

**GLEN RIDGE PUBLIC SCHOOLS**  
**2020-2021**  
**NURSING SERVICES PLAN**

**Description of Basic Nursing Services provided to all students: (6A:16-2.1 b i)**

The certified school nurses in the Glen Ridge Public Schools have a multitude of roles within the scope of their professional practice. In an ongoing effort to ensure children remain healthy and ready to learn, the school nurses take on roles of nursing care provider, investigator, communicator, counselor, educator, child advocate, community liaison, recorder and manager.

The basic nursing services provided to our students include height/weight data collection and analysis, hearing and vision screenings, collection and documentation of immunization information, emergency medical/nursing support, and support of all students with specific medical needs.

**Nursing Care Provider**

Within the role of nursing care provider, the school nurses use the nursing process, which includes assessing, planning, implementing and evaluating the nursing care in an ongoing manner. The development of individualized health care plans (IHCP's) and emergency care plans (ECP's) are carried out by the school nurse for each student with acute or chronic health concerns. The school nurses also provide health care and advice to staff members.

**Investigator**

As investigators, the school nurses seek information regarding health histories, health practices, environmental concerns, safety issues, communicable disease patterns and current health information relevant to the practice of school nursing. Consultations with parents and guardians, pediatricians, specialists, health agencies, classroom teachers, administrators, child study team members, custodial staff and maintenance staff are sought in order to gather information.

**Communicator**

As communicators, the school nurses use varied approaches to share important information with students, parents, staff members, physicians, health care agencies, administration and governmental entities. Telephone conferences, personal letters, weekly newsletters, flyers, bulletin board postings, e-mail communications, web-site updates, personal conferences, departmental meetings, Pupil Assistance Committee meetings, Child Study Team meetings, and CORE Team meetings represent some of the methods and forums in which health information is communicated.

**Counselor**

School nurses serve in the role of counselors to students, parents and staff alike regarding health issues and personal concerns. Referrals are made to the school psychologist, student assistance counselor, private physicians, or community health resources as needed.

**Educator**

The role of educator is a vital role for the certified school nurse. Classroom teaching, when applicable, is provided by school nurses, including units from the health curriculum that focus on the sensitive topics of HIV, AIDS, and puberty. Additional topics could include personal safety, dental health, personal hygiene, food allergies, conflict resolution, and the human body. Informal teaching takes place continuously on a one-to-one basis during the delivery of nursing care to both staff and students. Staff education on pertinent health topics (asthma, allergies, diabetes, PEOSHA, child abuse, seizure disorders, etc.) is provided at building meetings or in small groups as is appropriate. Parent education is provided through written materials, video presentations and discussions, and special programs.

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**Child Advocate**

As child advocates, school nurses work closely with staff and families to facilitate that health needs and accommodations are identified and met. Advocacy can extend beyond these areas to include referrals for health services, counseling, community programs, camps, or even CP&P.

**Community Liaison**

In the role of community liaison, school nurses work with local groups and organizations to bring special programs into the schools. Schools have recently benefited from the “Jump Rope for Heart” program of the American Heart Association, “The Great American Smokeout” program of the American Cancer Society, and “The Fire Safety House” associated with St. Barnabas Medical Center.

**Recorder**

A time-consuming role for school nurses is the role of recorder. A legal record must be maintained for each student, and documentation for each incident of nursing care is required. Each entry must include the date, time, major complaint, nursing assessment, plan of care, implementation and evaluation. Written communication from parents or health care providers must also be incorporated into the student records. Data must also be collected and recorded for state agencies related to immunizations, tuberculosis testing, medical waste management, and employee injuries.

**Manager**

With the variety of roles the school nurse takes on, and the variety of needs that must be balanced at any given point in time, the school nurse takes on the role of manager. In the school setting, it is essential to aggressively manage any health problems that are likely to compromise learning. For this reason, school health care providers must prioritize concerns and assign health services staff in a way that achieves this goal.

The assignment of school nurses in the Glen Ridge Public Schools is not based solely on student population. Consideration is also given for the special education population and the severity of health concerns present within each building. Severity coding can be broken down into four levels: Nursing Dependent, Medically Fragile, Medically Complex, and Health Concerns.

