

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 Action Plans (EAP), Individual Health Care Plans (IHCP), 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 Action Plan (EAP). The EAP is a component of an Individual Health Care Plan (IHCP), 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 IHCPs 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 IHCP. 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 IHCP 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. IHCPs 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 registered 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 IHCP will help assure administrators, parents, and staff that the student is properly cared for. The IHCP can assist in many areas:

- Registered nurses utilize IHCPs to communicate nursing care needs to administrators, staff, students, and parents.
- The IHCP will create a safer process for delegation of nursing care, supporting continuity of care.
- The IHCP 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	Headache/ Migraine
Abrasions	Head Injuries
ADD/ ADHD	Heat Exhaustion/Stroke
AIDS/HIV	Hyperventilation
Anaphylaxis	Hypertension
Asthma/Allergies	Herpes Simplex (cold sore)
Abscesses/Boils	Impetigo
Bites-Animal/Insect/Human	Influenza
Bleeding Disorders (including hemophilia)	Juvenile Rheumatoid Arthritis (JRA)
Blisters	Kidney Disease
Bone/Muscle/Joint Injuries	Lacerations
Burns	Meningitis
Cancer	Mononucleosis (Mono)
Cardiovascular Disorders	Nosebleed
Cerebral Palsy	Pediculosis (Head Lice)
Chicken Pox	Pinworms
Cutaneous Larva Migrans (Creeping Eruption)	Rashes
Cystic Fibrosis	Ring Worm (Tinea Capitus)
Dental Injuries	Scabies
Diabetes Mellitus	Scarlet Fever
Diarrhea	Shingles (see Chicken Pox)
Drug/ Alcohol Abuse	Seizure/Epilepsy
Ear Problems	Sickle Cell Anemia/Disease
Eating Disorders	Sore Throat
Eye	Spina Bifida
Conditions/Sty/Conjunctivitis	Spinal Injuries
Fainting	Splinters
Fever	Tick Removal
Fifth's Disease	Upper Respiratory Infections
Foreign Body in Ear	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:

The 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 timeouts or loss of privileges 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 student's 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 guanfacine 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, difficulty swallowing, abdominal pain, vomiting, wheezing, breathing difficulty, dizziness, shock, pallor, sweating, rapid pulse, weakness and unconsciousness.

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 the use of the Epi-pen. Skills checklist should be completed documenting competence on Epi-pen administration.

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

EPINEPHRINE AUTO INJECTOR EMERGENCY FIRST AID FOR ANAPHYLACTIC REACTION



The Epinephrine Auto-Injector is a disposable drug delivery system with a concealed needle that is spring activated. The active ingredient is epinephrine, the treatment of choice in allergic emergencies (anaphylactic reactions) because it quickly constricts blood vessels, relaxes smooth muscles in the lungs to improve breathing, stimulates the heartbeat and works to reverse hives and swelling around the face and lips.

The Epinephrine Auto Injector is commonly prescribed for individuals who have had prior severe allergic reactions to certain foods or food additives, to medications, to insect stings or bites or to exercise. The most common insects that may cause anaphylaxis are the stingers (bees, hornets, yellow jackets and wasps) and the biters (deer flies, black flies, ants and yellow flies).

An emergency situation may occur anytime a hypersensitive student is exposed to a substance, sting, or bite to which the student is allergic. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Hypersensitive students, identified for the school staff by their parents/guardian and physicians, require the availability of emergency medication. Epinephrine must be specifically prescribed for the student, just as any other prescription medication. Be aware of which students are authorized to carry their own Epinephrine Auto Injector as indicated by the physician on the Parental Authorization for Administration of Medication Form or Allergy Medical Management Plan.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms occur gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possibly fatal shock. Usually, symptoms occur immediately following the sting or bite; death may occur within minutes. **Symptoms, which often vary according to individual response, include the following:**

- Sudden sense of uneasiness/anxiety.
- Flushed skin.
- Widespread hives.
- Itching around the eyes.
- Dry, hacking cough.
- Constricted feeling in throat/chest.
- Wheezing.
- Facial edema or swelling (i.e. lips, tongue, and eyes).
- Abdominal pain.
- Nausea or vomiting.
- Difficulty breathing.
- Hoarseness or thickened speech.
- Confusion.
- Feeling of impending doom

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis (bluish skin), reduced blood pressure, collapse, incontinence and unconsciousness. Epinephrine given after the onset of low blood pressure may not prevent death.

If a hypersensitive student (who may experience a possible anaphylactic reaction) has been admitted to the school, immediately notify the school nurse who will obtain proper paperwork and notify appropriate personnel.

EpiPen® Injection Procedure

Purpose: To ensure immediate appropriate response to anaphylaxis when Epinephrine is available.

Action to be performed by: Person trained by licensed healthcare professional.

Steps:

1. Identify symptoms of anaphylaxis (systemic allergic reaction). Anaphylaxis is described in the Medical Conditions chapter. Symptoms may include any of the following:
 - Sudden sense of uneasiness/anxiety
 - Flushed skin
 - Widespread hives
 - Itching around the eyes
 - Dry, hacking cough
 - Constricted feeling in throat/chest
 - Wheezing
 - Facial edema or swelling (i.e. lips, tongue and eyes)
 - Dizziness
 - Abdominal pain
 - Nausea or vomiting
 - Difficulty breathing or swallowing
 - Hoarseness or thickened speech
 - Confusion
 - Feeling of impending doom
2. Have someone call 911. The effects of the injection begin to wear off after 10 to 20 minutes, so it is important to seek further medical assistance.
3. Activate the EpiPen® by removing the gray safety cap. The safety cap prevents accidental firing.
4. Hold the EpiPen® with black tip at a 90-degree angle against the fleshy portion of the outer thigh. EpiPen® should only be injected into the outer thigh, never into the buttocks or a vein.

4. Press the EpiPen® hard into the thigh until the auto-injector mechanism functions, and hold in place for several seconds for medication to be diffused. If there is no time, the EpiPen® may be given directly through clothing.
6. Remove EpiPen® and discard in sharps container.
7. Check Airway, Breathing, and Circulation and initiate steps of CPR as needed until arrival of the EMS.
8. Observe for shock and treat accordingly.
9. Keep student warm.
10. Call parent/guardian and notify principal.

**Some students may have a second dose of epinephrine ordered to be given 15 minutes after initial dose. See student specific prescribed medications for instructions.

NOTE: Check medication monthly. Medication is light sensitive. Store it in the original container in a darkened area. Advise parent/guardian immediately of need to replace medication when observing discoloration of medication or two weeks before the expiration date. In an emergency, use the expired or discolored medication when it is the only available medication.



**EPINEPHRINE AUTO INJECTOR
SKILLS CHECKLIST**

*Contact your school RN for a performance check and form completion.



