



**CHILD SPECIFIC TRAINING
GLUCAGON INJECTION**

*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. Gather supplies (glucagon kit, alcohol wipe, cotton ball, gloves).			
3. Puts gloves on.			
4. Remove flip-off seal from vial of glucagon powder, wipe with alcohol wipe.			
5. Remove needle cover from syringe.			
6. Inject entire contents of syringe into vial of glucagon powder (held upright).			
7. Swirls vial gently until dissolved/ clear.			
8. Holds vial upside down, and withdraw all solution from the vial into the syringe.			
9. Withdraws needle from vial, hold syringe upright, and remove air/bubbles from syringe.			
10. Exposes injection site (upper, out area of thigh, arm).			
11. Holds syringe safely; use other hand to clean injection site with alcohol wipe.			

Clay County School Health Services Manual

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
12. For subcutaneous injection only: pinches up skin/tissue.			
13. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon.			
14. Withdraws needle and press gently with alcohol wipe or cotton ball at injection site.			
15. Turns child to the side.			
16. Puts used syringe and vial in sharps container.			
17. Documents procedure.			

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.*

Hyperglycemia:

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

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

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



HYPERGLYCEMIA (High Blood Sugar)

Here are some of the symptoms of hyperglycemia:

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

Onset: Gradual, may progress to diabetic coma.

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



EXTREME THIRST



FREQUENT URINATION



DRY SKIN



HUNGER



BLURRED VISION



DROWSINESS



DECREASED HEALING



TEST BLOOD GLUCOSE



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



URINE KETONE 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"> • Gloves • Testing Strips • Cup of Urine • Protected testing area (waterproof disposable pad) • Watch or clock with second hand 		
4. Washes hands		
5. Assembles supplies.		
6. Puts gloves on.		
7. Places cup of urine on protected area (waterproof disposable pad).		
8. Dips ketone testing strip in urine, taps off excess		
9. Times appropriately.		
10. Removes gloves and disposes.		
11. Washes hands.		
12. 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
URINE KETONE 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).

Urine ketone strip expiration date: _____

Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Washes hands			
2. Assembles supplies.			
3. Puts gloves on.			
4. Places cup of urine on protected area (waterproof disposable pad).			
5. Dips ketone testing strip in urine, taps off excess			
6. Times appropriately.			
7. Compares strip to bottle, accurately reads results.			
8. Disposes of all supplies appropriately.			
9. Removes gloves and disposes.			
10. Washes hands.			
11. Follows MMP 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.*

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

Clay County School Health Services Manual

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

✓ Usual signs/symptoms for this student:

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

Indicate treatment choices:

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

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

✓ Usual signs/symptoms for this student

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

Indicate treatment choices:

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

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

✓ Usual signs/symptoms for this child

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

Indicate treatment choices:

If student is awake and able to swallow,

give _____ grams fast-acting carbohydrate such as:

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

Retest BG 10-15minutes after treatment

Repeat treatment until blood glucose over 80mg/dl

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

- Other _____

IMPORTANT!!

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

Call 911 immediately and notify parents.

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

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

SIGNATURES

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

Parent's Signature: _____ Date: _____

Physician's Signature _____ Date: _____

School Nurse's Signature: _____ Date: _____

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

Revised December 5, 2003

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

Effective Date(s) of Pump plan: _____

Parent's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____

Diabetes Care Provider Signature: _____ Date: _____



CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES



DIABETES 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								
<p>1. Knowledge deficit related to balance of insulin, diet and exercise; insulin administration, dietary regimen; blood sugar monitoring and exercise requirements.</p> <p>2. Alteration in self-care due to difficulty accepting lifestyle change; knowledge deficit; insufficient resources; dysfunctional grieving</p>	<p>Student will increase understanding of pathophysiology of diabetes and develop or improve the skills necessary to manage diabetes.</p> <p>Student will improve self-care management skills.</p>	<p>1. Instruct student (age appropriate) in the pathophysiology of Diabetes.</p> <p>2. Monitor blood glucose levels at school.</p> <ul style="list-style-type: none"> • Arrange space and time for student to perform blood glucose levels, insulin injection, and carbohydrate counting and snack consumption. • Maintain blood glucose record • Send blood glucose record home to parent/guardian <ul style="list-style-type: none"> <input type="checkbox"/> weekly <input type="checkbox"/> monthly <p>3. Parent/guardian will provide BG testing equipment, insulin Supplies, glucagon, fast acting glucose supply and snacks.</p> <p>1. Provide teachers/other staff with information related to Diabetes through formal/informal inservices.</p> <ul style="list-style-type: none"> • NDEP Level 1 Training* - All School Personnel • NDEP Level 2 Training* - School Personnel who have responsibility for students with diabetes, but who do not perform diabetes care tasks • NDEP Level 3 Training* - For Unlicensed Assistive Personnel who have been delegated to treat hypoglycemia <table border="1" data-bbox="1208 533 1354 1100"> <tr> <td>Name of UAP</td> <td>Diabetes Care Task</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>*National Diabetes Education Program's Helping the Student with Diabetes Succeed: A Guide for School Personnel</p>	Name of UAP	Diabetes Care Task							<p>School Nurse, Physician, Diabetes Educator, Parents, Teaching Staff – as necessary</p> <p>School nurse, healthcare provider, diabetes educator – as needed.</p>
Name of UAP	Diabetes Care Task										

