle for researchers. They are just beginning to uncover clues, and not all experts agree with all theories. One theory about anorexia and bulimia is that many females feel excessive pressure to be as thin as some “ideal” perceived by the media in magazines and on television. Some suggest that a certain biological factor linked to clinical depression may contribute to the development of anorexia and bulimia. In fact 7-10 anorexics and bulimics are prone to depression, as are many of their relatives. Anorexia and bulimia may be triggered by an inability to cope with a life situation, puberty, first sexual contact, ridicule over weight, and death of a loved one or separation from family.

Several approaches are usually used to treat both disorders, including motivating the patient, enlisting family support, and providing nutritional counseling and psychotherapy. A realistic body-image concept is a pre-condition for recovery from anorexia nervosa. Considering the anorexic’s tenacious denial of being too thin or eating too little, convincing them that they need to gain weight is no small task. Bulimics usually cooperate with medical staff and may even seek treatment voluntarily. Behavior modification therapy and drug therapy may be used. Hospitalization may be required for patients who have life threatening complications or extreme psychological problems. If the patient’s life is not in danger, treatment for either disorder is usually on an outpatient basis. Treatment may take a year or more. Approximately 80% of patients with bulimia respond to antidepressant drug therapy within three to four weeks. For anorexics, however, it should be noted that the benefits of antidepressants must be regarded as tentative and that precautions should be taken to determine whether the patient’s undernourished body can handle the drugs.

Psychotherapy may be in many forms. In individual sessions, the patient explores attitudes about weight, food and body image. Then as she/he becomes aware of the problems in relating

to others and dealing with stress, the attention is centered on feelings that they may have about self esteem, guilt, anxiety, depression or helplessness.

Behavior modification therapy focuses on eliminating self-defeating behaviors. Patients may improve their stress management by learning skills in relaxation, biofeedback and assertiveness. Family therapy is designed to improve overall family functioning.

Places to seek help in finding a therapist include the psychiatry department of a nearby medical school, local hospitals, family physician, church leader, county or state mental health or social services departments, and private welfare agencies. Self-help, or support, groups are an adjunct to primary treatment.

EYE INJURIES/EYE INFECTION

Note: DO NOT allow student to rub eye. DO NOT stick any solid object (tweezers, finger etc.) in eye to remove a foreign body. Wash hands before touching the student's face or eye.

INTERVENTION:

- Cuts and Puncture of Eye of Eyelid:
 - a. Loosely bandage eye. Use a paper cup over injured eye if an object is protruding or when pressure on the eye is undesirable.
 - b. DO NOT apply pressure.

- "Speck" in the eye:
 - a. Encourage student to blink and tear.
 - b. Gently pull lashes so that upper lid comes down and away from the eyeball.
 - c. Have student look down. Release lid after 3-5 seconds.
 - d. Gently pull lower lid down and away from eyeball. If object is seen and does NOT appear embedded, gently rinse with tap water or eye wash. If object cannot be removed after one or two attempts of the above methods, follow procedure for notifying parent.

- Chemicals in Eye:
 - a. Tilt head with affected eye down, so that chemical does not trickle into other eye.
 - b. Rinse face, eyelid and eye with cool tap water for at least 15 minutes. Let water run from inner corner of eye outward.
 - c. Notify principal and parent. Call 9-1-1.
 - d. Do not bandage.
 - e. Do not stop irrigation until emergency personnel arrive.

- Trauma to Eye/Hematoma
 - a. Check pupils for reaction to light, size and equality.
 - b. Apply ice pack.
 - c. Call 9-1-1 for any changes in level of consciousness.

STY

A sty is a tiny abscess on the edge of the eyelid that may have a slight redness.

INTERVENTION:

- Call parent/guardian and inquire if they are aware of the problem and if any treatment has been initiated.
- Instruct student not to rub or touch the eyes.
- Teach student in proper hand washing techniques.
- May apply warm compress.
- Send student back to class.
- Call parent/guardian if discomfort persists.

CONJUNCTIVITIS (PINK-EYE)

Conjunctivitis is an inflammation of the mucous membranes that line the eyelids; most often caused by a virus but occasionally caused by bacteria or allergies. With this inflammation, the white part of the eye becomes pink and the eye produces large amounts of tears and discharge. In the morning, discharge may make the eyelids stick together.

TRANSMISSION

Organisms that cause conjunctivitis are transmitted by direct contact with discharge from the conjunctivae (mucous membranes that line the eyes) or upper respiratory tracts of infected people. The organisms are also transmitted from contaminated fingers, clothing, or other articles (e.g., shared eye makeup, washcloths, towels, or paper towels). Children under 5 are most often affected. The incubation period is usually 24 to 72 hours.

DIAGNOSIS

Conjunctivitis is diagnosed by the typical appearance of the eye(s). However, it is often difficult to tell if the cause is bacterial or viral. Occasionally, the doctor will examine the discharge under a microscope or culture it.

TREATMENT

Parents of students who have symptoms of conjunctivitis and staff who have symptoms of conjunctivitis should be advised to contact their health care provider to decide whether medication is needed.

Period of Communicability: Conjunctivitis is transmissible during the course of infection.

May Return To School: when asymptomatic or until antibiotic treatment has been ongoing for 24 hours.

FAINTING

SIGNS AND SYMPTOMS: Pale skin, sweating, dizziness, numb or tingling hands and feet, nausea, disturbance of vision.

INTERVENTION:

- Assist student to a lying down position
- Loosen garments
- Maintain open airway
- Try to determine if an injury occurred if the student fell. If no history is available, do not move.
- Bathe face with cool wet cloth.
- Notify Principal and Parent.
- If recovery or consciousness is not IMMEDIATE (2-3 minutes), notify Principal and Call 9-1-1.

FEVER

A child presenting to the health room with a temperature of 100.0 or higher (oral) should be evaluated for further symptoms. If the child is determined to be ill, the parent should be called and the child sent home. The child should not return to school until fever and symptom free (without fever reducing medicines) for 24 hours.

FIFTH DISEASE

Fifth disease is a viral illness which is also called “slapped cheek syndrome”. It is generally mild but may cause a mild fever and fatigue until the rash appears.

The rash generally involves the flushed appearance of the cheeks and sometimes a lacy rash on arms, legs and/or trunk. It may or may not itch. In adults, the joints may ache for days or months.

It is spread through direct contact with an infected person before that person develops the rash. Hand washing is effective in limiting the spread.

Children may attend school if no fever and feeling well. Pregnant woman should contact their obstetrician if exposed.

FOREIGN BODY IN EAR

Student complains of “something in my ear” usually no pain.

INTERVENTION:

- DO NOT try to flush out object with water or oil (including earwax).
- DO NOT try to remove a foreign body unless it can be easily seen and grasped with finger. When in doubt, do not attempt to remove.
- Call Parent/Guardian and notify principal.
- Recommend the parent/guardian to seek immediate medical care.

HEADACHE

INTERVENTION:

- Give no medication unless child has own supply and written parent permission.
- Check for fever (headaches are commonly associated with fevers).
- Determine contributing factors: lack of water, food or sleep, vision problems, cold/sinus problems, or injury to head.
- Drink large glass/cup of water.
- Student may rest with a cool cloth or ice pack on forehead.
- Call the parent if the student is too ill to return to class.
- Refer to physician if child has chronic headaches.

Some indications that a headache may be more serious are: frequent recurrences, loss of consciousness, vomiting (especially in the absence of fever or when associated with a history of injury), bizarre or unusual behavior, neck stiffness, pain, fever. Neck stiffness associated with pain and difficulty in extending head up to the ceiling and down to the chest, and fever, may suggest meningitis and requires immediate medical care.

Chronic headaches may also occur with visual changes and eye strain. Nurse should check vision if headaches are chronic.

HEADACHES (MIGRAINES)

Migraines are a neurological condition causing blood flow changes in the brain resulting in a throbbing pain in the head. Triggers such as foods, environment and hormones can cause overreaction of the blood vessels in the brain. Migraine headaches are often accompanied by extreme sensitivity to light and sound causing nausea, vomiting, fatigue dizziness and vision problems. Sinus problems, dental problems, heat trauma, hypertension, eye strain and brain tumors can also be predisposing factors in causing migraines. Drug therapy, biofeedback and removal of triggers are the most common methods of preventing and controlling migraines.

HEAD INJURY

INTERVENTION:

- Determine the cause of the injury and whether or not there might be a neck injury.
- If there is a suspected neck injury:
 - a. DO NOT move the student.
 - b. Arrange rolled up blankets or clothing on both sides of trunk, head and neck for immobilization.
 - c. Call 9-1-1.
 - d. If CPR is necessary, the lower jaw should be pulled forward gently to open airway. The head tilt should be minimal and CPR MUST be performed by a TRAINED individual.
- Determine the level of consciousness: awake and alert, dazed, semi-conscious, or unconscious.
- Observe unconscious student for breathing and for other injuries. If choking is a concern, gently roll the student onto one side, turning all body parts at one time, supporting the student's neck and head.
- For bleeding, gently hold gauze over wound. Apply ice packs to bruises.

- Notify principal and parent. Advise immediate medical attention or 9-1-1 for any student who has:
 - a. Lost consciousness, even if consciousness is regained.
 - b. Vomiting following a blow to the head.
 - c. Inability to move a limb or limbs.
 - d. Oozing of blood or watery fluid from ears or nose.
 - e. Severe headache lasting longer than one hour.
 - f. Sleepiness or dazed demeanor following a blow to the head.
 - g. Unequal pupils.
 - h. Pale color that does not return to normal in a short time.

HEALTH CONDITIONS (GENERIC)

Use these forms for any health condition that does not have a specific Medical Management Plan or Parent Questionnaire.