**Summary of specific medical needs of individual students, if any, and the nursing services required to address those needs: (6A:16-2.1 b ii)**

**Glen Ridge High School**

<b>Specific Medical Needs</b>	<b>Number of Students</b>
Anaphylaxis/epinephrine – Severe Allergies	62
Asthma	19
Seizure Disorder/Epilepsy	3
Cardiac Issues	8
Diabetic	3
Hemophilia	1
ADHD medication	12
Celiac	2
Lactose Intolerant	4
JR Arthritis	1
Migraine	13
Syncope	3
IBS Crohns	2
Long QT Syndrome	3
Hearing Loss	1
CPTV/Brugada Syndrome with implanted cardiac device	1
Wolff Parkinson Syndrome	1

**Ridgewood Avenue School**

<b>Specific Medical Needs</b>	<b>Number of Students</b>
Anaphylaxis/epinephrine- severe allergies	51
Asthma	35
Seizure Disorder	3
VasoVagal Syncope	1
Diabetes	1
PANDAS	1
Crohns Disease/IBD	1
Hearing impaired	3
Celiac Disease	3
Juvenile Arthritis	1
Migraine Headache	5
Lumber-Peritoneal Shunt/Pseudo tumor Cerebri	1
Encopresis	1
Brown Syndrome	1

**Forest Avenue School**

<b>Specific Medical Needs</b>	<b>Number of Students</b>
Anaphylaxis/epinephrine- severe allergies	12
Seizures	2
Tuberous Sclerosis	1
Febrile Seizures	1
ADHD/Anxiety	2
Gluten Intolerance	1
Leukemia B-cell ALL/Stem cell transplant	1
Asthma	3
Eosinophilic Esophagitis	1
Auditory Processing	1
Migraine Headaches	1

**Linden Avenue School**

<b>Specific Medical Needs</b>	<b>Number of Students</b>
Anaphylaxis/epinephrine – Severe Allergies	7
Asthma	16
Remission Leukemia B-cell ALL	1
Currently being treated for Leukemia	1
Mastocytosis	2
Embryonal Rhabdomyosarcoma/Lifraumeni Syndrome	1
Febrile Seizures	1

**Central Avenue School**

<b>Specific Medical Needs</b>	<b>Number of Students</b>
Anaphylaxis/epinephrine - Severe Allergies	3
Asthma	4
Amblyopia & Myopia (Patching)	1
Intermittent Esotropia	1

### **Nursing Services for Auditory Processing**

Auditory processing is a problem with the way auditory information is processed in the central nervous system, not due to language, cognitive or other related disorders. There is difficulty processing language when there is any background noise or when the teacher speaks too quickly, and discriminating sounds, especially f/v/th.

#### Nursing Diagnosis:

1. Sensory-perceptual alteration related to APD
2. Potential for impaired listening related to APD
3. Potential for alteration in learning related to APD
4. Potential for altered self-esteem related to stigma of using an amplification device

#### Goals:

1. Develop compensatory strategies to effectively manage sensory-perceptual deficits
2. Reduce barriers to listening in the classroom
3. Facilitate maximum learning in the classroom setting
4. Student will demonstrate comfort and ease with use of amplification device

#### Nursing Interventions:

1. Perform hearing and vision screenings to identify any fluctuating hearing loss
2. Educate students, parents, and teachers on the nature of APD and associated patterns of difficulties appearing in the classroom, sudden decline in academic performance, and proper use of FM system
3. Reduce or eliminate background noise
4. Be sure FM system is working properly
5. Periodic monitoring of effective use of FM device
6. Periodic communication with audiologist

#### Expected Outcomes:

1. Yearly hearing screenings
2. Student will communicate with teachers when difficulties arise
3. Student will report effective listening strategies and seek support when needed
4. Student will not be stigmatized
5. Student will display consistent use of FM system
6. Staff will be sensitive to the unique concerns of a child with APD and the use of amplification device

### **Nursing Services for Mastocytosis**

Mastocytosis is a rare condition caused by an excess number of mast cells gathering in the body's tissues. These cells can gather on the skin, body tissues or organs. There are two types. School nurse responsibilities would include

- relieving the severity of symptoms by application of prescribed topical corticosteroids and antihistamines.
- following up on doctor's instructions as part of the child's individual care plan for school

### **Nursing Services for Embryonal Rhabdomyosarcoma/Lifraumeni Syndrome**

Lifraumeni Syndrome is a rare disorder that greatly increases the risk of developing several types of cancer, particularly in children and young adults. The responsibilities of the school nurse include appropriate follow up with the child's physician, activity status, monitoring and recording any symptoms that the child may have at school and being in close contact with the parent on an ongoing basis.