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When												
<p>3. Potential for change in medical management of diabetes.</p>	<p>Student will maintain normal blood glucose range.</p>	<p>2. Provide classroom presentation on diabetes when indicated (age-appropriate).</p> <p>1. Student will independently monitoring blood glucose in agreed upon location in the school or will come to the Health Room for supervised blood glucose checks and administration of insulin according to Medical Management Plan.</p> <ul style="list-style-type: none"> • Target range for Blood Glucose _____ mg/dl to _____ mg/dl • Correction formula: Blood Glucose - _____ + _____ = _____ units of Insulin <p>Carbohydrate ratio 1 : _____</p>	<p>Student / School Nurse - ongoing</p>												
<p>4. Physiological injury due to development of acute complications related to hypoglycemia (insulin shock) or hyperglycemia (ketoacidosis).</p>	<p>Student (parent) will recognize and treat early signs of hypoglycemia appropriately and now how to recognize and respond to early signs of ketoacidosis.</p>	<p>2. Parent will be notified if there are any concerns regarding the diabetes management which might require medical follow-up.</p> <p>3. Student will be reminded to come to the Health Room for Diabetes management if the student does not report at scheduled time.</p> <p>4. Monitor diet adherence, reinforce and instruct as appropriate.</p> <p>5. 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>6. Trained school personnel will accompany student on bus, field trips, or any other school-sponsored activity off school grounds if needed.</p> <p>7. Trained school personnel:</p> <p>1. Instruct teachers/staff on signs and symptoms of hypoglycemia / insulin reaction (low blood sugar):</p> <table border="0"> <tr> <td>_____ headache</td> <td>_____ Feels "low" or not well</td> </tr> <tr> <td>_____ moist skin, sweating</td> <td>_____ Loss of coordination and slurred speech</td> </tr> <tr> <td>_____ pale skin</td> <td>_____ shakiness</td> </tr> <tr> <td>_____ dizziness</td> <td>_____ Confusion, progressing to seizure or unconsciousness</td> </tr> <tr> <td>_____ sudden hunger</td> <td>_____ Weakness</td> </tr> <tr> <td>_____ droopy eyelids</td> <td></td> </tr> </table> <p>Change in behavior (inability to concentrate, short temper, irritability, out of control crying or laughter, etc)</p> <p>*** Follow Individual Emergency Action Plan for Student***</p>	_____ headache	_____ Feels "low" or not well	_____ moist skin, sweating	_____ Loss of coordination and slurred speech	_____ pale skin	_____ shakiness	_____ dizziness	_____ Confusion, progressing to seizure or unconsciousness	_____ sudden hunger	_____ Weakness	_____ droopy eyelids		<p>School Nurse - ongoing</p> <p>Teacher/Staff/School Nurse - as needed.</p> <p>School Nurse - ongoing</p> <p>School Nurse, Staff, Parent/Guardian - ongoing</p> <p>School Nurse, Staff, Parent/Guardian - ongoing</p> <p>School Nurse</p>
_____ headache	_____ Feels "low" or not well														
_____ moist skin, sweating	_____ Loss of coordination and slurred speech														
_____ pale skin	_____ shakiness														
_____ dizziness	_____ Confusion, progressing to seizure or unconsciousness														
_____ sudden hunger	_____ Weakness														
_____ droopy eyelids															