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



HEALTH CONDITION QUESTIONNAIRE

(To be completed by parent)

Name: _____ D.O.B. _____ School Yr. _____

Parent: _____ Primary Phone # _____

Physician _____ Phone _____

Condition(s): _____

Brief Description of condition(s): _____



When was the last time your child was seen by a physician for this condition(s)? _____

How many times has this student been seen in the emergency room in the past year for this condition(s)? _____

How many times has this student been hospitalized in the past year for this condition(s)? _____

Has this student ever been admitted to an intensive care unit for this condition(s)? _____

How many days would you estimate that this student missed from school or daycare last year for this condition(s)? _____

Medications: _____

Equipment Needed: _____

Restrictions: (If your child may not participate in physical education activities, a doctor's note is required.) _____

Field Trip Plan: _____

After School Activities Plan: _____

Please add any additional information you feel is needed to safely care for your child: _____

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child in regards to his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/ Guardian Signature _____ Date _____

Notes _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

CONDITION: _____

EMERGENCY NOTIFICATION: Notify parents of the following conditions-

- _____
- _____
- _____
- _____
- 911 is called

SPECIAL EQUIPMENT: Yes No Equipment: _____

LIMITATIONS: Yes No Restrictions: _____

MEDICATIONS: Yes No Meds: _____

EXERCISE/ SPORTS AND FIELD TRIPS:

All field trips will be discussed with parent in advance. Trained personnel will accompany student. Yes No

Necessary supplies will go with student adult Cell phone will be available for emergency.

EMERGENCY MANAGEMENT:

CALL 911 IMMEDIATELY for the following symptoms:

- _____
- _____
- _____
- _____

NOTES: _____

Emergency Care Plan Yes No

504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

SYMPTOMS:

- _____
- _____
- _____
- _____
- _____
- _____

**PLACE
I.D.
PHOTO
HERE**

TREATMENT:

- CALL 911 IMMEDIATELY.**
- Call school nurse at ext. _____.
- Call Administration at ext. _____.
- Stay with student.
- Call parents.

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- Teacher 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___
- PE
- Cafeteria
- Library
- Computer
- Music
- Art
- Bus Driver
- Coach
- Other _____

HEAT EXHAUSTION/STROKE

Heat exhaustion usually results from exercising in a warm environment. Individuals with a chronic illness (diabetes, cystic fibrosis, severe asthma, etc.), obese individuals, and the very young or elderly are especially susceptible.

Prevention involves increased intake of fluids on hot days, especially if heavy exercise is planned; gradual acclimatization (such as slowly working up to a full exercise schedule over a period of days during hot weather); and short “rest periods” in an air-conditioned atmosphere when discomfort is obvious.

SIGNS AND SYMPTOMS: perspiration, dizziness, nausea, faintness, headache, cool and pale skin, rapid pulse and breathing.

INTERVENTION:

- Have student lie down in cool or shaded area or move to air-conditioned environment if available.
- Loosen clothing. Give plenty of fluids if student can drink and is not vomiting or dazed. *Cool (not cold) liquids*
- Take student’s temperature (never take an oral temperature if the student is not fully alert). If the temperature is greater than 101°, sponge student with cool water, observe him/her closely, and seek medical attention.
- Call 9-1-1 or seek other IMMEDIATE medical help if ANY of the following occur (signs of a HEAT STROKE):
 - a. Rapid rise in body temperature, with hot and dry skin
 - b. Loss of consciousness/ shock
 - c. Seizure
 - d. AS SOON AS POSSIBLE, notify the principal and parent
 - e. Cool the student with a sponge or cloth

HYPERVENTILATION

Abnormally prolonged and rapid breathing often associated with acute anxiety or emotional tension.

The student may complain of one or more of the following:

- Pounding heart
- Dizziness
- Tingling sensation in lips and extremities
- Stomach discomfort
- Sensation of smothering

Health room personnel may notice an unsteadiness, decreased alertness, and/or fainting.

INTERVENTION:

- Allow the student to sit in a quiet place.
- Reassure student. Make direct eye contact and speak clearly and slowly. Stay with the student.

- Focus the student on slowing his/her breathing. Have student do the following exercise:
 - a. Take slow deep breaths through the nose counting to four while inhaling.
 - b. Exhale slowly through closed lips (like blowing through a straw) to a count of four.
- If the breathing exercise does not help, breathing into cupped hands over face or into a paper bag may be helpful.
- If symptoms continue for more than several minutes or student passes out, call 9-1-1.
- Notify the parent/guardian and the principal.

HYPERTENSION

Hypertension in children (and adults) has risen significantly over the past two decades. The increase is thought to be linked to weight increase, diets high in fat and cholesterol, and sedentary lifestyles. Hypertension increases the risk of developing type-2 diabetes, stroke and heart disease. Two types of hypertension exist: essential (no identifiable cause) and secondary (due to another disorder). Most causes in children are due to other diseases, but essential hypertension is on the rise. Few symptoms are apparent but over time the elevated BP may cause frequent headaches, dizziness, visual disturbances, and even seizures. Treatment may include pharmacologic and non-pharmacologic treatments including dietary management and an exercise program. Using the correct size BP cuff is very important.

New Blood Pressure Guidelines

In 2003, the National Heart, Lung, and Blood Institute revised the blood pressure guidelines.

The following guidelines are observed for adults:

<u>Category</u>	<u>Systolic (mm Hg)</u>		<u>Diastolic (mm Hg)</u>
<u>Normal blood pressure:</u>	<120	AND	<80
<u>Pre-hypertension:</u>	120-139	OR	80-89
<u>Stage 1 hypertension:</u>	140-159	OR	90-99
<u>Stage 2 hypertension:</u>	>160	OR	>100

Adults whose readings fall in the “pre-hypertensive” range are instructed to make appropriate lifestyle changes. In addition, many doctors recommend conducting a sleep history due to the association of high blood pressure and “sleep apnea.” Adults with stage 1 and stage 2 hypertension frequently are treated with medications AND lifestyle modifications.



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES
Blood Pressure Log



Name _____ Month _____

SUN	MON	TUES	WED	THURS	FRI	SAT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following guidelines are observed for children:

Pre-hypertension: blood pressures between the 90th and 95th percentiles for age/sex/height.

Hypertension: blood pressures beyond the 95th percentile for age/sex/height.

Children whose BP readings consistently fall in the “pre-hypertensive” range are encouraged to make lifestyle changes – like adults with pre-hypertension. In children, medication is reserved for those whose blood pressure remains elevated despite modifications in lifestyle. In *children*, BP guidelines are based on sex, age, and height.

In childhood, blood pressure normally rises with age. A child's sex, age and height are used to determine age-, sex- and height-specific systolic and diastolic blood pressure percentiles. This approach provides information that lets researchers consider different levels of growth in evaluating blood pressure. It also demonstrates the blood pressure standards that are based on sex, age and height and allows a more precise classification of blood pressure according to body size. More importantly, the approach avoids misclassifying children at the extremes of normal growth.

To use the tables, the height percentile is determined from the standard growth charts. The child's measured systolic and diastolic blood pressure (BP) is compared with the numbers provided in the table (boys or girls) for age and height percentile. The child is normotensive if the BP is below the 90th percentile. If the child's BP (systolic or diastolic) is at or above the 95th percentile, the child may be hypertensive. BP measurements between the 90th and 95th percentiles are prehypertensive. In general, the goal of antihypertensive maintenance therapy is blood pressure below the 95th percentile for otherwise healthy children and below the 90th percentile for children with any other organ involvement.

Blood Pressure Levels for Boys by Age and Height Percentile

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)							Diastolic BP (mmHg)						
		← Percentile of Height →							← Percentile of Height →						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	80	81	83	85	87	88	89	34	35	36	37	38	39	39
	90th	94	95	97	99	100	102	103	49	50	51	52	53	53	54
	95th	98	99	101	103	104	106	106	54	54	55	56	57	58	58
	99th	105	106	108	110	112	113	114	61	62	63	64	65	66	66
2	50th	84	85	87	88	90	92	92	39	40	41	42	43	44	44
	90th	97	99	100	102	104	105	106	54	55	56	57	58	58	59
	95th	101	102	104	106	108	109	110	59	59	60	61	62	63	63
	99th	109	110	111	113	115	117	117	66	67	68	69	70	71	71
3	50th	86	87	89	91	93	94	95	44	44	45	46	47	48	48
	90th	100	101	103	105	107	108	109	59	59	60	61	62	63	63
	95th	104	105	107	109	110	112	113	63	63	64	65	66	67	67
	99th	111	112	114	116	118	119	120	71	71	72	73	74	75	75
4	50th	88	89	91	93	95	96	97	47	48	49	50	51	51	52
	90th	102	103	105	107	109	110	111	62	63	64	65	66	66	67
	95th	106	107	109	111	112	114	115	66	67	68	69	70	71	71
	99th	113	114	116	118	120	121	122	74	75	76	77	78	78	79
5	50th	90	91	93	95	96	98	98	50	51	52	53	54	55	55
	90th	104	105	106	108	110	111	112	65	66	67	68	69	69	70
	95th	108	109	110	112	114	115	116	69	70	71	72	73	74	74
	99th	115	116	118	120	121	123	123	77	78	79	80	81	81	82
6	50th	91	92	94	96	98	99	100	53	53	54	55	56	57	57
	90th	105	106	108	110	111	113	113	68	68	69	70	71	72	72
	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76
	99th	116	117	119	121	123	124	125	80	80	81	82	83	84	84
7	50th	92	94	95	97	99	100	101	55	55	56	57	58	59	59
	90th	106	107	109	111	113	114	115	70	70	71	72	73	74	74
	95th	110	111	113	115	117	118	119	74	74	75	76	77	78	78
	99th	117	118	120	122	124	125	126	82	82	83	84	85	86	86
8	50th	94	95	97	99	100	102	102	56	57	58	59	60	60	61
	90th	107	109	110	112	114	115	116	71	72	72	73	74	75	76
	95th	111	112	114	116	118	119	120	75	76	77	78	79	79	80
	99th	119	120	122	123	125	127	127	83	84	85	86	87	87	88
9	50th	95	96	98	100	102	103	104	57	58	59	60	61	61	62
	90th	109	110	112	114	115	117	118	72	73	74	75	76	76	77
	95th	113	114	116	118	119	121	121	76	77	78	79	80	81	81
	99th	120	121	123	125	127	128	129	84	85	86	87	88	88	89
10	50th	97	98	100	102	103	105	106	58	59	60	61	61	62	63
	90th	111	112	114	115	117	119	119	73	73	74	75	76	77	78
	95th	115	116	117	119	121	122	123	77	78	79	80	81	81	82
	99th	122	123	125	127	128	130	130	85	86	86	88	88	89	90