### **Nursing Services for COVID-19**

School nurses at each building have added daily responsibilities due to COVID-19 which involves nursing assessment and attention on an ongoing basis. These responsibilities include, but are not limited to:

- Stringent monitoring of attendance for Covid-19 like/influenza- like symptoms
- Participation in Professional Development, researching of new information, and communication with the Board of Health on behalf of the students and staff
- Monitoring and recording of Covid-19 Activity Level Report/Quarantine

### **Nursing Services for Brown Syndrome**

Brown syndrome is a mechanical problem with the tendon that attaches to the outside of your eyeball. It is called the superior oblique muscle tendon. In Brown syndrome, this tendon cannot move freely. This limits your eye's normal movements.

Brown syndrome is a rare eye disorder. The condition is usually present at birth (congenital). Sometimes Brown syndrome may be acquired later in life. Acquired Brown syndrome may be related to another health condition. Treatment recommendations vary according to cause and level of severity. Non surgical treatment is advised for recently acquired, traumatic cases. Surgical treatment is recommended for misalignment when looking straight ahead, significant double vision, compromised binocular vision or pronounced abnormal head position. More than one surgery may be needed for optimal management.

Management includes improving vision in the eye, decreasing risk of blindness, maintaining eye alignment and developing binocular vision. School nurse is responsible for reporting visual changes or visual complaints, educating staff, collaborating with family and students' doctors.

### **Nursing Services for Amblyopia & Myopia**

Amblyopia occurs in childhood when the nerve pathways between the brain and an eye aren't properly stimulated, the brain favors the other eye. Symptoms include a wandering eye, eyes that may not appear to work together or poor depth perception.

Management - Improving vision in the eye, decreasing the risk of blindness, facilitating fusion and maintaining eye alignment and developing normal binocular vision. Includes eyeglasses, and patching of the affected eye 4 hours a day during school and 2 hours a day at home. Patch will be removed while the student is getting on, off and while traveling on the school bus. Patch will also be removed during PE and recess to promote optimal safety.

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Myopia is a refractive condition in which light is in front of the retina resulting in blurred distance vision. Also known as nearsightedness.

Management - includes wearing glasses to restore clear vision at a distance with optimal correction.

### **Nursing Services for Severe Allergies/Anaphylaxis/Food allergies**

The number of students with life-threatening allergies has increased substantially over the last several years. As with all children with special health care needs, it is important that students with life-threatening allergies are able to access all education and education related benefits. For these children, every allergic reaction has the possibility to develop into a life-threatening and potentially fatal anaphylactic reaction. This can occur within minutes of exposure to the allergen. Some students who are very sensitive to their allergen may react to just touching or inhaling the allergen. For others, ingesting even the tiniest portion of their allergen or an insect sting can cause death.

The School Nurse is responsible for coordinating the management of students with life threatening allergies (LTA) in school. The management of LTA takes a multidisciplinary approach of collaboration between the family, student, principal/administrator, nurse, classroom teacher(s)/specialists, school psychologist/guidance counselor, food services/cafeteria staff, lunch/recess paraprofessionals, transportation department, and custodial staff. Awareness, prevention and emergency preparedness are crucial elements in the management of a student with LTA. Training of appropriate personnel to utilize the epi-pen if prescribed by the student's physician is also a nursing service.

### **Nursing Services for Asthma**

Asthma is an inflammatory lung condition in which the airways become blocked or narrowed. It is characterized by acute episodes, or attacks, of breathing problems that include coughing, wheezing, chest tightness, and shortness of breath. These symptoms are caused by three primary factors: airway muscle tightening, airway swelling, and mucous-blocked airways associated with increased airway responsiveness to a variety of stimuli, or "triggers". The triggers that cause an asthma episode vary both within and across individuals, but many with this disease experience an increase in asthma symptoms when exposed to the following:

- Allergens, such as pollen, animal dander, dust mites, cockroaches, and molds.
- Irritants, such as cold air, strong odors, chemicals, indoor and outdoor pollutants, weather changes, and cigarette smoke.
- Upper respiratory infections.
- Physical exercise, especially when there are changes in weather, including changes in temperature, humidity, and wind.
- Ambient temperature changes, such as going out into cold air, or coming in from the heat into cool air.
- Strong emotions, such as hard laughing or crying.

School nurses play an important role in serving as a liaison between the school and child's home and between the school and health-care providers in efforts to promote adherence with health-care providers' orders related to asthma management. The school nurse develops and implements, in coordination with local providers and the coordinated school health team members, the child's asthma management plan; establishes and monitors compliance with school policy related to the management of children at school and during school-related activities; develops protocols for the care of children with acute respiratory distress at school; provides or supervises proper medication administration; supports education of the child in self-management; monitors the child's condition; advocates for the

child's inclusion in school-related activities; and works with school staff to assure that accommodations are in place for the child's well-being.