Name: _____

School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify symptoms of anaphylaxis.		
2. Have someone call 9-1-1. If you are by yourself, administer Epinephrine first, then call 9-1-1.		
3. Activate EpiPen® trainer by removing the gray/ blue safety cap. (For Adrenaclick®, remove the gray cap labeled “1”. Never put thumb, finger or hand over the RED tip. Remove the gray cap labeled “2”.) (For Twinject®, remove the green cap labeled “1”. Never put thumb, finger or hand over the RED tip Remove the gray cap labeled “2”.)		
4. Hold the EpiPen® trainer with black/orange tip at a 90-degree angle against the fleshy portion of the outer thigh. (Adrenaclick® and the Twinject® trainer will have a red tip.)		
5. Press the trainer hard into the thigh until it clicks. Hold in place for 10 seconds.		
6. Remove the trainer from thigh position.		
7. Discuss sending the used Epinephrine Auto Injector to the emergency room with the student.		
8. Epinephrine can be repeated in 15 minutes (if student has 2 injectors) if ordered.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**CHILD SPECIFIC TRAINING
EPINEPHRINE AUTO INJECTOR**



*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Brand of Epinephrine Auto Injector: _____

Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Identifies symptoms of anaphylaxis.			
2. Requests someone to call 9-1-1. If no one else is available, administer Epinephrine first, then call 9-1-1.			
3. Activate EpiPen® trainer by removing the gray/ blue safety cap. (For Adrenaclick®, remove the gray cap labeled “1”. Never put thumb, finger or hand over the RED tip. Remove the gray cap labeled “2”.) (For Twinject®, remove the green cap labeled “1”. Never put thumb, finger or hand over the RED tip Remove the gray cap labeled “2”.)			
4. Hold the EpiPen® trainer with black/orange tip at a 90-degree angle against the fleshy portion of the outer thigh. (Adrenaclick® and the Twinject® trainer will have a red tip.)			
5. Press the trainer hard into the thigh until it clicks. Hold in place for 10 seconds.			
6. Remove the trainer from thigh position.			
7. Send Epinephrine Auto Injector to the emergency room with the student.			
8. Epinephrine can be repeated in 15 minutes (if student has 2 injectors) if ordered.			

Clay County School Health Services Manual

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



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

ALLERGY MEDICAL MANAGEMENT PLAN

(MUST be FILLED OUT COMPLETELY by PHYSICIAN/HEALTHCARE PROVIDER)



**PLACE
I. D.
PHOTO
HERE**

Name: _____ D.O.B: _____ School Yr. _____
Parent _____ Primary Phone # _____
Physician _____ Phone _____

Allergic to: _____

Asthma Yes No (Higher risk for severe reaction if asthmatic)

Location(s) where Epinephrine/Rescue Medicine is/are stored: School health room Backpack Teacher On person
 Med must go with student if he/she is off school grounds (i.e. band or field trips, sporting events, etc) Other _____

SEVERE ALLERGY TO: _____

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion and/or exposure:
One or more of the following:
LUNG: Shortness of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body
Or **combination** of symptoms from different body areas:
SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)
GUT: Vomiting, diarrhea, crampy pain



1. **INJECT EPINEPHRINE IMMEDIATELY**
 2. Call 911
 3. Begin monitoring* (see box below)
 4. Give additional medications**
- Antihistamine
- Inhaler (bronchodilator) if asthmatic
- **Antihistamines & inhalers/ bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE.**

MILD SYMPTOMS ONLY:
MOUTH: Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), **USE EPINEPHRINE**
4. Begin monitoring* (see box below)

MEDICATIONS

Epinephrine: inject intramuscularly EpiPen® 0.3 mg EpiPen® Jr. 0.15 mg Twinject™ 0.3 mg Twinject™ 0.15 mg
 Adrenaclick® 0.3 mg Adrenaclick® 0.15 mg Other _____ Child may self administer epinephrine: Yes No

Antihistamine: give _____

Other: (e.g. inhaler/bronchodilator if asthmatic) _____

Monitoring*
Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. **A second dose of epinephrine can be given 5 minutes or more after the first, if symptoms persist or recur.** For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached.

Authorization for Healthcare 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)

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

School Nurse Signature _____ Date _____

Rev. 07/2012

Office Stamp



CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



SEVERE ALLERGY CARE PLAN

SCHOOL YEAR _____

Student Name: _____
 Parent / Guardian: _____
 Other Emergency Contacts: _____
 Physician: _____
 Parent Signature _____ Date _____
 Nurse Signature _____ Date _____

DOB: _____ School: _____
 Contact #'s: Home _____ Cell _____ Work _____
 Home _____ Cell _____
 Contact #'s: _____
 Contact #'s: _____
 Contact #: _____ Phone _____ Fax _____

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
1. Potential for severe allergic reaction or life-threatening episode	Maintain optimum health and safety necessary for learning	Student is allergic to the following: • _____ • _____ Events which may trigger an allergic response: • _____ • _____ • _____ Symptoms of student's allergic response: <input type="checkbox"/> Mouth – itching and swelling of lips, tongue, or mouth <input type="checkbox"/> Throat – itching and/or sense of tightness in throat, hoarseness, or “hacking” cough <input type="checkbox"/> Skin – hives, itchy rash, and/or swelling about the face or extremities <input type="checkbox"/> Gut – nausea abdominal cramps, vomiting, and/or wheezing <input type="checkbox"/> Lung – shortness of breath, repetitive coughing, and/or wheezing <input type="checkbox"/> Heart – “thread” pulse, “passing out” Accommodations needed for severe allergy to _____ • _____ • _____ • _____ • _____	

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
		<ol style="list-style-type: none"> 1. School personnel will assist student to avoid <ul style="list-style-type: none"> • Exposure to allergens (food, insects, chemicals, etc) as much as possible. • Student will self-monitor exposure to allergens in order to prevent allergic response – when age/developmentally appropriate 2. If symptoms of allergic response/event are noted: <ul style="list-style-type: none"> <input type="checkbox"/> School Nurse will be notified of condition. <input type="checkbox"/> School Nurse will respond to student's location for appropriate assessment/intervention. <input type="checkbox"/> Follow student's Medical Management Plan for care. 3. Student will have Epinephrine available in the locations specified on the Medical Management Plan. 4. Benadryl/ Epinephrine will be administered for symptoms according to Physician's orders. 5. If Epinephrine is administered: <ul style="list-style-type: none"> <input type="checkbox"/> CALL 911- EMERGENCY MEDICAL SERVICES <input type="checkbox"/> Contact parent/guardian <input type="checkbox"/> Contact school administration 6. Parent/ Guardian will be notified when supply of medication needs replacement. 7. This plan of care also covers Field Trips and/or any after school sponsored activities. These events will be discussed with the parent in advance so student's medical needs can be accommodated. 8. Trained school personnel will accompany student on bus, field trips, or any other school-sponsored activity off school grounds if needed. 	<p>Classroom personnel</p> <p>Student when age/developmentally able School Nurse/ School personnel</p> <p>Student/School Nurse – as ordered.</p> <p>School Nurse/ School personnel</p> <p>School Nurse/School Personnel who have been trained by school nurse – as ordered, Parent</p> <p>Parent – on going</p> <p>School Nurse/School Personnel who have been trained by school nurse – as ordered</p> <p>School Nurse/School Personnel who have been trained by school nurse – as ordered</p>