Blood Pressure Levels for Boys by Age and Height Percentile (Continued)

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)							Diastolic BP (mmHg)						
		← Percentile of Height →							← Percentile of Height →						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
11	50th	99	100	102	104	105	107	107	59	59	60	61	62	63	63
	90th	113	114	115	117	119	120	121	74	74	75	76	77	78	78
	95th	117	118	119	121	123	124	125	78	78	79	80	81	82	82
	99th	124	125	127	129	130	132	132	86	86	87	88	89	90	90
12	50th	101	102	104	106	108	109	110	59	60	61	62	63	63	64
	90th	115	116	118	120	121	123	123	74	75	75	76	77	78	79
	95th	119	120	122	123	125	127	127	78	79	80	81	82	82	83
	99th	126	127	129	131	133	134	135	86	87	88	89	90	90	91
13	50th	104	105	106	108	110	111	112	60	60	61	62	63	64	64
	90th	117	118	120	122	124	125	126	75	75	76	77	78	79	79
	95th	121	122	124	126	128	129	130	79	79	80	81	82	83	83
	99th	128	130	131	133	135	136	137	87	87	88	89	90	91	91
14	50th	106	107	109	111	113	114	115	60	61	62	63	64	65	65
	90th	120	121	123	125	126	128	128	75	76	77	78	79	79	80
	95th	124	125	127	128	130	132	132	80	80	81	82	83	84	84
	99th	131	132	134	136	138	139	140	87	88	89	90	91	92	92
15	50th	109	110	112	113	115	117	117	61	62	63	64	65	66	66
	90th	122	124	125	127	129	130	131	76	77	78	79	80	80	81
	95th	126	127	129	131	133	134	135	81	81	82	83	84	85	85
	99th	134	135	136	138	140	142	142	88	89	90	91	92	93	93
16	50th	111	112	114	116	118	119	120	63	63	64	65	66	67	67
	90th	125	126	128	130	131	133	134	78	78	79	80	81	82	82
	95th	129	130	132	134	135	137	137	82	83	83	84	85	86	87
	99th	136	137	139	141	143	144	145	90	90	91	92	93	94	94
17	50th	114	115	116	118	120	121	122	65	66	66	67	68	69	70
	90th	127	128	130	132	134	135	136	80	80	81	82	83	84	84
	95th	131	132	134	136	138	139	140	84	85	86	87	87	88	89
	99th	139	140	141	143	145	146	147	92	93	93	94	95	96	97

BP, blood pressure

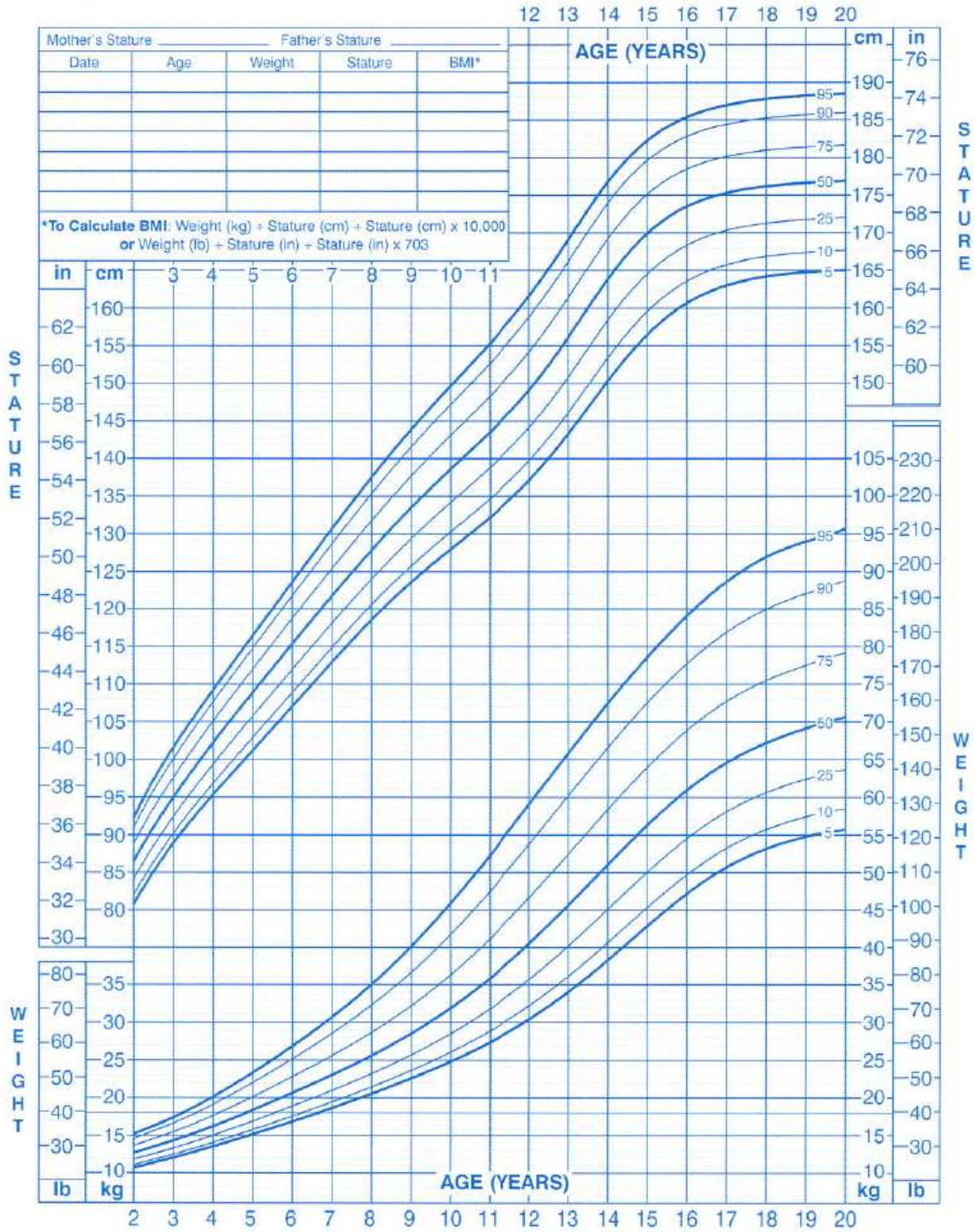
* The 90th percentile is 1.28 SD, 95th percentile is 1.645 SD, and the 99th percentile is 2.326 SD over the mean.

For research purposes, the standard deviations in Appendix Table B-1 allow one to compute BP Z-scores and percentiles for boys with height percentiles given in Table 3 (i.e., the 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentiles). These height percentiles must be converted to height Z-scores given by (5% = -1.645; 10% = -1.28; 25% = -0.68; 50% = 0; 75% = 0.68; 90% = 1.28; 95% = 1.645) and then computed according to the methodology in steps 2-4 described in Appendix B. For children with height percentiles other than these, follow steps 1-4 as described in Appendix B.

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Revised and corrected November 28, 2000.
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



Blood Pressure Levels for Girls by Age and Height Percentile

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)								Diastolic BP (mmHg)					
		← Percentile of Height →								← Percentile of Height →					
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	83	84	85	86	88	89	90	38	39	39	40	41	41	42
	90th	97	97	98	100	101	102	103	52	53	53	54	55	55	56
	95th	100	101	102	104	105	106	107	56	57	57	58	59	59	60
	99th	108	108	109	111	112	113	114	64	64	65	65	66	67	67
2	50th	85	85	87	88	89	91	91	43	44	44	45	46	46	47
	90th	98	99	100	101	103	104	105	57	58	58	59	60	61	61
	95th	102	103	104	105	107	108	109	61	62	62	63	64	65	65
	99th	109	110	111	112	114	115	116	69	69	70	70	71	72	72
3	50th	86	87	88	89	91	92	93	47	48	48	49	50	50	51
	90th	100	100	102	103	104	106	106	61	62	62	63	64	64	65
	95th	104	104	105	107	108	109	110	65	66	66	67	68	68	69
	99th	111	111	113	114	115	116	117	73	73	74	74	75	76	76
4	50th	88	88	90	91	92	94	94	50	50	51	52	52	53	54
	90th	101	102	103	104	106	107	108	64	64	65	66	67	67	68
	95th	105	106	107	108	110	111	112	68	68	69	70	71	71	72
	99th	112	113	114	115	117	118	119	76	76	76	77	78	79	79
5	50th	89	90	91	93	94	95	96	52	53	53	54	55	55	56
	90th	103	103	105	106	107	109	109	66	67	67	68	69	69	70
	95th	107	107	108	110	111	112	113	70	71	71	72	73	73	74
	99th	114	114	116	117	118	120	120	78	78	79	79	80	81	81
6	50th	91	92	93	94	96	97	98	54	54	55	56	56	57	58
	90th	104	105	106	108	109	110	111	68	68	69	70	70	71	72
	95th	108	109	110	111	113	114	115	72	72	73	74	74	75	76
	99th	115	116	117	119	120	121	122	80	80	80	81	82	83	83
7	50th	93	93	95	96	97	99	99	55	56	56	57	58	58	59
	90th	106	107	108	109	111	112	113	69	70	70	71	72	72	73
	95th	110	111	112	113	115	116	116	73	74	74	75	76	76	77
	99th	117	118	119	120	122	123	124	81	81	82	82	83	84	84
8	50th	95	95	96	98	99	100	101	57	57	57	58	59	60	60
	90th	108	109	110	111	113	114	114	71	71	71	72	73	74	74
	95th	112	112	114	115	116	118	118	75	75	75	76	77	78	78
	99th	119	120	121	122	123	125	125	82	82	83	83	84	85	86
9	50th	96	97	98	100	101	102	103	58	58	58	59	60	61	61
	90th	110	110	112	113	114	116	116	72	72	72	73	74	75	75
	95th	114	114	115	117	118	119	120	76	76	76	77	78	79	79
	99th	121	121	123	124	125	127	127	83	83	84	84	85	86	87
10	50th	98	99	100	102	103	104	105	59	59	59	60	61	62	62
	90th	112	112	114	115	116	118	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
	99th	123	123	125	126	127	129	129	84	84	85	86	86	87	88