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>5. Alteration in self-esteem due to diabetes care requirements; developmental level and needs; dysfunctional grieving; embarrassment; stigma associated with having chronic illness; lifestyle changes created by diabetes and management.</p>	<p>Student will demonstrate increased adaptation to and psychological comfort with body changes and lifestyle requirements.</p>	<p>2. Instruct teacher/staff on signs and symptoms of hyperglycemia/diabetic ketoacidosis (high blood sugar over extended period of time due to lack of insulin): ___ extreme thirst ___ blurred vision ___ frequent urination ___ drowsiness ___ dry skin ___ nausea ___ hunger ___ difficulty breathing</p> <p>***Follow Individual Emergency Action Plan for Student***</p>	<p>School Nurse</p>
<p>6. 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. Provide praise and reinforcement for self-management skills. 2. Consult physician and provide counseling referral if adjustment is non-progressive or dysfunctional. 3. Clarify misconceptions about diabetes. 4. Provide support for student, family and staff in adaptation to diabetes through referral, listening, teaching and regular communication. 5. Provide opportunities for student to become more self-sufficient in self-care. 	<p>School Nurse, Staff, Parent/Guardian - ongoing</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. 2. Parents/Guardian will provide a written update when a change in status occurs. 3. Parent / Guardian may provide written update to diabetes management if indicated by physician in Medical Management Plan. 4. 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>

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>7. 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:</p> <p>Review Date: RN Initials: Parent Initials:</p> <p>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



DIABETES EMERGENCY ACTION PLAN

(To be completed by Registered Nurse)

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

Parent's Name: _____ Phone _____

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

MILD

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

MODERATE

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

SEVERE

- Unable to swallow
- Combative
- Unconscious
- Seizures

**PLACE
I.D.
PHOTO
HERE**

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

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

MANAGEMENT OF "SEVERE" LOW BLOOD SUGAR:

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

NOTES: _____

RN Signature _____ Date _____

Copies given to:

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



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



Glucose Log for _____ Date _____

Time	Blood Sugar	Action



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



Date _____

Dear Parent,

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

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

Thank you.

School Nurse

DIARRHEA

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

Transmission:

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

Intervention:

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

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

DRUG OR ALCOHOL USE

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

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

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

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

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

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

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

EARACHE

Intervention:

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

EATING DISORDERS (ANOREXIA AND BULIMIA)

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

Anorexia Nervosa is a compulsion to inflict self-starvation. People of all races can develop bulimia and anorexia, but the vast majority are white. This may reflect social-economic rather than racial, factors. The illnesses are not restricted to females nor to those with certain occupational or educational backgrounds.

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

Bulimia: Signs & Symptoms:

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

Bulimia usually begins in conjunction with a diet. Once the binge and purge cycle becomes established, it can get out of control. Some bulimics may be somewhat underweight and a few may be obese, but most tend to maintain a nearly normal weight. In many cases the menstrual cycle becomes irregular. Sexual interest may

diminish. Bulimics may exhibit impulsive behaviors such as shoplifting and alcohol and/or drug use. Many appear to be healthy and successful, even a perfectionist in everything they do. Actually, most bulimics have very low self-esteem and are often depressed.

Anorexia Nervosa: Signs & Symptoms:

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

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

Exactly what causes anorexia nervosa and bulimia is a puzzle for researchers. They are just beginning to uncover clues, and not all experts agree with all theories. One theory about anorexia and bulimia is that many females feel excessive pressure to be as thin as some “ideal” perceived by the media in magazines and on television. Some suggest that a certain biological factor linked to clinical depression may contribute to the development of anorexia and bulimia. In fact 50 – 75 % of anorexics and bulimics are prone to depression, as are many of their relatives. Anorexia and bulimia may be triggered by an inability to cope with a life situation, puberty, first sexual contact, ridicule over weight, death of a loved one or separation from family.

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

Psychotherapy may be in many forms. In individual sessions, the patient explores attitudes about weight, food and body image. Then as she/he becomes aware of the problems in relating to others and dealing with stress, the attention is centered on feelings that they may have about self esteem, guilt, anxiety, depression or helplessness.

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

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

EYE INJURIES/EYE INFECTION

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

Intervention:

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

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

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

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

STY

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

Intervention:

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

CONJUNCTIVITIS (PINKEYE)

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

Transmission

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

Diagnosis

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

Treatment

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

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

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

FAINTING

Signs and symptoms: Pale skin, sweating, dizziness, numb or tingling hands and feet, nausea and disturbance of vision.

Intervention:

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

FEVER

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

FIFTH DISEASE

Fifth disease is a viral illness which is also called “slapped cheek syndrome.” It is generally mild but may cause a mild fever and fatigue until the rash appears. The rash generally involves the flushed appearance of the cheeks and sometimes a lacy rash on arms, legs and/or trunk. It may or may not itch. In adults, the joints may ache for days or months.