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>2. Knowledge deficit related to allergies</p>	<p>Student will increase responsibility in preventing and managing allergic response in school.</p>	<ol style="list-style-type: none"> 1. Student will be provided with ongoing health education and counseling related to severe allergies and treatment according to age and level of learning. 2. The School Nurse will provide information on severe allergies and disease management to the school staff as needed to support the student's needs. 3. The student's knowledge/understanding of his illness will be discussed with him/her to assess level of awareness and need for review or update. 4. A classroom presentation on severe allergies will be given to student's classmates as needed. 5. A copy of emergency action plan will be included in substitute Teacher's folder, noting presence of at-risk student in classroom. 	<p>School Nurse, Physician ongoing as needed.</p> <p>School Nurse, School Staff as indicated.</p> <p>School Nurse when felt to be of benefit to the student.</p> <p>School Nurse when felt to be of benefit to the student.</p> <p>Classroom teacher.</p> <p>Parent/guardian annually or as needed.</p>
<p>3. Potential for change in medical status</p>	<p>Student will participate in collaboration which facilitates optimum health and safety necessary for learning.</p>	<ol style="list-style-type: none"> 1. Parents/Guardians will provide school nurse with a current Medical Management Plan at the beginning of each school year and as change in status occurs. 2. The school nurse will call the physician to obtain current information verbally when necessary to enable management of the student's condition. 	<p>Parent/Guardian, School Nurse, appropriate staff members.</p>
<p>4. The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse, in collaboration with parent/guardian, will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated responsibility for implementing any portion of this plan as appropriate.</p>	<p>The IHP will be updated/revised annually to meet the health needs of the student.</p>	<p>Review Date: RN Initials: Parent Initials:</p> <p>Review Date: RN Initials: Parent Initials:</p> <p>Review Date: RN Initials: Parent Initials:</p>	<p>Parent/Guardian, School Nurse, appropriate staff members.</p>



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



ALLERGY EMERGENCY ACTION PLAN

(To be completed by Registered Nurse)

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

Parent's Name: _____ Phone _____

ALLERGY TO: _____

Location(s) where EpiPen®/ Rescue Medicine is/are stored: School Health Room Backpack Teacher On Person Other _____ Child may self administer EpiPen®/ Rescue Medicine: Yes No

SEVERE ALLERGY TO: _____

If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

TREATMENT

Any SEVERE SYMPTOMS after suspected or known ingestion and/or exposure:

One or more of the following:

- LUNG: Shortness of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g. eyes, lips)
- GUT: Vomiting, diarrhea, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
3. Call school nurse at ext. _____.
4. Call Administration at ext. _____.
5. Stay with student.
6. Call parents.
7. Give additional medications**
 - Antihistamine
 - Inhaler (bronchodilator) if asthmatic

Antihistamines & inhalers/ bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). **USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE
2. Stay with student; call school nurse and parent
3. If symptoms progress (see above), USE EPINEPHRINE

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap
- Hold orange tip near outer thigh (always apply to thigh)
- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

EPIPEN 2-PAK | EPIPEN Jr 2-PAK
(Epinephrine Auto-Injectors 0.1, 0.15mg)

EPIPEN and the EpiPen logo, EpiPen Jr, EpiPen Jr 2-PAK, and EpiPen Jr 2-PAK are registered trademarks of Day-Pharma, U.S.A.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.

Adrenallick™ 0.3 mg and Adrenallick™ 0.15 mg Directions

Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

An allergy response kit should contain at least two doses of epinephrine and/or other medications as prescribed by the student's physician.

A kit must accompany the student if he/she is off school grounds (i.e. field trips, etc.)

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 _____ Rev. 7/2012

ASTHMA

Asthma is one of the most common chronic childhood illnesses, 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 action plan to keep asthma and allergies well controlled. Any child diagnosed with severe or chronic allergies and/or asthma should have an Allergy and/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 and breathe slowly.

MEDICATION BY METERED DOSE INHALER (MDI):

Purpose: To deliver medication by aerosol inhaled directly into the lungs

Action to be performed by: personnel trained by health care professional or by student with supervision.

Steps:

1. Remove the cap. Connect the inhaler to the holding chamber if applicable.
2. Hold the inhaler like the letter "L" with your thumb on the bottom and fingers on the top.
3. Shake gently a minimum of 3 or 4 times.
5. Sit, or preferably, stand up straight, and breathe out as much air as you can.
5. Tip your head back slightly.
6. Close your lips around the mouthpiece of your spacer, keeping spacer level (closed mouth method) ...OR... Hold the inhaler two to three fingers away from your mouth if you have no spacer (open-mouth method).
7. Press down on the inhaler to release the medication and breathe in S L O W L Y...
8. Hold your breath for ten seconds if you can.
9. Breathe out slowly with your lips almost together.
10. **Wait 1 minute** (count 60 seconds on the clock).
11. Repeat steps 3 - 9 if you're supposed to take more than 1 puff.
12. Be sure to rinse your mouth with water afterwards.
13. MDI inhalers should be washed weekly to keep nozzle open.

Note: If you observe that the student is not using the inhaler properly, notify the school nurse.

NEBULIZERS

A nebulizer is a machine used to deliver medicine as a mist that is inhaled directly into the lungs. The nebulizer has a compressor or pump that pushes air through a tube and then through the medicine chamber to change the medicine into very small droplets. This is the mist that can be seen coming from the nebulizer.

Usually it is the student with asthma who will need a nebulizer medication. Several types of medication can be given by nebulizer, such as bronchodilators, anti-inflammatory drugs, or antibiotics. The medication may be ordered to be administered on a regular schedule each day or only for those times that the student is sick or is having an especially difficult time with breathing.

Some of the medications given by nebulizer are the same medications that are taken as pills, syrup, or in metered dose inhalers, but may work faster or better when delivered by nebulizer. When given by nebulizer, the medication is usually ordered as a concentrated solution that will need to be diluted with saline. The physician's order will specify the amount of saline as well as the dosage of the solution.

Parents of children with orders for nebulizer treatments must supply the nebulizer as well as the tubing and medication.

MEDICATION BY NEBULIZER PROCEDURE

PURPOSE: To deliver medication by a fine mist that is inhaled directly into the lungs.

ACTION TO BE PERFORMED BY: Person trained by licensed healthcare professional.