Blood Pressure Levels for Girls by Age and Height Percentile (Continued)

Age (Year)	BP Percentile ↓	Systolic BP (mmHg)							Diastolic BP (mmHg)						
		← Percentile of Height →							← Percentile of Height →						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
11	50th	100	101	102	103	105	106	107	60	60	60	61	62	63	63
	90th	114	114	116	117	118	119	120	74	74	74	75	76	77	77
	95th	118	118	119	121	122	123	124	78	78	78	79	80	81	81
	99th	125	125	126	128	129	130	131	85	85	86	87	87	88	89
12	50th	102	103	104	105	107	108	109	61	61	61	62	63	64	64
	90th	116	116	117	119	120	121	122	75	75	75	76	77	78	78
	95th	119	120	121	123	124	125	126	79	79	79	80	81	82	82
	99th	127	127	128	130	131	132	133	86	86	87	88	88	89	90
13	50th	104	105	106	107	109	110	110	62	62	62	63	64	65	65
	90th	117	118	119	121	122	123	124	76	76	76	77	78	79	79
	95th	121	122	123	124	126	127	128	80	80	80	81	82	83	83
	99th	128	129	130	132	133	134	135	87	87	88	89	89	90	91
14	50th	106	106	107	109	110	111	112	63	63	63	64	65	66	66
	90th	119	120	121	122	124	125	125	77	77	77	78	79	80	80
	95th	123	123	125	126	127	129	129	81	81	81	82	83	84	84
	99th	130	131	132	133	135	136	136	88	88	89	90	90	91	92
15	50th	107	108	109	110	111	113	113	64	64	64	65	66	67	67
	90th	120	121	122	123	125	126	127	78	78	78	79	80	81	81
	95th	124	125	126	127	129	130	131	82	82	82	83	84	85	85
	99th	131	132	133	134	136	137	138	89	89	90	91	91	92	93
16	50th	108	108	110	111	112	114	114	64	64	65	66	66	67	68
	90th	121	122	123	124	126	127	128	78	78	79	80	81	81	82
	95th	125	126	127	128	130	131	132	82	82	83	84	85	85	86
	99th	132	133	134	135	137	138	139	90	90	90	91	92	93	93
17	50th	108	109	110	111	113	114	115	64	65	65	66	67	67	68
	90th	122	122	123	125	126	127	128	78	79	79	80	81	81	82
	95th	125	126	127	129	130	131	132	82	83	83	84	85	85	86
	99th	133	133	134	136	137	138	139	90	90	91	91	92	93	93

BP, blood pressure

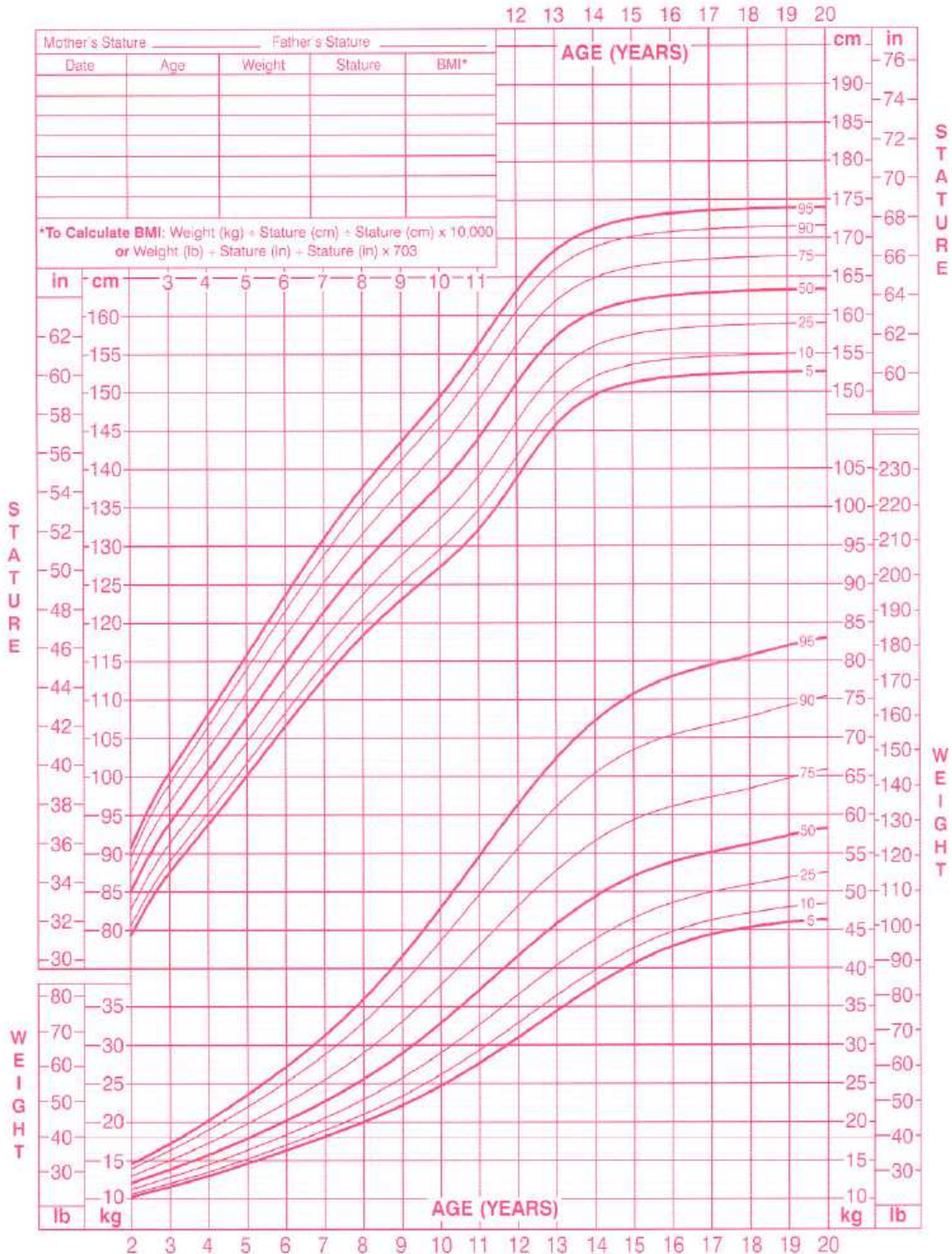
* The 90th percentile is 1.28 SD, 95th percentile is 1.645 SD, and the 99th percentile is 2.326 SD over the mean.

For research purposes, the standard deviations in Appendix Table B-1 allow one to compute BP Z-scores and percentiles for girls with height percentiles given in Table 4 (i.e., the 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentiles). These height percentiles must be converted to height Z-scores given by (5% = -1.645; 10% = -1.28; 25% = -0.68; 50% = 0; 75% = 0.68; 90% = 1.28; 95% = 1.645) and then computed according to the methodology in steps 2-4 described in Appendix B. For children with height percentiles other than these, follow steps 1-4 as described in Appendix B.

2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



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SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

HERPES SIMPLEX

(Fever blisters) Virus is spread by contact with saliva of an infected person.

Incubation Period: 2 to 12 days.

Period of Communicability: Generally 2 weeks, but may be as long as 7 weeks.

May Return To School: Students with herpes simplex should not be excluded from school.

IMPETIGO (Pus pimples, sand sores)

Impetigo is spread by contact with drainage from sore or nasal secretions.

Incubation Period: Variable and indefinite, commonly 4 to 10 days

Period of Communicability: While sores are draining.

May Return To School: Students with impetigo should be excluded from school for 24 hours after initiation of treatment.

INFLUENZA

Influenza (commonly referred to as the “flu”) is a viral disease of the respiratory tract. There are two main types of influenza virus: type A and B and one uncommon type: type C. Type A includes different subtypes that commonly, but not always, change each year. Type A is usually the strain associated with widespread epidemics and pandemics. Type B is infrequently associated with regional or widespread epidemics. Type C has been associated with sporadic cases and minor localized outbreaks.

SIGNS AND SYMPTOMS:

Illness is usually characterized by the sudden onset of high fever or chills, headache, congestion, muscle aches, and a dry cough. The clinical picture may be indistinguishable from other respiratory tract infections such as the common cold, croup, bronchiolitis, viral pneumonia, etc. nausea, vomiting, and/or diarrhea are rarely seen with influenza. Most people are ill with the “flu” for a week or less. Individuals with lung disease, heart disease, cancer, emphysema, diabetes, or those with weakened immune systems may have more serious illness and at times, may need to be hospitalized. Influenza occurs most often in the late fall and winter months.

TRANSMISSION:

The viruses that cause influenza are highly communicable—the organisms are readily transmitted from one individual to another through contact with droplets from the nose and throat of an infected person during coughing and sneezing, particularly in confined spaces such as school buses and small classrooms. The incubation period for influenza is short, usually 1 to 3 days. Individuals are most infectious in the 24 hours before the onset of symptoms and during the period of peak symptoms. The virus is spread in the secretions up to 3-5 days after the

onset of symptoms, but it may last up to 7 days in young children. Individuals with weakened immune systems may have a more prolonged course of infection. The virus that causes influenza frequently changes, thus infection with the “flu” does not make a person immune.

DIAGNOSIS:

Diagnosis is generally made presumptively based on symptoms. However, laboratory tests can be obtained to confirm this diagnosis.

TREATMENT:

While anti-viral drugs are available for the treatment of influenza, these drugs are ONLY an adjunct to control influenza and should not substitute for vaccination. The mainstay of influenza control and prevention is vaccination. In general, health care providers advise otherwise healthy individuals with influenza to drink plenty of fluids and get plenty of rest. Prescription antiviral medications are available and may be used by your health care provider to treat influenza. Many of these drugs are not approved for use in children.

School Exclusion Guidelines

Young children may transmit influenza virus for up to 7 days. Adults probably transmit the virus for 3 to 5 days. School exclusion is not indicated as long as a student or staff member feels well enough to attend school and is fever-free for 24 hours off fever reducing medicine. High-risk populations (see listing below) should be vaccinated on an annual basis. If an outbreak of influenza is identified in the school or community, high-risk individuals should consult with their health care provider regarding possible prophylaxis.