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

Children may attend school if no fever and feeling well. Pregnant woman who have been exposed to it should contact their obstetrician.

FOREIGN BODY IN EAR

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

Intervention:

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

HEADACHE

Intervention:

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

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

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

HEADACHES (MIGRAINES)

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

HEAD INJURY

Intervention:

- Determine the cause of the injury and whether or not there might be a neck injury.
- If there is a suspected neck injury:
 - a. DO NOT move the student.
 - b. Arrange rolled up blankets or clothing on both sides of trunk, head and neck for immobilization.
 - c. Call 9-1-1.
 - d. If CPR is necessary, the lower jaw should be pulled forward gently to open airway. The head tilt should be minimal and CPR MUST be performed by a TRAINED individual.
- Determine the level of consciousness: awake and alert, dazed, semi-conscious or unconscious.

- Observe unconscious student for breathing and any other body injuries. If choking is a concern, gently roll the student onto one side, turning all body parts at one time while supporting the student's neck and head.
- For bleeding, gently hold gauze over wound. Apply ice packs to bruises.
- Notify Parent/Guardian and Principal. Advise immediate medical attention or call 9-1-1 for any student who has:
 - a. Lost consciousness, even if consciousness is regained.
 - b. Vomiting following a blow to the head.
 - c. Inability to move a limb or limbs.
 - d. Oozing of blood or watery fluid from ears or nose.
 - e. Severe headache lasting longer than one hour.
 - f. Sleepiness or dazed demeanor following a blow to the head.
 - g. Unequal pupils.
 - h. Pale skin color that does not return to normal in a short time.

HEALTH CONDITIONS (GENERIC)

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



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



GENERIC HEALTH CONDITION QUESTIONNAIRE

(MUST be FILLED OUT COMPLETELY by PARENT)

**PLACE
I.D.
PHOTO
HERE**

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

Parent: _____ Primary Phone # _____

Physician _____ Office Location _____ Phone _____

Condition(s): _____

Brief Description of condition(s) and date of diagnosis: _____

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

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

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

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

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

Medications taken at home and medications to be taken at school: **(No IV Medications will be given by school personnel.)** _____

Equipment Needed (to be supplied by parent): _____

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

Field Trip Plan: _____

Does your child participate in any school sponsored programs, either before school or after school? If yes, please list. _____

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

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

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

Parent/Guardian Signature _____ Date _____

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

School Nurse Signature _____ Date _____



CLAY COUNTY DISTRICT SCHOOLS and
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SCHOOL HEALTH SERVICES



GENERIC MEDICAL MANAGEMENT PLAN

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

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

Parent: _____ Primary Phone # _____

Physician _____ Phone _____

Diagnosis/ Condition: _____

Symptoms student may exhibit: _____

**PLACE
I.D.
PHOTO
HERE**

Medications taken at home: _____

Medications Needed at School: Yes No **(No IV Medications will be given by school personnel.)**

When medications should be given: _____

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): _____

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

If medication given: Call parent Call 9-1-1 Other _____

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



CLAY COUNTY SCHOOL DISTRICT
CLAY COUNTY HEALTH DEPARTMENT
HEALTH SERVICES



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
Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When

Nursing Diagnosis / Concern	Goals	Plan of Action	By Whom / When
<p>3. Knowledge deficit and loss of self-esteem related to _____ condition</p>	<p>Student will increase / maintain self-esteem and effective cardiac management at school.</p>	<ol style="list-style-type: none"> 1. Student will be given information and health counseling related to _____ condition and management appropriate to level of understanding. 2. Classroom presentations will be given on _____ condition 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. 	<p>School nurse – ongoing</p>
<p>4. Potential for change in medical status</p>	<p>The student will, if age appropriate, collaborate with the facilitation of his/her optimum health and safety necessary for learning.</p>	<ol style="list-style-type: none"> 1. Parents/Guardians will provide school nurse with a current Health condition questionnaire 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: _____ Phone number: _____</p> <ol style="list-style-type: none"> 3. Parent will be notified if there are any concerns regarding student's Health status which might require medical follow-up. 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. 5. Trained school personnel will accompany student on bus, field trips, or any other school-sponsored activity off school grounds if needed. 	<p>Classroom teacher. School nurse— as needed</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>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>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>



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



EMERGENCY ACTION PLAN

(To be completed by Registered Nurse)

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

Parent's Name: _____ Phone _____

SYMPTOMS:

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



TREATMENT:

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

NOTES:

RN Signature _____ Date _____

Copies given to:

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

HEAT EXHAUSTION/STROKE

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

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

Signs and symptoms: perspiration, dizziness, nausea, faintness, headache, cool and pale skin, rapid pulse and breathing.