STEPS:

1. Wash hands.
2. Position the student in a comfortably seated position.
3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.
4. Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.
5. Attach a mouthpiece or facemask to the medicine chamber with an adapter.
6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.
7. Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.
8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.
9. If a mouthpiece is used, have the student place their lips around the mouthpiece to make a seal.
10. Instruct the student to breathe in and out through the mouth slowly and completely.
11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated. If student coughs excessively, stop treatment briefly until symptoms subside.
12. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber. If the mist stops, but you can see more medicine clinging to the sides of the medicine chamber, tap the side of the chamber. The mist should start again.
13. Document the procedure accurately on the Medication/Treatment Administration Log.
14. If symptoms have improved, the student may go back to class.
15. If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask, and lid with soap and water; rinse thoroughly. Equipment may be soaked for 30 minutes in a solution of 3 parts water to 1 part white vinegar; rinse thoroughly. Lay all pieces on a towel; cover with a paper towel and air dry. Store in a clean plastic bag.
16. The tubing does not need to be cleaned since only air has been delivered through the tubing.

MEDICATION BY NEBULIZER SKILLS CHECKLIST

**Contact your school nurse for your performance check and form completion.*

Name: _____ School _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Wash hands.		
2. Position the student in a comfortably seated position.		
3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.		
4. Place medication in the medicine chamber, following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.		
5. Attach a mouthpiece or facemask to the medicine chamber with an adapter.		
6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.		
7. Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.		
8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.		
9. If a mouthpiece is used, have the student place the lips around the mouthpiece to make a seal.		
10. Instruct the student to breathe in and out through the mouth slowly and completely.		
11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.		

Clay County School Health Services Manual

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
12. Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber.		
13. Document the procedure accurately.		
14. If symptoms have improved, the student may go back to class. 15. If the equipment is not to be sent home for cleaning before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask and lid with soap and water; rinse thoroughly. Cover with a paper towel and air dry. Store in a clean plastic bag.		

Preceptor's Signature _____ Initials _____ Date _____

Preceptee's Signature _____ Initials _____ Date _____

****Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.***

Distribution: Original to preceptee, one copy in the Health Room



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



ASTHMA MEDICAL MANAGEMENT PLAN

(MUST be **FILLED OUT COMPLETELY** by PHYSICIAN/ HEALTHCARE PROVIDER)

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

Parent _____ Primary Phone # _____

Physician _____ Phone _____

**PLACE
ID
PHOTO
HERE**

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)

- | | | | |
|-------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong Odor or Fumes | <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Molds |
| <input type="checkbox"/> Chalk Dust | <input type="checkbox"/> Change in Temperature | <input type="checkbox"/> Carpets in the Room | <input type="checkbox"/> Pollens |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Food _____ | <input type="checkbox"/> 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 _____

Doctor's Signature _____ Date _____

(Required)

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

School Nurse Signature _____ Date _____

Rev. 4/11

Office Stamp



CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



ASTHMA CARE PLAN

SCHOOL YEAR _____

Student Name: _____ School: _____
 Parent / Guardian: _____ Contact #'s: Home _____ Cell _____ Work _____
 _____ Home _____ Cell _____ Work _____
 Other Emergency Contacts: _____

 Physician: _____ Phone _____ Fax _____

 Parent Signature _____ Nurse Signature _____ Date _____

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
1. Potential for respiratory distress related to asthma; ineffective airway clearance	Student will maintain health and well-being necessary for learning	1. Student will be monitored for any of the following signs/symptoms of asthma: <ul style="list-style-type: none"> • persistent coughing • clearing throat • difficult breathing, difficulty talking • audible wheezing • decreased breath sounds and wheezing by auscultation • flaring nostrils • chest retractions • anxiety, apprehension, panic • ashen color, circum-oral cyanosis 2. If noted, or student complains of symptoms: Student will be sent to Health Room for medication administration as ordered by health care provider. 3. Student will carry and self-administer medication as ordered by health care provider. 4. If symptoms do not significantly improve in _____ minutes: repeat medications as ordered by health care provider. 5. If symptoms still do not improve or condition worsens and parent/guardian cannot be reached: Call 911- EMERGENCY MEDICAL SERVICES	School Nurse, school personnel – ongoing School personnel, as needed Student – if appropriate School Nurse; other personnel as needed School Nurse; other personnel as needed

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>2. Potential for alteration breathing pattern / gas exchange</p>	<p>Attain and maintain near normal pulmonary function</p>	<ol style="list-style-type: none"> 1. Student will come to Health Room as ordered on the Medical Management Plan to respiratory status with peak flow meter. Normal volume _____ 2. Volume will be recorded in Patient Treatment Record. 3. If peak flow volume is below _____, administer medication as ordered by physician. Parent/guardian will be contacted. 4. If peak flow meter is below _____, Call 911- EMERGENCY MEDICAL SERVICES 	<p>Student, as ordered by physician</p> <p>School Nurse</p> <p>School Nurse</p> <p>School Nurse</p>
<p>3. Potential need for medication for management of asthma</p>	<p>Maintain near normal pulmonary function; prevention of asthma symptoms; prevention of recurrent asthma episodes.</p>	<ol style="list-style-type: none"> 1. Student will come to the Health Room for supervised administration of the following medication(s) according to written physician's orders: (Medical Management Plan) Medication(s) _____ Dose _____ Time _____ 2. Student will be monitored for lack of improvement in symptoms after administration of medication such as: 3. Student may receive medication by nebulizer if ordered. Procedure For administration of nebulizer will be followed. (See School Health Services Manual for procedure.) 4. Student will carry and self-administer asthma inhaler as ordered by Healthcare provider and with parent permission.. 5. Parent will be notified if there are any concerns regarding student's Health status which might require medical follow-up. 6. This plan of care also covers Field Trips and/or any after school sponsored activities. These events will be discussed with the parent in advance so student's medical needs can be accommodated. 7. Trained school personnel will accompany student on bus, field trips, or any other school-sponsored activity off school grounds if needed. 	<p>Student/school nurse – as ordered by physician</p> <p>Teacher/school nurse/other personnel – ongoing</p> <p>School nurse – as ordered by physician – ongoing</p> <p>Student, school nurse, parent – as ordered by physician</p> <p>School Nurse, Parent, Student</p> <p>Teachers</p> <p>Trained personnel</p>

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>4. Potential for noncompliance with prescribed medications related to:</p> <ul style="list-style-type: none"> • knowledge deficit • improper administration of medication • perceived ineffectiveness of medication • denial of need for medication • inability to access medication 	<p>Student will learn the importance of compliance with medication regimen to maintain optimum health.</p>	<ol style="list-style-type: none"> 1. Student will be notified to come to Health Room for medication if the student does not report within _____ minutes of scheduled time. 2. Parent will maintain an adequate supply of medication at school. 3. Parent will be notified when supply of medication needs to be replenished. 4. Parent/guardian will provide all necessary equipment for student's medical needs.. 	<p>Teacher/School Nurse, as needed</p> <p>Parent, as needed</p> <p>School Nurse, as needed</p> <p>Parent</p>
<p>5. Potential for respiratory distress secondary to physical activity / exercise-induced asthma</p>	<p>Student will be able to participate in school activities while maintaining optimum respiratory status.</p>	<ol style="list-style-type: none"> 1. Student and school personnel will note any signs of increased respiratory effort. 2. Staff will allow rest periods as needed during physical activity. 3. Student will go to Health Room for asthma inhaler _____ minutes prior to physical activity, as ordered by physician. 4. Student has the following restrictions as per Medical Management Plan: _____ _____ _____ 5. When a student is unable to participate in physical activity, an alternate education activity will be substituted. 	<p>Student/staff/School nurse, ongoing</p> <p>Staff, as needed</p> <p>Student/Teacher, ongoing</p> <p>Teacher, other staff, as ordered by physician</p> <p>Classroom instructor, as appropriate</p>