Reporting Requirements

Influenza is not a reportable disease. Florida participates in the annual sentinel physician surveillance program of the Centers for Disease Control and Prevention. These physicians report “influenza-like” illnesses and take cultures for influenza typing.

Notification Requirements

None usually indicated unless an outbreak occurs in the school. If an outbreak of influenza occurs within the school population, the school nurse should notify the Clay County Health Department. The health department, in consultation with school administrators, will determine whether some or all parents should be notified.

Prevention Guidelines

Annual influenza vaccination is strongly recommended for any person > 6 months who, because of age or underlying medical condition, is at increased risk for complications of influenza. The following groups are targeted to receive the influenza vaccine yearly:

Persons at Increased Risk for Complications

- Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including asthma.
- Adults and children who require regular medical follow-up or hospitalization during the preceding year because of chronic diseases (including diabetes), kidney dysfunction, certain blood disorders called hemoglobinopathies (including sickle cell disease) or immunosuppression (persons on medications such as prednisone or being treated for HIV infection)
- Children and teenagers (age 6 months-18 years) who are receiving long-term aspirin therapy
- Females who will be in the second or third trimester of pregnancy during the influenza season

- All people 65 years of age and older
- Residents of nursing homes or other long-term chronic care facilities
- Persons Age 50-64 years
 - Persons Who Can Transmit Influenza to Those at High-Risk, such as:
 - Health care personnel
 - Household contacts of high-risk persons

JUVENILE RHEUMATOID ARTHRITIS (JRA)

Juvenile rheumatoid arthritis is a general term for the most common types of arthritis in children. It is a long term disease resulting in joint pain and inflammation.

KIDNEY DISEASE

The kidneys are two bean-shaped organs located near the middle of the back, just below the rib cage. They are responsible for filtering water and waste products from the blood. There are multiple reasons for kidney failure in children, both acute and chronic. Some problems when treated, resolve. Others progress to chronic failure and may necessitate dialysis or transplant.

SIGNS AND SYMPTOMS:

Signs and symptoms are diverse and may include: fever, swelling especially feet, face, ankles, eye, painful urination, more frequent urination, hematuria, “accident” in previously toilet trained children, high blood pressure and, especially in chronic disease, poor growth.

TREATMENT:

Children may be on various medications and may need to be out of school on a regular basis for dialysis.

LACERATION

A laceration is a wound that breaks the skin with either smooth or irregular edges and may bleed freely.

INTERVENTION:

- Wear gloves.
- Control bleeding by applying direct pressure.
- Clean minor cuts with soap and water.
- Cover the wound with a sterile dressing.
- Recommend that parent/guardian contact licensed health care provider for further instruction if bleeding does not resolve with pressure or if sutures are indicated.
- Give the parent/guardian the date of the student’s last tetanus booster to take to the licensed health care provider.

MENINGITIS

Meningitis can be bacterial or viral. Bacterial meningitis is a serious infection of the spinal cord and brain. It has a rapid onset and causes severe illness in a short time with fever, headache and stiff neck, which are the most common symptoms.

Viral Meningitis is usually less severe but may have similar symptoms of headache, fever or stiff neck.

Meningitis is spread through the exchange of respiratory and throat secretions through kissing and sharing eating utensils or drinks. People who are close contacts of those infected will be treated with antibiotics.

Good health habits including frequent hand washing and not eating or drinking after others including family, may help prevent the transmission of meningitis.

MONONUCLEOSIS (MONO)

Infectious mononucleosis sometimes called "mono" or "the kissing disease," is an infection usually caused by the Epstein-Barr virus (EBV), which may cause fever, sore throat or swollen lymph nodes. It is spread through direct contact with the infected person's saliva such as by kissing, sharing a straw, a toothbrush, or an eating utensil.

SIGNS AND SYMPTOMS:

Symptoms usually begin to appear 4 to 7 weeks after infection with the virus. Signs that you may have mono include:

- constant fatigue
- fever
- sore throat
- loss of appetite
- swollen lymph nodes (commonly called glands, located in your neck, underarms, and groin)
- headaches
- sore muscles
- larger-than-normal liver or spleen
- skin rash
- abdominal pain

TREATMENT:

There is no cure for mono. But the good news is that even if you do nothing, the illness will go away by itself, usually in 3 to 4 weeks. The best treatment is to get plenty of rest, especially during the beginning stages of the illness when your symptoms are the worst. For the fever and aching muscles, try taking acetaminophen or ibuprofen. Prevention includes good hygiene practices including not sharing saliva of infected people.

May Return To School: Children may attend school if afebrile and feeling well. Parents should consult with their doctor if the child is easily fatigued or symptoms are prolonged.

NOSEBLEED

INTERVENTION:

- Place student in sitting position with the head slightly forward.
- *Observe Universal Precautions!*
- Apply firm pressure on both sides of the nose for five minutes. (Student can do this themselves.)
- If necessary, apply cold pack to the nose. Provide tissues.
- Reassure student.
- Keep student quiet for 10-15 minutes after the bleeding stops.
- If bleeding continues, notify parents.

Note: Nosebleeds may be caused by a blow to the nose or the head. If fracture is suspected, refer for medical attention. Student with repeated nosebleeds should be referred for medical evaluation.

PEDICULOSIS (HEAD LICE)

A resurgence of head lice in the 1970s has placed head lice infestation as one of the largest and most exasperating issues in schools today. **Head lice do not spread any disease.** Head lice are tiny gray insects (about 1/16 inch long) that live in human hair and feed on human blood. The head louse crawls quickly but **cannot fly or jump**. They multiply rapidly, laying little silvery colored oval-shaped eggs (called nits), at the base of the hair shaft very close to the scalp. Usually nits are laid within ¼” of the scalp. The nits appear glued to the base of the hair. **Egg casings further out on a hair shaft are not viable and should not be considered an infestation.** Nits are most often found in the hair behind the ears and at the back of the head and neck. Nits should not be confused with dandruff. Dandruff can easily be flicked off the hair; nits cannot because they are firmly attached to individual hairs. One telltale sign of head lice is an intensely itchy scalp, which is caused by the bite of the louse. The itchy scalp is sometimes accompanied by infected scratch marks or what appears to be a rash. A secondary bacterial infection can occur, causing oozing or crusting. Swollen neck glands may also develop. Anyone can get head lice. Head lice are not a sign of being dirty and should not be considered a sign of an unclean house. Head lice, not nits, can be shared from person to person but only by direct contact, such as sharing the same bed.

TRANSMISSION:

Head lice have no wings and do not fly or jump; they crawl. Head lice are transmitted through direct contact with an infested person through shared bedding and less frequently through shared items, such as combs, brushes, towels, and hats. Nits cannot be transmitted from person to person. Head lice do not transmit any disease and are more common in warm weather months. The life cycle is composed of three phases: eggs, nymphs (3 stages), and adult head lice. The most suitable temperature for the life cycle is 89.6°F. Eggs of head lice do not hatch at temperatures less than 71.6°F. Under optimal conditions, the eggs of lice hatch in 7 to 10 days. The nymphal stages last about 7 to 13 days depending on temperatures. The egg-to-egg cycle averages about 3 weeks.

DIAGNOSIS:

When a child is referred for possible head lice, the health room designee will check that student for signs of infestation such as presence of lice insects and/ or nits. Diagnosis is usually made by detecting nits, which appear as tiny, pearly-gray, oval-shaped specks attached to the hair near the scalp (within ¼" of scalp). Use a magnifying glass and natural light when searching for nits on the hair at the back of the neck, behind the ears, and on the top of the head. If no evidence is found, the student should be sent back to class. He/ she should not be rechecked by the teacher or sent back to the health room. If evidence is found, the student should remain in the health room and the parent called for pickup. The parent should be provided information on necessary steps to clear the infestation. Absences due to head lice will be excused, up to 2 days per incident and for a total of 10 days per school year. After a student has accumulated 10 excused absences due to head lice during a school year, further absences due to head lice will be considered unexcused. Unusual circumstances may be addressed by the principal to go beyond these 10 days for excused absences. The parent should be instructed to return to the health room (upon completion of treatment) with the child for clearance to return to class. The student may not return to class until clear of all live insects and nits. Students should not ride the bus until cleared by health room staff. Parents will also be advised that the child may be rechecked in 7-10 days to ensure they are still free of live insects and/or nits.

TREATMENT:

Treatment consists of getting rid of the lice from infested individuals and their personal items. All household members and individuals with close physical contact should be examined for lice and if infested, treated with one of the recommended shampoos or hair rinses. Individuals in a household without signs of lice or nits should NOT be treated to prevent possible infestation.

For individuals who have an infestation:

Treatment should be given only to people who have active lice or nits (present within ¼" of the scalp). Treatment should NOT be done to prevent infestation. Everyone with head lice or nits within ¼" of the scalp in the same household should be treated on the same day. The recommended treatment is a medicated shampoo that contains an agent that is "ovicidal". Ovicidal products kill both the active lice and the eggs. Permethrin (1%) products (such as Nix®) kill both the active lice and the eggs. Permethrin may continue to kill newly hatched lice for several days after treatment. This type of product is available without a prescription and should be used as instructed on the package. Pyrethrins (such as Rid®) can only kill live lice, not unhatched eggs (nits). A second treatment with either of the above products often is necessary in 9-10 days to kill any newly hatched lice before they can produce new eggs. After shampooing, parents should attempt to remove the remaining nits (eggs) with a special nit comb or fine-tooth metal comb. This is not always possible since the nits (eggs) are so close to the scalp and firmly attached. Therefore, parents should carefully check the hair for active lice every day for 2 weeks to be sure the infestation has been cured. Removal of dead nits is also recommended during this 2-week period. Checking hair, a small section at a time, under a fluorescent light and using a magnifying glass makes the nit casings easier to find. Kerosene, oil, or pet shampoo should NOT be used to treat a lice infestation. **Note:** More people are starting to report cases that might be resistant to treatment. Studies are underway to determine if some of the current remedies are no longer effective. Therefore, it is important for parents to recheck their child's head every day for 2 weeks to determine if treatment has

been successful. Re-treatment may be indicated if parents find nits within ¼” of the scalp. Follow the period of re-treatment with a daily check of the head for lice or new nits for the next 2 weeks. If infestation is still suspected after 2 rounds of treatment, parents should contact their local health care provider.