Intervention:

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

HYPERVENTILATION

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

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

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

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

Intervention:

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

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

HYPERTENSION

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

Remember, when checking a student's blood pressure, using the correct size BP cuff is very important.

New Blood Pressure Guidelines

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

The following guidelines are observed for adults:

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

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



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



Name _____ Month _____

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

The following guidelines are observed for children:

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

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

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

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

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

Blood Pressure Levels for Boys by Age and Height Percentile

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

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

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

BP, blood pressure

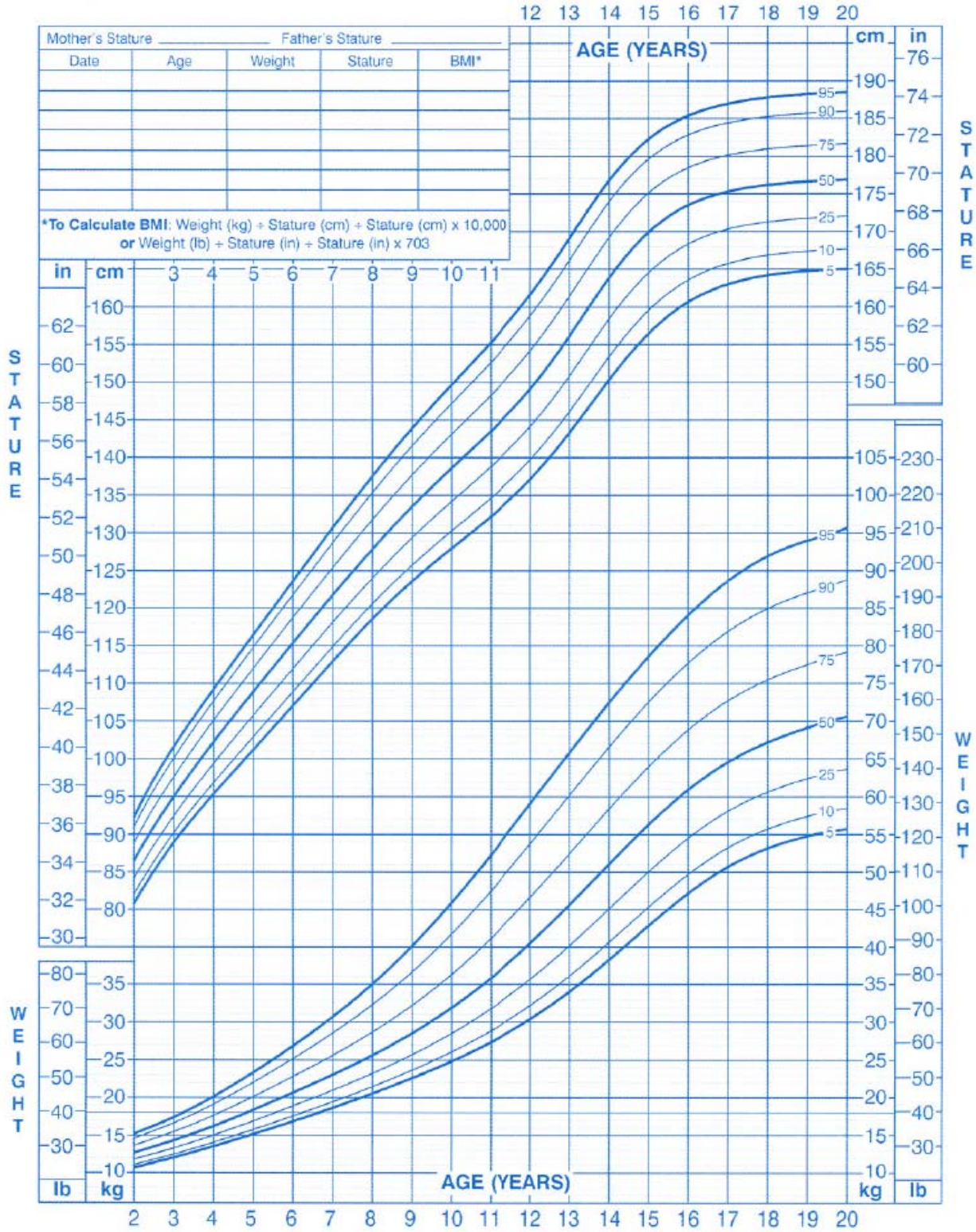
* The 90th percentile is 1.28 SD, 95th percentile is 1.645 SD, and the 99th percentile is 2.326 SD over the mean.