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>6. Knowledge deficit related to asthma and its management</p>	<p>Student will increase knowledge related to asthma to allow improved self-monitoring and management of the disease.</p>	<ol style="list-style-type: none"> 1. Student will be provided with ongoing health education and counseling related to asthma and its management appropriate to age and level of learning. 2. The School Nurse will provide information on asthma and disease management to the school staff as needed to support the student's needs. 3. The student's knowledge/understanding of his illness will be discussed with him/her to assess level of awareness and need for review or update. 4. A classroom presentation on asthma will be given to student's classmates as needed. 5. A copy of emergency action plan will be included in substitute Teacher's folder, noting presence of at-risk student in classroom. 	<p>School Nurse, Physician ongoing as needed.</p> <p>School Nurse, School Staff as indicated.</p> <p>School Nurse when felt to be of benefit to the student.</p> <p>School Nurse when felt to be of benefit to the student.</p> <p>Classroom teacher.</p>
<p>7. Potential for change in medical status</p>	<p>Student/family will collaborate with members of the health team to facilitate optimum health and safety necessary for learning.</p>	<ol style="list-style-type: none"> 1. Parents/Guardians will provide school nurse with a current Medical Management Plan at the beginning of each school year and as change in status occurs. 2. The school nurse will call the physician to obtain current information verbally when necessary to enable management of the student's condition. 	<p>Parent/guardian annually or as needed.</p>
<p>8. The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse, in collaboration with parent/guardian, will train and delegate to unlicensed assistive personnel any portion of this plan as appropriate</p>	<p>The IHP will be updated/revised annually to meet the health needs of the student.</p>	<p>Review Date: RN Initials: Parent Initials: Review Date: RN Initials: Parent Initials: Review Date: RN Initials: Parent Initials:</p>	<p>Parent, School Nurse, appropriate staff members</p>



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



ASTHMA EMERGENCY ACTION 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 _____ Epinephrine Auto Injector (_____ Brand)
- In health room Classroom Kept by teacher Carried by student Other Location _____

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 _____

ABSCESSES/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 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 worker'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 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

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 healthcare 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 Range of Motion (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, a wheelchair or another assistive device to school, an Orthopedic Injury Assistive Device Authorization form may be filled out by the physician.

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

Call 9-1-1 and notify Parent/Guardian and Principal for any of the following:

- 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 catherization 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
- Polyarthrititis
- Rash on the chest and upper extremities



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



CARDIAC MEDICAL MANAGEMENT PLAN

(To be completed by Physician/ Healthcare Provider)

PLACE
I.D.
PHOTO
HERE

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
(Parent must provide any special equipment needed while child is at school)

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 _____

O2 Sat Yes No Normal parameters for this student: O2 Sat _____

(Schools do not have pulse oximeters. Parents must provide pulse oximeter if student will need this type of monitoring.)

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:

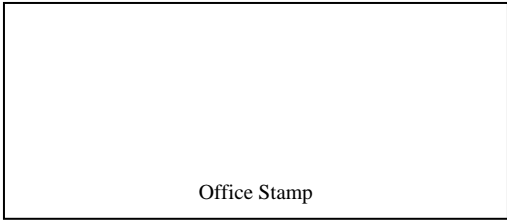
I authorize my child's school nurse to assess my child in regards to his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw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

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____
(Required)

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

School Nurse Signature _____ Date _____





**CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
HEALTH SERVICES**



CARDIAC CARE PLAN

SCHOOL YEAR _____

Student Name: _____
 Parent / Guardian: _____
 Other Emergency Contacts: _____
 Physician: _____
 Parent Signature _____ Date _____
 Nurse Signature _____ Date _____

DOB: _____ School: _____
 Contact #'s: Home _____ Cell _____
 Home _____ Cell _____
 Contact #'s: _____
 Contact #'s: _____
 Contact #: Phone _____ Fax _____

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
1. Potential for decreased cardiac output at school	Student will maintain optimum health, safety and well-being during the school day	Kind of cardiac condition: _____ Surgical corrections/ dates: _____ Normal VS parameters: _____ BP: _____ Pulse: _____ Other: _____ 1.. Student will be monitored for any of the following signs/symptoms: <ul style="list-style-type: none"> • Chest pain • difficult breathing, difficulty talking • decreased breath sounds by auscultation • flaring nostrils • chest retractions • anxiety, apprehension, panic • ashen color, circum-oral cyanosis • unconsciousness 2. If symptoms do not improve or condition worsens Call 911- EMERGENCY MEDICAL SERVICES Call parent 3. Emergency Procedures: <ul style="list-style-type: none"> • CPR/ AED • _____ • _____ 	School nurse/ classroom teacher- ongoing School nurse/ school personnel School nurse/ school personnel if trained.

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>5. The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse, in collaboration with parent/guardian, will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated responsibility for implementing any portion of this plan as appropriate.</p>	<p>The IHP will be updated/revised annually to meet the health needs of the student.</p>	<p>3. Parent will be notified if there are any concerns regarding student's Health status which might require medical follow-up.</p> <p>4. This plan of care also covers Field Trips and/or any after school sponsored activities. These events will be discussed with the parent in advance so student's medical needs can be accommodated.</p> <p>5. Trained school personnel will accompany student on bus, field trips, or any other school-sponsored activity off school grounds if needed.</p>	<p>School Nurse, Parent, Student</p> <p>Teachers</p> <p>Trained personnel</p>
		<p>Review Date: RN Initials: Parent Initials:</p> <p>Review Date: RN Initials: Parent Initials:</p> <p>Review Date: RN Initials: Parent Initials:</p>	<p>Parent/Guardian, School Nurse, appropriate staff members.</p>



CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES

NEUROCARDIOGENIC SYNCOPE CARE PLAN

SCHOOL YEAR _____

Student Name: _____ School: _____
 Parent / Guardian: _____ Contact #'s: Home _____ Cell _____ Work _____
 Other Emergency Contacts: _____ Home _____ Cell _____
 Physician: _____ Contact #'s: _____ Phone: _____ Fax: _____
 Parent Signature _____ Date _____ Nurse Signature _____ Date _____

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
1. Risk for imbalanced fluid volume	The student will achieve and maintain adequate hydration intake	1. Allow student to carry and drink fluids during the school day. 2. Encourage increased fluids (i.e. sport's drinks like Gatorade, Propel or Power Ade) to replace electrolytes lost during physical activity. 3. Encourage increased fluids during warmer weather. 4. Encourage diet with increased sodium intake if directed by physician.	Student/ School Nurse/ School Personnel
2. Potential for decreased cerebral perfusion due to pooling of blood volume in extremities	Student will maintain good vital signs during the school day	1. Student should avoid standing/ sitting for long periods of time. 2. Activity level as tolerated. 3. Student should avoid becoming overheated.	Student