Reducing fomite transmission with supplemental measures:

Although fomite transmission is less important than head-to-head transmission, the following steps are encouraged to help avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture:

1. Towels used to dry the hair after treatment with the lice shampoo should be washed in hot water immediately.
2. All bedding used by persons with the infestation should be washed on the hot water laundry cycle and dried on the high heat cycle.
3. If possible, dry-clean clothing. Items that cannot be washed or dry-cleaned can be placed in a sealed plastic bag for 2 weeks.
4. Floors, furniture, and carpeting should be vacuumed. Be sure to throw away the vacuum cleaner bag in the outside trash can when finished.
5. Soak combs and brushes in lice shampoo for 4 minutes, boil for 20 minutes, or place small non-metal items in the microwave for 60 seconds.
6. Insecticide sprays are not recommended. Fumigation of the home or school with general insecticides by a pest control company is not necessary.
7. Children need to be encouraged not to share headgear, coats, combs, and other articles at school, especially during the warm weather months.

School Exclusion Guidelines

Communicable: Transmission is rare in a school setting. Head-to-head transmission is most frequent with fomite transmission being rare.

May Return To School: Clearance is given by the nurse for the child to return to class.



CLAY COUNTY DISTRICT SCHOOLS and
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HEAD LICE TREATMENT VERIFICATION FORM

This form must be completed and brought to Health Room before your child returns to the classroom.

Student Name: _____ Grade: _____ Teacher: _____

Mark (X) the appropriate box and write in requested information when applicable.

I have treated my child according to the directions on the product written below.

Date of treatment: _____ Name of product: _____

I am not treating my child with any product but have manually removed all lice and nits and agree to check and remove all lice and nits every day until none are found, and then every 2 – 3 days for the next 3 weeks.

Mark (X) that you have completed all four of the following steps to eliminating head lice.

All lice and nits have been physically removed.

My child's head has been inspected and there is no evidence of nits within ½" from the scalp on hair shafts or live lice.

Household cleaning measures have been completed to prevent reinfestation.

My child's household members have been checked.

Mark that you understand that your child will be rechecked in the School Health Room in 7 – 10 days.

SIGN and DATE:

Name: _____ Date: _____

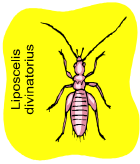
School Nurse/Designee: _____



Head Lice Treatment Pediculocide

Your child has been found to have head lice. The following steps should be followed **TODAY** to rid your child and household of the problem. Make this a family project.

1. CHECK



Check every member of the family. Use a strong light or go outside in bright light. Lice are hard to spot. Look for tiny white or dark specks (eggs or nits) stuck on hair shaft. Head lice are small, wingless bugs.

2. WASH



Wash bedding, towels and clothes that have been in contact with infected person. Use hot, soapy water and dry in hot dryer.

3. SOAK



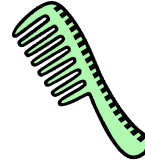
Soak combs, brushes and hair items in hot water and lice shampoo.

4. TREAT



Use head lice treatment shampoo. **FOLLOW PACKAGE DIRECTIONS.**

5. REMOVE NITS



Comb/pick out all nits. Use a regular comb to remove tangles, and then use a nit comb. Section the hair in one inch widths. Concentrate on one section at a time and comb through a small amount of hair. Remove all nits using the comb or fingernails by sliding it off the hair shaft.

6. CLEAN



Clean the environment thoroughly. Vacuum carpet, upholstery, stuffed animals, etc. Use a lint removal brush for hard to reach areas. Be sure to discard vacuum bag outside.

7. RETURN TO SCHOOL



Parents must bring their child to school health room to be cleared by the nurse for re-entry to school.

8. RECHECK



Check your child's hair every few days- comb through with a nit comb to ensure your child is free of head lice.



CLAY COUNTY DISTRICT SCHOOLS and
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Head Lice Treatment Olive Oil

Your child has been found to have head lice. The following steps should be followed **TODAY** to rid your child and household of the problem. Make this a family project.

1. CHECK



Check every member of the family. Use a strong light or go outside in bright light. Lice are hard to spot. Look for tiny white or dark specks (eggs or nits) stuck on hair shaft. Head lice are small, wingless bugs.

2. WASH



Wash bedding, towels and clothes that have been in contact with infected person. Use hot, soapy water and dry in hot dryer.

3. SOAK



Soak combs, brushes and hair items in hot water and shampoo.

4. MASSAGE



Massage olive oil into hair and scalp. Be sure to saturate completely. Leave olive oil on child's hair for up to 8 hours (or overnight). The oil suffocates the lice and must be left on the full time.

5. CLEAN



Clean the environment thoroughly. Vacuum carpet, upholstery, stuffed animals, etc. Use a lint removal brush for hard to reach areas.

6. REMOVE NITS



Comb/pick out all nits. Use a regular comb to remove tangles, and then use a nit comb. Section the hair in one inch widths. Concentrate on one section at a time and comb through a small amount of hair. Remove all nits using the comb or with your fingernails by sliding it off the hair shaft.

7. SHAMPOO



Shampoo the hair with regular shampoo, preferably over a sink instead of the bathtub or shower. Use a clarifying shampoo and work the shampoo into the hair without wetting it. This will help break down the oil for easier removal. You may need to shampoo more than once to completely remove the oil. Check the hair for nits after drying. Repeat the sectioning process described above.

8. RETURN TO SCHOOL



Parents must bring their child to school health room to be cleared by the nurse for re-entry to school.

9. REPEAT



Repeat the olive oil treatment (not pediculicide shampoo) and nit removal every 4 days for 3 weeks. This will kill all newly hatched lice before they mature and lay more eggs.



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



Date _____

Dear Parent,

Lice/ nits were found in your child's hair today. I tried to get you by phone and was not successful. Please read the attached information and take the steps required to treat it. Please come to the health room on the first day back after treatment so I can check your child's hair. A parent or adult must bring the child to the health room. I am here at _____ am and can help you at any time.

Thank you for understanding our school board policies regarding lice. If you have any questions or concerns, please feel free to call me at _____.

School Nurse

PINWORMS

Pinworm infection is caused by a small white worm that lives in the rectum of the infected person. While that person sleeps the females lay their eggs on the skin surrounding the rectum. This causes severe itching and disturbed sleep. Pinworms are common in school age children and preschoolers. You can become infected by swallowing eggs from the contaminated surfaces including fingers.

Pinworms are treated with prescription or over the counter drugs. A doctor should be consulted if you are uncertain. Treatment involves two doses of the medicine given 2 weeks apart.

PREVENTION:

- Changing and washing underwear daily and after each treatment
- Frequent hand washing
- Keeping nails trimmed short and discouraging nail biting

May Return To School: Children may return to school after first dose of treatment and after scrubbing nails and bathing.

RASHES (DERMATITIS)

A rash is an area of irritated or swollen skin. It might be red and itchy, bumpy, scaly, crusty or blistered. Rashes are a symptom of many different medical conditions. Diseases, irritating substances, allergies and heredity can cause rashes.

Contact dermatitis is a rash that results from either repeated contact with irritants or contact with allergy-producing substances, such as poison ivy.

Atopic dermatitis, more commonly known as eczema is a chronic itchy rash that tends to come and go.

Some rashes develop immediately. Others form over several days. Scratching the rash might take it longer to heal. The treatment for a rash usually depends on its cause. Options include moisturizers, lotions, baths, cortisone creams that relieve swelling, and antihistamines, which relieve itching. If a rash is oozing or suspected to be infectious, the child should be evaluated by a medical provider who will authorize the child's return to school, and whether the rash should be covered (i.e. shingles).

RINGWORM

Ringworm is a common fungal infection causing patches of red, scaly skin. The lesions are generally circular and red with a scaly border. Ringworm can affect people and pets and is generally transmitted by close contact. Ringworm is treated with over the counter anti-fungal creams (ask the pharmacist) or prescription medications, especially if on the scalp.

May Return To School: Children may attend school if ringworm is being treated. If lesions are wet or oozing, they should be covered. If there are scalp lesions, the child must be seen by a physician for proper treatment before returning to school.

SCABIES

Scabies is a very contagious skin condition caused by a mite. The rash is extremely itchy and can be difficult to diagnose. It can affect both humans and animals. The mite causes symptoms when it digs a tunnel below the skin (a burrow) and causes a type of allergic reaction. Scabies can affect anyone regardless of age, gender, or personal hygiene. It is almost always contracted by close human contact.

SIGNS AND SYMPTOMS:

Sufferers experience severe continuous itching, especially at night. If several members of the same family or close contacts have the same symptoms, it is a good indicator that scabies is the cause. There may be small insect bites or tracks visible, especially between finger or toes, the waist area or under the breasts.

TREATMENT:

Lotions containing 5% permethrin, which are available over the counter or prescription medications are applied to a clean body from the neck down to the toes. It is left on overnight (8

hours), then washed off. This application is usually repeated in seven days. All clothes, bedding and towels should be washed in hot water and dried.

May Return To School: Once treated, children may attend school although the rash and itching may persist for 1-2 weeks.

SCARLET FEVER

Scarlet fever is a rash that sometimes occurs in people that have strep throat.

SYMPTOMS:

The rash starts as tiny red bumps on the chest and abdomen and spreads to the rest of the body. It looks like sunburn and feels like sandpaper. It generally lasts 2-5 days and sometimes, after the rash is gone, the skin on the tips of the fingers and toes peel. The throat is very red and sore. There is generally a fever and swollen glands.

TREATMENT:

If the throat culture is strep positive, antibiotics will be prescribed.

May Return To School: Children may return to school 24 hours after starting the antibiotic and 24 hours after the temp is normal (less than 100 °)

SEIZURE/EPILEPSY

Note: Epilepsy is a medical condition in which a person has the likelihood to suffer repeated convulsions. Such individuals require medical diagnosis, management and follow-up. A child with epilepsy should have an Emergency Information Card and cumulative folder clearly marked.