Using the four components of asthma care, there are numerous ways for the school nurse to contribute to the effective management of students with asthma in the school setting by:

- Educating the student and his/her family in asthma management, including content about pathology, pharmacology, environmental irritants and allergens, and proper use of treatment and management devices, such as peak flow meters, metered dose inhalers, and nebulizers.
- Delivering developmentally-appropriate asthma self-management skill lessons.
- Developing asthma care plans and asthma action plans in collaboration with the student, his/her family, school staff, and the student's health-care provider.
- Gathering asthma materials and resources for students, parents, and staff and disseminating these appropriately through a variety of media.
- Developing an asthma management policy or plan for the school that includes plans for respiratory emergencies and the management of acute asthma episodes at school, school- related activities, and crisis situations.
- Educating school staff about the effective use of individual asthma action plans.
- Educating the school board, school community, and school staff about asthma and asthma triggers in the school that need to be controlled and decreasing exposure to allergens and irritants by educating school staff about how its activities affect air quality.
- Proposing the development of indoor air quality teams in the school so that school staff is involved in making necessary changes to improve air quality.
- Working with local community groups to mobilize community resources for a comprehensive, culturally and linguistically competent approach to controlling asthma.
- Collaborating with health-care providers to secure permission from parents to mail information directly to school nurses.
- Collaborating with emergency rooms and hospitals to provide a copy of discharge orders for the school nurse.
- Helping parents understand the importance of sharing appropriate information about the child's asthma with the school nurse and others in the school community involved with the child, including teachers, school staff, coaches, on-site or after-school day care providers, etc.

Source: National Association of School Nurses

### **Nursing Services for Brugata Syndrome**

Brugada Syndrome is a genetic disease that is characterized by abnormal ECG findings and an increased risk of sudden cardiac death. The Brugada brothers (cardiologists) in 1992 recognized it as a distinct clinical entity, causing sudden death by causing ventricular fibrillation (a lethal arrhythmia) in the heart.

Things to watch out for with a student who has an implanted automatic defibrillator

- If the student is seeing spots (green or brown) he/she may be on the verge of or in the middle of having a cardiac episode that causes him/her to pass out and/or receive a therapeutic shock from his ICD. The ICD should break the arrhythmia and return the heart to normal beating.



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- Watch the student on hot days or if there has been particularly active periods of playtime. The child may require a "break".
- Anything that would startle you... loud unexpected noises, an unexpected push, getting hit unexpectedly by a ball could send the student into an arrhythmia.
- Protecting the ICD from accidental or intentional hitting.
- If you feel the child has received a shock from the ICD, but he/she comes around and is responsive quickly, an ambulance does not need to be called. Parents need to be notified and they will take the child home to interrogate his/her device and contact his/her Doctor. If the child does not quickly respond an ambulance needs to be called and an AED may need to be administered.

### **Nursing Services for Cancer**

The student has been treated for Leukemia B-cell Acute Lymphoblastic Leukemia/Stem Cell Transplant. Leukemia causes anemia, thrombocytopenia (low amounts of blood clotting cells) and leukopenia (low amounts of white cells which fight off infection).

Symptoms of anemia include paleness, fatigue, shortness of breath and decreased activity intolerance. Symptoms of thrombocytopenia include easy bruising, nosebleeds, and bleeding gums. Symptoms of leukopenia include increased infections and illness and fever. Infection can be fatal for persons with leukemia. Other symptoms of leukemia include swollen glands, joint swelling and pain, weight loss and lack of appetite. Central nervous system involvement is not uncommon in children and symptoms include irritability, nausea and vomiting, headache, personality changes, blurred vision and changes in the level of consciousness.

Treatment is usually by chemotherapy whose mission is to destroy as many leukemia cells as possible and return the bone marrow to as near as normal as possible. However, the student had an aggressive type and required a stem cell transplant.

#### **Problem: Risk for Infections**

#### **Goal: Prevent infection**

Action:

1. Symptoms of an infection that must be reported to the school nurse and parent promptly include:
  - a. Fever
  - b. Complaints of illness, even if vague.
2. Good classroom hygiene must be practiced to minimize illness, especially due to upper respiratory infections.
  - a. The best classroom hygiene is good hand washing.
  - b. As much as possible, prevent exposure to persons with illness.
3. Parents must be notified of any communicable diseases, such as measles or chickenpox.