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
3. Potential for Injury	Student will recognize signs and symptoms of condition early and therefore prevent injury	1. Encourage student to assume safe position if they feel queasy or light-headed. 2. If student is injured due to a fall, administer first aid as indicated. 3. If student is unconscious and does not resume consciousness in _____ minutes: <input type="checkbox"/> CALL 911- EMERGENCY MEDICAL SERVICES <input type="checkbox"/> Contact parent/guardian <input type="checkbox"/> Contact school administration	Student/ School Nurse/ School Personnel
4. Knowledge deficit related to neurocardiogenic syncope	Student will increase responsibility in preventing and managing health condition in school	1. Student will be provided with ongoing health education and counseling related to neurocardiogenic syncope and treatment according to age and level of learning. 2. The School Nurse will provide information on neurocardiogenic syncope and disease management to the school staff as needed to support the student's needs. 3. The student's knowledge/understanding of his illness will be discussed with him/her to assess level of awareness and need for review or update. 4. A classroom presentation on neurocardiogenic syncope will be given to student's classmates as needed. 5. A copy of emergency action plan will be included in substitute Teacher's folder, noting presence of at-risk student in classroom.	School Nurse, Physician ongoing as needed. School Nurse, School Staff as indicated. School Nurse when felt to be of benefit to the student. School Nurse when felt to be of benefit to the student. Classroom teacher.
5. Potential for change in medical status	Student will participate in collaboration which facilitates optimum health and safety necessary for learning	1. Parents/Guardians will provide school nurse with a current Medical Management Plan at the beginning of each school year and as change in status occurs. 2. The school nurse will call the physician to obtain current information verbally when necessary to enable management of the student's condition. 3. This plan of care also covers Field Trips and/or any after school sponsored activities. These events will be discussed with the parent in advance so student's medical needs can be accommodated. 4. Trained school personnel will accompany student on bus, field trips, or any other school-sponsored activity off school grounds if needed.	Parent/guardian annually or as needed. School Nurse/School Personnel who have been trained by school nurse – as ordered School Nurse/School Personnel who have been trained

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>6. The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse, in collaboration with parent/guardian, will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated responsibility for implementing any portion of this plan as appropriate.</p>	<p>The IHP will be updated/revised annually to meet the health needs of the student.</p>	<p>Review Date: RN Initials: Parent Initials: Review Date: RN Initials: Parent Initials: Review Date: RN Initials: Parent Initials:</p>	<p>Parent/Guardian, School Nurse, appropriate staff members.</p>

CEREBRAL PALSY

Cerebral palsy is a neurological disorder that appears 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). Students can return to school after all the lesions have dried up.

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 people 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 the chickenpox vaccine is much safer than getting chickenpox disease.

Who should NOT receive the chickenpox vaccine?

People 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 Department. Use the Communicable Disease reporting form in Chapter 6 to do so.

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 the 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

Florida Statute 1002.20 provides for the carrying of Pancreatic Enzyme supplements in a school setting. 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
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



CYSTIC FIBROSIS MEDICAL MANAGEMENT PLAN

(To be completed by Physician/ Healthcare Provider)

**PLACE
I.D.
PHOTO
HERE**

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 _____
(Parent must provide any special equipment needed while child is at school.)

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 _____

Doctor's Signature _____ Date _____
(Required)

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

School Nurse Signature _____ Date _____

Office Stamp

Rev. 02/2012



**CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES**



CYSTIC FIBROSIS CARE PLAN

SCHOOL YEAR _____

Student Name: _____
 Parent / Guardian: _____
 Other Emergency Contacts: _____
 Physician: _____
 Parent Signature _____ Date _____
 Nurse Signature _____ Date _____
 DOB: _____ School: _____
 Contact #'s: Home _____ Cell _____ Work _____
 Home _____ Cell _____ Work _____
 Contact #'s: _____
 Contact #'s: _____
 Contact #: _____ Phone _____ Fax _____

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
1. Ineffective Airway Clearance related to excessive mucus production.	Student will follow airway clearance procedures at school as outlined in Medical Management Plan to maintain optimum health.	1. Auscultate breath sounds to obtain normal baseline and to determine effectiveness of airway clearance techniques. 2. Perform CPT at school per physician orders with acute exacerbations. 3. Reinforce cough techniques. 4. Reinforce infection control techniques of good hand washing and use of tissues when expelling mucus. 5. Administer inhaled medications as ordered. • _____ • _____ 6. Encourage adequate fluid intake.	Student, School Nurse School Nurse School Nurse, Classroom teacher School Nurse, School Personnel
2. Imbalanced nutrition related to inadequate absorption of nutrients	Maintain adequate nutrition and promote weight gain	1. Collaborate with student, parents and dietician to identify increased calorie meals and snacks to be offered at school. 2. Encourage compliance with enzyme supplements and fluids/ snack intake. 3. Student will have unlimited bathroom privileges due to increased fluid intake. 4. Student may carry and self-administer enzyme medication as ordered by health care provider.	Student, School Nurse, Classroom teacher Student, Parents, School Personnel School Nurse/ School personnel Classroom teacher Student, School Nurse

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
3. Risk for activity intolerance	Student will demonstrate improved physical activity tolerance in the school setting	<ol style="list-style-type: none"> 1. Assist teacher to monitor student's activity tolerance and make adjustments in scheduling as needed. 2. Student will self monitor activity tolerance as age appropriate. 	Classroom teacher- ongoing Student
4. Knowledge deficit and loss of self-esteem related to cystic fibrosis	Student will increase / maintain self-esteem and effective cystic fibrosis management at school.	<ol style="list-style-type: none"> 1. Student will be given information and health counseling related to cystic fibrosis and management appropriate to level of understanding. 2. Classroom presentations will be given on cystic fibrosis as appropriate and when requested. 3. Student's medical condition will be discussed with him/her as needed to assure that appropriate level of knowledge is being maintained. 4. The classroom teacher will be provided information, support, consultation regarding management of student's health needs. 5. A copy of emergency action plan will be included in substitute teacher folder. 	School nurse – ongoing
5. Potential for change in medical status	The student will, age appropriate, collaborate with the facilitation of his/her optimum health and safety necessary for learning.	<ol style="list-style-type: none"> 1. Parents/Guardians will provide school nurse with a current Medical Management Plan at the beginning of each school year and as change in status occurs. 2. The school nurse will call the student's doctor to obtain current medical information verbally when this is necessary to manage the student's condition at school. <p>Physician or PCP Name: _____</p> <p>Phone number: _____</p>	Classroom teacher. School nurse— as needed
6. The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse, in collaboration with parent/guardian, will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated responsibility for implementing any portion of this plan as appropriate.	The IHP will be updated/revised annually to meet the health needs of the student.	<ol style="list-style-type: none"> 1. Review Date: 2. RN Initials: 3. Parent Initials: 4. Review Date: 5. RN Initials: 6. Parent Initials: 7. Review Date: 8. RN Initials: 9. Parent Initials: 	Parent/Guardian, School Nurse, appropriate staff members.