SIGNS AND SYMPTOMS:

Rigidity and/or jerking of body muscles, possible loss of consciousness, and possible loss of bowel or bladder control. After the seizure, there may be a period of profound relaxation, exhaustion and stupor. Seizures lasting over five minutes or seizures in a child, who has never experienced one before, call 9-1-1. A seizure which lasts for more than 60 seconds is cause for concern, if it is a rapid sequence of seizures. If there is doubt as to whether or not the student is continuing to seize or that there is an excessive amount of seizures, call 9-1-1.

TREATMENT:

1. Prevent student from hurting him/herself by moving nearby objects away and breaking fall, if possible.
2. If vomiting occurs, turn the student onto his/her side with face to the side to allow drainage.

3. Observe breathing. Resuscitate if necessary. (The need for resuscitation would be extremely rare.)
4. DO NOT restrain student.
5. DO NOT place your fingers or any object in mouth.
6. If student is a known epileptic patient and this is normal seizure pattern, allow him/her to rest following seizure. Notify principal and parent. Student may be allowed to return to class if he/she feels well enough and parent gives permission. If this is an abnormally prolonged seizure and Diastat is required, the student will usually be sent home.
7. If student is NOT known to be epileptic, notify principal and call parent to transport child immediately (providing child is alert and oriented). If parent does NOT respond in a timely manner or child is listless, call 9-1-1 IMMEDIATELY!!!!

DIASTAT ADMINISTRATION

PURPOSE:

Diastat is a gel formula of Valium intended for rectal use in patients with a seizure disorder, who, despite a daily anti-seizure regimen, have bouts of increased seizure activity. It should be administered by caregivers who are able to recognize the need for the medication based on individual orders. The caregiver should be trained and periodically monitored in the administration of the drug and the need to call 9-1-1 if it is administered, or as physician orders indicate.

PROCEDURE:

1. Turn person to their side.
2. Assemble all equipment.
 - a. Diastat
 - b. Gloves
 - c. Lubricant
3. Explain procedure to patient.
4. Put gloves on.
5. Provide privacy by using curtain; forming a human barrier around the child; having someone hold up a sheet to screen the child.
6. Push up with your thumb and remove the cap from the syringe. Be sure the seal pin is removed with the cap.
7. Lubricate the tip with the lubricant provided.
8. Facing the patient, bend the upper leg forward and separate the buttocks.
9. Gently insert the syringe.
10. Count to 3 while pushing the plunger until it stops.
11. Count to 3 again before removing the syringe.
12. Count to 3 while holding buttocks together.
13. Do not reuse the syringe.
14. Monitor the child until 9-1-1 personnel and/or parents arrive.
15. Unless ordered otherwise, a child who receives Diastat in school should be transported home or to a medical facility for further monitoring. The most common side effect is drowsiness.

Note: Diastat Acudial must be properly dialed and locked before use. This should be done before leaving the pharmacy so the correct dose is received. A display window on the syringe indicates the dose and a green band at the base of the tip indicates it is ready for use.



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



SEIZURE DISORDER QUESTIONNAIRE
(To be completed by Parent)

**PLACE
I.D.
PHOTO
HERE**

Name: _____ D.O.B. _____ School Yr. _____

Parent: _____ Primary Phone # _____

Physician _____ Phone _____

Year Diagnosed _____ Date of most recent seizure _____

List all medications your child takes: _____

Does your child need medication during school hours? Yes No

Does student have a Vagal Nerve Stimulator? Yes No Does he/she carry a magnet? Yes No

Does student have Diastat? Yes No

Known trigger(s): _____

Does the student experience an aura before having a seizure? Yes No If yes, what kind do they have?

Your child's signs of a seizure are (check all that apply):

- Staring Twitching/shaking of body part _____
- Picking at clothes Walking around the room Loss of bowel or bladder control
- Unconsciousness Full body rigidity then jerking Anger or behavioral problems
- Child turns blue or has breathing problems
- Other: Please describe: _____

How often do seizures occur? _____

How long do the seizures normally last? _____

Are there any limitations to your child's activities? Yes No If yes, please describe:

Does your child require any protective equipment (helmet, etc.)? Yes No If yes, please list and explain:

Other considerations that will assist the school in providing safe care for your child:

If any seizure lasts longer than 5 minutes, Diastat is given or there are multiple seizures, it is district policy to call 9-1-1.

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child as regards his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/ Guardian Signature _____ Date _____

Notes _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



SEIZURE DISORDER INDIVIDUALIZED HEALTHCARE PLAN

(To be completed by Registered Nurse with parent input)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

EMERGENCY NOTIFICATION: Notify parents of the following conditions-

- Seizure activity outside the child's norm
- Seizure activity persists
- Student is injured or ill with seizure
- 911 is called

NORMAL SEIZURE ACTIVITY:

- Aura No Aura Staring Twitching/shaking of body part _____
- Picking at clothes Walking around the room Loss of bowel or bladder control
- Unconsciousness Full body rigidity then jerking Anger or behavioral problems
- Child turns blue or has breathing problems
- Other: Please describe: _____

FREQUENCY OF SEIZURES: _____

DURATION OF SEIZURES: _____

SPECIAL EQUIPMENT: Yes No Helmet Vagal Nerve Stimulator Location _____

Magnet to be worn by _____

ENVIRONMENTAL CONTROLS:

- Special dietary guidelines: _____
- Avoid bright or flashing lights, sudden loud noises

MEDICATIONS: Yes No Daily Meds: _____

- Diastat in emergency as per doctor's order
- Emergency medication: _____ as per doctor's order

EXERCISE/ SPORTS AND FIELD TRIPS:

- All field trips will be discussed with parent in advance. Trained personnel will accompany student. Yes No
- Necessary supplies will go with student adult Cell phone will be available for emergency.

EMERGENCY MANAGEMENT:

- CALL 911 IMMEDIATELY for the following symptoms:
 - Seizure lasts longer than 5 minutes as per school board policy
 - Seizure occurs as a result of an injury or student has diabetes
 - Seizure causes respiratory distress
 - Diastat is given

NOTES: _____

Emergency Care Plan Yes No 504 Plan Yes No

Parent/Guardian Signature _____ Date _____

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

RN Signature _____ Date _____

Rev. 4/10 Copy sent to parent



CLAY COUNTY DISTRICT SCHOOLS and
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SEIZURE DISORDER EMERGENCY CARE PLAN

(To be completed by Registered Nurse)

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

Parent's Name: _____ Phone _____

SYMPTOMS OF SEIZURE EMERGENCY:

- Seizure lasting 5 minutes or more
- Repeated seizures without gaining consciousness
- Breathing problems



MANAGEMENT OF SEIZURE EMERGENCY:

- CALL 911 IMMEDIATELY.**
- Call school nurse at ext. _____.
- Call Administration at ext. _____
- Turn student on his or her side.
- Do not insert anything into the mouth.
- Protect from injury (clear surrounding area of potential objects that might injure student).
- Administer Diastat if ordered by physician.
- Stay with student.
- Call parents.
- Monitor student for type of seizure, duration of seizure.

NOTES: _____

RN Signature _____ Date _____

Copies given to:

- Parent
- Teacher 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___
- PE
- Library
- Computer
- Cafeteria
- Music
- Art
- Bus Driver
- Coach
- Other _____



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



SEIZURE DISORDER OBSERVATION FORM

Name: _____ D.O.B. _____ Grade: _____ Teacher: _____

ACTIVITY PRIOR TO SEIZURE:

Working at desk Complaining of headache, strange smell or sound

TIME SEIZURE STARTED: _____ AM PM **TIME SEIZURE ENDED:** _____ AM PM

SEIZURE ACTIVITY:

Breathing Difficulties: Yes- call 911 No

Eyes: Closed Rolled up Staring Blinking

Mouth: Smacking lips Drooling Biting tongue Talking/ Cried out

Arms: Movement of one side of the body only Movement of both sides of the body Bent (tight)
 Straight (rigid) Twitching Hands picking at object on clothing

Legs: Movement of one side of the body only Movement of both sides of the body Bent (tight)
 Straight (rigid) Twitching

Skin: Normal Pale Flushed

Bowel/ Bladder Control: Yes No

BEHAVIOR AFTER SEIZURE:

- Confusion
- Fatigue
- Complaint of headache
- Slurred speech
- Weakness on one side of the body
- Vomiting

NOTES: _____

Observer's Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



SEIZURE FLOW CHART

Student Name: _____

FILL APPROPRIATE BOXES		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Time seizure starts									
Behavior	Cry or other sound								
	Changes in facial expression								
Position of body	Arms flexed and drawn up								
	Legs flexed and drawn up								
Face	Color change								
	Teeth clenched								
Position of eyes	Straight ahead								
	Deviated upward								
	Deviated outward								
Length of seizure									
Other observations									



CLAY COUNTY DISTRICT SCHOOLS and
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



SEIZURE OBSERVATION FORM

Student Name _____

School Grade _____

Location of seizure _____

Date _____ Time _____

1. What was the student doing BEFORE the seizure?

A. Was the student: Alert Drowsy Sleeping Other (describe) _____

B. How long did the seizure last? _____ (Do not include time sleeping after the seizure).

C. Did the student experience a warning? Yes No. If YES, describe it _____

2. Check the events you saw DURING the seizure:

- | | | |
|---|--|---|
| <input type="checkbox"/> Eyes turned up | <input type="checkbox"/> Picking movements | <input type="checkbox"/> Respective lip smacking or chewing |
| <input type="checkbox"/> Impaired speech | <input type="checkbox"/> Blank stare | <input type="checkbox"/> Fell |
| <input type="checkbox"/> Lost consciousness | <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Cried out |
| <input type="checkbox"/> Stiffening | <input type="checkbox"/> Jerking | |
| <input type="checkbox"/> Confusion or disorientation. How long? _____ | | |
| <input type="checkbox"/> Other _____ | | |

3. Check the things you saw DURING the seizure:

- | | | |
|---|---|---|
| <input type="checkbox"/> Drooling | <input type="checkbox"/> Lost bladder control | <input type="checkbox"/> Lost bowel control |
| <input type="checkbox"/> Became pale or turned blue | <input type="checkbox"/> Bit tongue | <input type="checkbox"/> Blinked eyes |
| <input type="checkbox"/> Walked around | <input type="checkbox"/> Became flushed | |
| <input type="checkbox"/> Other _____ | | |