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

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

NAME _____

RECORD # _____



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



Blood Pressure Levels for Girls by Age and Height Percentile

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

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

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

BP, blood pressure

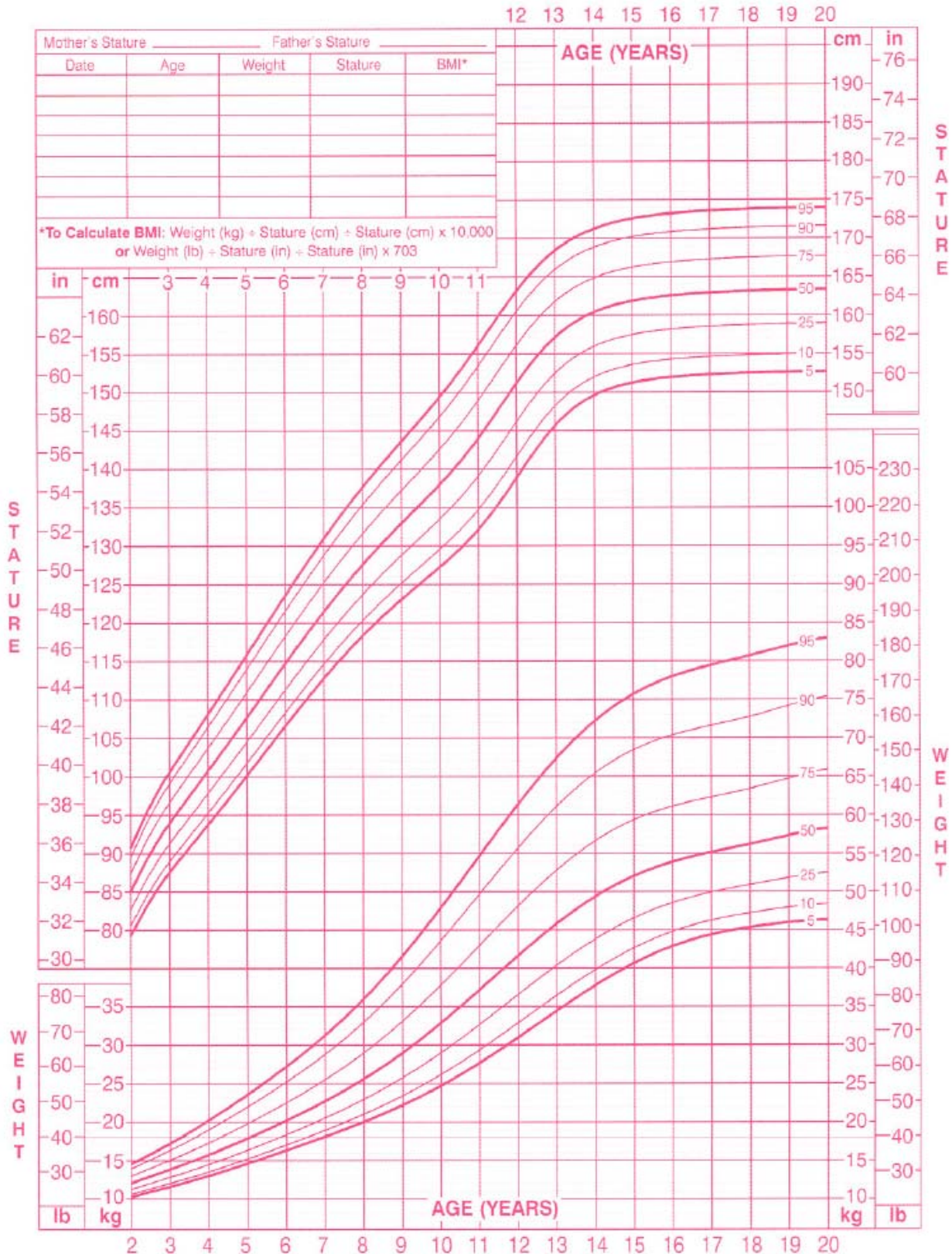
* The 90th percentile is 1.28 SD, 95th percentile is 1.645 SD, and the 99th percentile is 2.326 SD over the mean.

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

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

NAME _____

RECORD # _____



Revised and corrected November 28, 2000.
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<http://www.cdc.gov/growthcharts>