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



CYSTIC FIBROSIS EMERGENCY ACTION 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

**PLACE
I.D.
PHOTO
HERE**

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 a 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).

Important storage information for short acting insulin use:

- Store all unopened (unused) insulin in the original carton in a refrigerator at 36° F to 46° F. Do not freeze.
- After starting use (open):
 - Vials: Keep in the refrigerator or at room temperature below 86° F for up to 28 days.
 - Cartridge and prefilled pens: Keep at room temperature below 86° F for up to 28 days. Do not store a cartridge or prefilled pen that you are using, in the refrigerator.

Note: Humalog used in an insulin pump can stay in the reservoir for up to seven days and Novolog for up to 6 days. The infusion set and the insertion site should be changed at least every 3 days.

Florida Statute 1002.20 provides for the management of diabetes in a school setting. 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.



**BLOOD GLUCOSE MONITORING
SKILLS CHECKLIST**



*Contact your school RN for a performance check and form completion.

Name: _____

School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and purpose of procedure		
2. Identifies where procedure is done		
3. Identifies supplies <ul style="list-style-type: none"> • Meter • Test strips or cartridges, etc. • Lancing Device • Gloves 		
4. Washes hands		
5. Assembles supplies.		
6. Puts gloves on.		
7. Prepares lancing device.		
8. Turns meter on, check codes (if applicable)		
9. Places strip into meter or prepares otherwise		
10. Cleans selected area, allows to dry		
11. Lances area.		
12. Places blood onto test strip.		
13. Places cotton ball or tissue over lanced area.		

Clay County School Health Services Manual

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
14. Reads result.		
15. Turns meter off, removes strip.		
16. Disposes of strip, gloves and other supplies appropriately.		
17. Cleans up testing area.		
18. Washes hands.		
19. Records results.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**CHILD SPECIFIC TRAINING
BLOOD GLUCOSE MONITORING**

*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).



Blood Glucose Meter Brand: _____

Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (Meter, Test strips, Lancing Device, cotton ball or tissue.)			
3. Puts gloves on.			
4. Turns meter on and inserts test strip into meter or as otherwise directed.			
5. Verifies that code on meter matches code on bottle (if applicable).			
6. Punctures finger/ alternative site with lancing device.			
7. Obtains adequate blood sample.			
8. Applies blood to test strip.			
9. Covers lanced site with cotton ball or tissue.			
10. Reads results. Turns meter off. Removes strip.			
11. Disposes of strip, gloves and other supplies appropriately.			
12. Washes hands.			

Clay County School Health Services Manual

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
13. Documents meter result.			
14. Follows MMP or EAP for action plan.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**INSULIN ADMINISTRATION: SYRINGE
SKILLS CHECKLIST**



*Contact your school RN for a performance check and form completion.

Name: _____

School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and purpose of procedure		
2. Identifies where procedure is done		
3. Identifies expiration date on insulin		
4. Identifies supplies <ul style="list-style-type: none"> • Gloves • Insulin bottle • Syringe • Alcohol wipe and cotton ball • Sharps container 		
5. Wash hands.		
6. Gather supplies (insulin bottle, syringe, alcohol wipe, cotton ball).		
7. Puts gloves on.		
8. Wipe top of bottle with alcohol wipe and lets dry for a few seconds.		
9. Pulls the plunger down to let ____ units of air into the syringe.		
10. Pushes the needle through the center of the rubber top of the insulin bottle.		
11. Pushes the air into the bottle and leaves the needle in the bottle.		
12. Turns the insulin bottle and syringe upside down.		

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SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
13. Pulls the plunger down slowly to the correct number of units.		
14. Looks for air bubbles, taps the syringe to raise air bubble to the top. Pushes the air bubbles back in the bottle and repeats Step 8.		
15. Checks to make sure _____ units of insulin are in the syringe and removes the syringe from the bottle.		
16. Assists the student in choosing the injection site.		
<ul style="list-style-type: none"> • Pinches skin and inserts insulin syringe and needle. 		
<ul style="list-style-type: none"> • Pushes plunger in to deliver insulin and counts to five with skin pinched and needle in place. 		
<ul style="list-style-type: none"> • Lets go of pinched skin but keeps needle in place in skin and counts to five. 		
<ul style="list-style-type: none"> • Removes insulin needle from skin. Dabs with cotton ball as needed. 		
17. Disposes of syringe in sharps container. Does not recap syringe.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**CHILD SPECIFIC TRAINING
INSULIN ADMINISTRATION: SYRINGE**



*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (insulin bottle, syringe, alcohol wipe, cotton ball.)			
3. Check expiration date of insulin.			
4. Puts gloves on.			
5. Wipe top of bottle with alcohol wipe and lets dry for a few seconds.			
6. Pulls the plunger down to let ____ units of air into the syringe.			
7. Pushes the needle through the center of the rubber top of the insulin bottle.			
8. Pushes the air into the bottle and leaves the needle in the bottle.			
9. Turns the insulin bottle and syringe upside down.			
10. Pulls the plunger down slowly to the correct number of units.			
11. Looks for air bubbles, taps the syringe to raise air bubble to the top. Pushes the air bubbles back in the bottle and repeats Step 9.			

Clay County School Health Services Manual

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
12. Checks to make sure _____ units of insulin are in the syringe and removes the syringe from the bottle.			
13. Assists the student in choosing the injection site.			
<ul style="list-style-type: none"> • Pinches skin and inserts insulin syringe and needle. 			
<ul style="list-style-type: none"> • Pushes plunger in to deliver insulin and counts to five with skin pinched and needle in place. 			
<ul style="list-style-type: none"> • Lets go of pinched skin but keeps needle in place in skin and counts to five. 			
<ul style="list-style-type: none"> • Removes insulin needle from skin. Dabs with cotton ball as needed. 			
14. Disposes of syringe in sharps container. Does not recap syringe.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**INSULIN ADMINISTRATION: PEN DEVICE
SKILLS CHECKLIST**

*Contact your school RN for a performance check and form completion



Name: _____

School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and purpose of procedure		
2. Identifies where procedure is done		
3. Identifies expiration date on insulin		
4. Identifies supplies <ul style="list-style-type: none"> • Gloves • Insulin pen • Insulin cartridge • Pen needle • Alcohol wipe and cotton ball • Sharps container 		
5. Wash hands.		
6. Gather supplies (insulin pen or cartridge, pen needle, alcohol wipe, cotton ball).		
7. Puts gloves on.		
8. Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.		
9. Screw the needle onto the end of the insulin pen. Removes caps and set outer cap on flat surface.		
10. Primes the needle by dialing the pen to 2 units.		
11. Pushes the plunger until a small drop or stream of insulin is seen, and repeats as needed.		