4. Check the things you saw AFTER the seizure:

- | | |
|---|---|
| <input type="checkbox"/> Confusion or disorientation. How long? | |
| <input type="checkbox"/> Complained of headache | <input type="checkbox"/> Complained of body aches |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomited |
| <input type="checkbox"/> Complained of weakness | <input type="checkbox"/> Slept. How long? |
| <input type="checkbox"/> Injuries. Describe _____ | |
| <input type="checkbox"/> Other _____ | |

Name of person who saw the seizure and filled out this form _____

Name

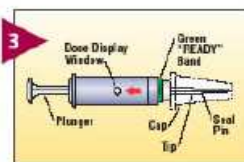
DIASTAT® AcuDial™ (diazepam rectal gel)
Administration Instructions



1 Put person on their side where they can't fall.



2 Get medicine.



3 Get syringe.
Note: Seal Pin is attached to the cap.



4 Push up with thumb and pull to remove cap from syringe.
Be sure Seal Pin is removed with the cap.



5 Lubricate rectal tip with lubricating jelly.



6 Turn person on side facing you.



7 Bend upper leg forward to expose rectum.



8 Separate buttocks to expose rectum.



9 Gently insert syringe tip into rectum.
Note: Rim should be snug against rectal opening.



10 Slowly count to 3 while gently pushing plunger in until it stops.



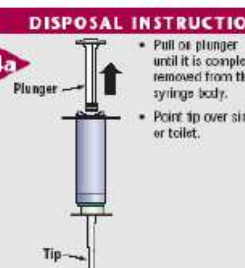
11 Slowly count to 3 before removing syringe from rectum.



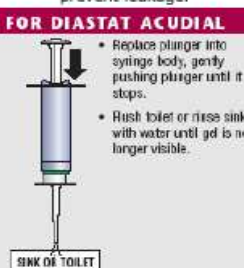
12 Slowly count to 3 while holding buttocks together to prevent leakage.



13 **ONCE DIASTAT® IS GIVEN**
 Keep person on side facing you, note time given and continue to observe.



14a **DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL**
 • Pull or plunger until it is completely removed from the syringe body.
 • Point tip over sink or toilet.



14b • Replace plunger into syringe body, gently pushing plunger until it stops.
 • Flush toilet or raise sink with water until gel is no longer visible.

This step is for Diastat® AcuDial™ users only
 At the completion of step 14a:
 • Discard all used materials in the garbage can.
 • Do not reuse.
 • Discard in a safe place away from children.

DISPOSAL FOR DIASTAT 2.5 MG
 At the completion of step 13:
 • Discard all used materials in the garbage can.
 • Do not reuse.
 • Discard in a safe place away from children.

Diastat® AcuDial™ (diazepam rectal gel)

SHINGLES (SEE CHICKEN POX ON PAGE 113)

SICKLE CELL ANEMIA/DISEASE

Sickle cell anemia is an inherited blood disorder where the red blood cells become sickle shaped (like a crescent moon) rather than round like a doughnut. Sickle cells cannot move easily through blood vessels and thus tend to clump and reduce blood flow to limbs and organs. Sickled cells also die faster than normal red blood cells, and the body is unable to make enough to replace the dying ones, leading to anemia. Reduced oxygen flow increases sickling and cell destruction and the cycle continues.

SYMPTOMS:

Acute symptoms (“crises”) include pain associated with blocked vessels, fever, swollen hands and feet. Anemia causes pallor, weakness, limited exercise tolerance, delayed growth and other development problems.

SORE THROAT

INTERVENTION:

- Take temperature to rule out fever.
- Gargling with warm salt water (1/4 tsp. in 8 oz. of water) may relieve discomfort.
- May check throat for redness with tongue blade.

IF TEMPERATURE IS ELEVATED:

- Call parent/guardian.

IF TEMPERATURE IS NOT ELEVATED:

- Send student back to class.

SPINA BIFIDA

Spina Bifida is a failure of the spinal column to fuse, leaving the enclosed spinal cord unprotected. This may occur anywhere from the neck to the tailbone, the most common location is the lower part of the spine just above the buttocks. The skin and the spinal cord do not develop properly and a pouch is present where the bones fail to fuse.

TREATMENT:

A typical Spina Bifida child of school age will already have had back surgery to repair the skin defect, a shunt in the brain to prevent or arrest hydrocephalus, and braces or crutches for walking.

LIMITS:

In a typical case, the child has no control over bowel or bladder function. Usually both legs are completely paralyzed. Unless there are associated abnormalities of the brain, children with Spina Bifida are emotionally or intellectually normal. With proper treatment and training they should be able to attend school. They have excellent potential for learning. Most can be mainstreamed into regular classes. However some specific learning problems and poor fine motor control because of subtle cerebral defects, also called perceptual problems.

MANAGEMENT:

- *BOWEL CARE* – due to lack of muscular control of the anal opening, fecal soiling is often seen. Changes of diapers or other appropriate clothing must be kept at the school.
- *BLADDER CARE* – due to lack of nerve supply to the bladder, the urge to urinate does not exist. The bladder fills till it can hold no more, and eventually urine dribbles out of the urethra and keeps the clothes or diapers constantly wet. Since the bladder never empties, the remaining urine and bladder wall may become infected. Management requires that the bladder be emptied periodically to prevent infection. Most urologist feel that intermittent catheterizations every four to six hours is the preferred method. It is usually performed once a day at school at about noon. Self-catheterization is encouraged to ensure self-sufficiency.
- Safety issues specific to child's activities.

SPINAL INJURIES – BACK OR NECK

If spinal cord injury is suspected, **DO NOT MOVE** student!

DESCRIPTION:

Damage to the spinal cord that protects the nerves of the spine; most often caused from motor vehicle or bicycle accidents, sports injuries or falls involving bending, twisting or jolting of the body. The pain is usually made worse by pressure or movement and may radiate to arm or leg; may have weakness, numbness or inability to move arm or leg.

INTERVENTION:

- Call 911.
- Do not move the student.
- Do not bend, twist or rotate the neck or body of the student.

If the Student is Unconscious:

- Check Airway, Breathing and Circulation and initiate the steps in CPR as needed (use jaw thrust, not head tilt/chin lift, to open airway) - ALWAYS CALL 911 immediately.

*Unless CPR is necessary or the student must be moved from fire or other life-threatening situation, **DO NOT MOVE THE STUDENT.***

NOTE:

- If you must move the student, be sure to support the head, neck, and body as one unit.
- Minimize movement of the head, neck, and spine in the position found. Place rolled up clothing, blankets, towels, etc. around the head and sides. If necessary to place student on his/her back for CPR, roll the head, neck and spine as one unit.
- Call parent/guardian and notify principal.
- Document date, time, nature of injury and interventions.

If the Student Regains Consciousness:

Instruct the student not to move until help arrives.

Minimize movement. **DO NOT MOVE THE HEAD OR NECK.**

Ask the student what happened and where it hurts.

Call 9-1-1 for assessment.

Call parent/guardian and notify principal.

SPLINTERS/PENCIL “LEAD”

Pencils no longer contain lead, but graphite.

INTERVENTION:

If the splinter/pencil lead is protruding above the surface of the skin:

- Remove by grasping with tweezers and pulling out.
- Wash with soap and water.
- Cover with sterile bandage.
- Send back to class.

If the splinter/pencil lead is imbedded:

- DO NOT try to remove.
- Cover with bandage.
- Call parent/guardian or advise student to show to parent

TICK REMOVAL

Ticks embedded in the skin should NOT be removed by school personnel. Notify parent.

UPPER RESPIRATORY INFECTIONS

- Children frequently come to the health room complaining of stuffy/runny nose, coughing, congestion and other symptoms of the common cold. Children who are ill are not productive and are not learning. They will likely also infect other children in the class since the virus is transmitted through direct contact with nasal/oral secretions.

INTERVENTION:

- Check the temperature-if greater than 100° oral, contact parent. If coughing is persistent, and disruptive to the class, the child should go home.
- If child has no fever but appears ill with red eyes, nose, periodic cough, lack of energy; or frequent thick nasal discharge-especially if other than clear-the parent should be encouraged to take the child home.

VOMITING

Nausea and vomiting are symptoms of an underlying disease and not a specific illness. Nausea is the sensation that the stomach wants to empty itself, while vomiting (emesis) or throwing up, is the act of forcible emptying of the stomach.

Vomiting is a violent act in which the stomach has to overcome the pressures that are normally in place to keep food and secretions within the stomach. The stomach almost turns itself inside out - forcing itself into the lower portion of the esophagus (the tube that connects the mouth to the stomach) during a vomiting episode.

There are numerous causes of nausea and vomiting. These symptoms may be due to the following:

- acute gastritis due to infections, stomach flu, food poisoning, gastroesophageal reflux disease (GERD), peptic ulcer disease, or other stomach irritants from medications
- central causes (signals from the brain) such as headaches, inner ear problems, head injuries and heat related illnesses
- atypical symptom of another disease: Some illnesses will cause nausea and vomiting, even though there is no direct involvement of the stomach or gastrointestinal tract such as heart attacks, sepsis, bulimia
- Side effects from medications and medical treatments
- mechanical obstruction of the bowel
- pregnancy

If the student is vomiting at school, the parent should be called and the child taken home. The child may return to school when symptoms are gone and fever free for 24 hours off fever reducing medicine. If multiple cases of vomiting occur in one classroom, the Clay County Health Department should be notified.

WHOOPING COUGH (PERTUSSIS)

Pertussis, commonly called whooping cough, is a bacterial infection of the throat and lungs. The cough can last for weeks or months. Most children are vaccinated against Pertussis with 4 or 5 doses before starting school. A booster dose of vaccine is recommended as well, with the required 7th grade immunizations, or with an adult tetanus booster.

Pertussis is diagnosed with a nasopharyngeal culture. If someone is diagnosed, other family members, especially children under the age of 7 that have not been vaccinated, should be vaccinated and/or treated with antibiotics. Pertussis is a reportable disease.

May Return To School: Children may return to school after being on antibiotics for 5 days.