Clay County School Health Services Manual

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
12. Turns the knob to the dose ordered.		
13. Assists the student in choosing the injection site.		
<ul style="list-style-type: none"> • Pinches skin and inserts insulin pen needle. 		
<ul style="list-style-type: none"> • Pushes injection button down completely to deliver insulin and counts to five with skin pinched and needle in place. 		
<ul style="list-style-type: none"> • Lets go of pinched skin but keeps needle in place in skin and counts to five. 		
<ul style="list-style-type: none"> • Removes insulin needle from skin. Dabs with cotton ball as needed. 		
14. Carefully replaces the outer cap of the needle with touching the outer cap, unscrews the needle and disposes of it properly in sharps container.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**CHILD SPECIFIC TRAINING
INSULIN ADMINISTRATION: PEN DEVICE**



*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (insulin pen or cartridge, pen needle, alcohol wipe, cotton ball.)			
3. Check expiration date of insulin.			
4. Puts gloves on.			
5. Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.			
6. Screw the needle onto the end of the insulin pen. Removes caps and set outer cap on flat surface.			
7. Primes the needle by dialing the pen to 2 units.			
8. Pushes the plunger until a small drop or stream of insulin is seen, and repeats as needed.			
9. Repeats priming if needed.			
10. Turns the knob to the dose ordered.			
11. Assists the student in choosing the injection site.			
<ul style="list-style-type: none"> Pinches skin and inserts insulin pen needle. 			

Clay County School Health Services Manual

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
<ul style="list-style-type: none"> Pushes injection button down completely to deliver insulin and counts to five with skin pinched and needle in place. 			
<ul style="list-style-type: none"> Lets go of pinched skin but keeps needle in place in skin and counts to five. 			
<ul style="list-style-type: none"> Removes insulin needle from skin. Dabs with cotton ball as needed. 			
12. Carefully replaces the outer cap of the needle with touching the outer cap, unscrews the needle and disposes of it properly in sharps container.			

Improvement Plan:

RN Signature _____ Initials _____ Date _____
 RN Signature _____ Initials _____ Date _____
 RN Signature _____ Initials _____ Date _____
 Staff Signature _____ Initials _____ Date _____
 Staff Signature _____ Initials _____ Date _____
 Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



INSULIN ADMINISTRATION: INSULIN PUMPS SKILLS CHECKLIST

*Contact your school RN for a performance check and form completion.



Name: _____ School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Students using insulin pumps need to have the following supplies at school: <ul style="list-style-type: none"> • Extra insulin and syringes or insulin pen for pump malfunctions • Extra pump supplies: infusion set and inserter, reservoir, insulin and batteries 		
2. UAP instructed on type of pump and basic operating functions of the pump and demonstrates: <ul style="list-style-type: none"> • How to give a bolus • How to use the dose calculator function in the pump • How to suspend the pump • How to check the status of the pump • How to verify the last dose given • How to verify the pump is not in "no deliver" mode • How to check insulin reservoir and insertion site • How to change the batteries in the pump • How to identify and respond to alarms 		
3. For students using an insulin dose calculator (Bolus Wizard) UAP demonstrates how to look at pump dose calculations for dose of insulin, and dose is within parameters and activate to administer dose.		
4. If the pump infusion set is no longer functional, and the student is unable to reinsert their own infusion set, a parent/ guardian will be contacted to come to school to reinsert the infusion set.		
5. Follows MMP for monitoring of blood glucose and ketones, and signs and symptoms of hypo/hyperglycemia.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**CHILD SPECIFIC TRAINING
INSULIN PUMP THERAPY**

*Delegation can only be done by an RN.
The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).



Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. UAP instructed on type of pump and basic operating functions of the pump and demonstrates:			
• How to give a bolus			
• How to use the dose calculator function in the pump			
• How to suspend the pump			
• How to check the status of the pump			
• How to verify the last dose given			
• How to verify the pump is not in "no deliver" mode			
• How to check insulin reservoir and insertion site			
• How to change the batteries in the pump			
• How to identify and respond to alarms			
2. For students using an insulin dose calculator (Bolus Wizard) UAP demonstrates how to look at pump dose calculations for dose of insulin, and dose is within parameters and activate to administer dose.			
If the pump infusion set is no longer functional, and the student is unable to reinsert their own infusion set, a parent/guardian will be contacted to come to school to reinsert the infusion set.			

Clay County School Health Services Manual

Improvement Plan:

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

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 a child has low blood sugar, do not leave the child unattended because the child can lose consciousness. **Never have a child 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. 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 instructions above for fast acting treatment of hypoglycemia. If the blood sugar is above 80, give a 15 gram carbohydrate snack (pretzels, cheese crackers, etc.) to the child to stabilize the blood sugar level. 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. Using a gloved hand, immediately give cake icing, honey or glucose gel to the student. 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 the child is unconscious, or seizing, turn them on their side and give intramuscular Glucagon, if prescribed. Glucagon is a substance that makes the liver release sugar into the 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 unconscious 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 when the child regains consciousness and is able to swallow.
6. Contact the parent/guardian 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).



**GLUCAGON INJECTION
SKILLS CHECKLIST**



*Contact your school RN for a performance check and form completion.

Name: _____

School: _____

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and purpose of procedure		
2. Identifies procedure is done if sever hypoglycemia		
3. Identifies expiration date of glucagon		
4. Identifies accompanying steps <ul style="list-style-type: none"> • Send someone to call 9-1-1, notify school nurse, parent • Maintain open airway • Give glucose gel in buccal pouch (if ordered) • Give glucose source when student is awake and able to swallow • Remains with student until EMS arrives 		
5. Identifies supplies <ul style="list-style-type: none"> • Glucagon kit • Alcohol wipe and cotton ball • Sharps container • Gloves 		
6. Washes hands		
7. Gather supplies (glucagon kit, alcohol wipe, cotton ball, gloves).		
8. Puts gloves on.		
9. Remove flip-off seal from vial of glucagon powder, wipe with alcohol wipe.		
10. Remove needle cover from syringe.		
11. Inject entire contents of syringe into vial of glucagon powder (held upright).		

Clay County School Health Services Manual

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
12. Swirls vial gently until dissolved/ clear.		
13. Holds vial upside down, and withdraw all solution from the vial into the syringe.		
14. Withdraws needle from vial, hold syringe upright, and remove air/bubbles from syringe.		
15. Exposes injection site (upper, out area of thigh, arm).		
16. Holds syringe safely; use other hand to clean injection site with alcohol wipe.		
17. For subcutaneous injection only: pinches up skin/tissue.		
18. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon.		
19. Withdraws needle and press gently with alcohol wipe or cotton ball at injection site.		
20. Turns child to the side.		
21. Puts used syringe and vial in sharps container.		
22. Documents procedure.		

RN Signature _____ Initials _____ Date _____

Staff Signature _____ Initials _____ Date _____

**Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*