*Follow-up medical treatments at MSK include: ratio/donor marrow labs and bone marrow aspirations every 6 months to one year.*

### **Nursing Services for Cardiac Issues**

**SVT:** is an irregular heart rhythm that originates in the bottom chamber of the heart. Some students may have specific triggers to SVT such as exercise others can have episodes at rest.

**Long QT:** is a abnormality of the hearts electrical system may result in disturbances of the hearts normal rhythm. These disturbances are due to a disorder of electrolyte flow through ion channels. A student with this condition may be at risk for sudden fainting episode or a heart arrhythmia leading to sudden cardiac arrest.

**Symptoms:** Shortness of breath, fast heart rate, lightheadedness, chest discomfort, fainting, sweating and slight risk of sudden cardiac arrest.

#### **Action plan:**

**SVT:** Take a deep breathe in, bear down, ice bags on face or forceful coughing, or assisting with head stand against the wall.

**Long QT:** Student must sit down be allowed to rest observed closely by school nurse for becoming unresponsive. Call 911 immediately if student becomes unresponsive or continues with chest pain. Always have a AED available.

### **Nursing Services for Celiac Disease**

Celiac Disease (Sprue) is a disorder of the small intestine characterized by permanent inability to tolerate dietary gluten (a protein found in wheat and other grain products). When a person with celiac disease eats foods containing gluten, an immune reaction occurs in the small intestine, resulting in damage to the surface of the small intestine and an inability to absorb certain nutrients from food. This condition is manifested by diarrhea, malnutrition, and a bleeding tendency. No treatment can cure celiac disease. However, you can effectively manage celiac disease through changing your diet. Treatment consists of a lifelong gluten-free diet, adequate caloric intake, supplemental vitamins and minerals, reduced fat intake and close monitoring for celiac crisis.

**Problem:** Care must be taken to follow the recommended diet.

**Goal:** Maintain gluten-free diet.

**Action:**

1. (\_\_\_\_) must avoid all foods containing wheat, rye, oats and barley. This includes prepackaged foods that may have these products added.
2. (\_\_\_\_) may have classroom treats if they are gluten-free.
  - a. Gluten containing grains are: wheat, rye, barley, malt and oats.
  - b. Substitute gluten free foods such as: rice, corn, and soybean products.
  - c. Avoid foods with additives that may contain gluten. Read labels carefully. If there is any question contact parent before giving.
3. These foods can be given: fruit, vegetables, milk, juice, popcorn, and rice cakes.
4. Avoid these foods: salad dressing, ice cream, breads, cookies, pasta, vinegar, ketchup, candy, hot dogs, cream soups, processed cheese, cocoa and chocolate, or other products made with grains or modified food starch.

### **Nursing Services for Crohns/IBD**

#### Description:

Inflammatory bowel disease (IBD) refers to two chronic diseases that cause inflammation of the intestines: ulcerative colitis and Crohn's disease. Ulcerative colitis usually involves the large intestine (colon) and small intestine with disturbances of intestinal/bowel (gut) motor function (motility) and sensation. Crohn's Disease can involve any part of the digestive tract. It causes inflammation that extends much deeper into the layers of the intestinal wall and generally affects the entire bowel. Both conditions cause a change in bowel habits.

#### Goals & Plan:

- Student will attend school/class and participate with modifications made if needed.
- Student will experience an increased level of comfort, allowing active participation in school activities.
- Student will demonstrate improved physical activity tolerance.
- Student will increase knowledge & progress toward adapting to living with chronic illness.

### **Nursing Services for Daily Medications, including ADHD medications, anxiety medications**

As per Glen Ridge BOE policy # 5330- Administration of Medications.

### **Nursing Services for Diabetes**

The school nurse is the qualified person to coordinate and implement the plan of care for school, which is unique to the nurse role. The 504 Plan, IHP, or IEP for the student with diabetes integrates management strategies preferred by the student, family, and health care provider.

School nurses have the professional skills needed to assess and support the child with diabetes in the school setting. School nurses are uniquely prepared to develop an IHP, Emergency Care Plan (ECP), 504 Plan, and/or provide information to the multidisciplinary team to develop an Individual Education Plan (IEP). Both high and low blood glucose levels affect the student's ability to learn and can endanger the student's health. Glucose levels should be as close to the desired range as possible for optimal learning and testing of academic skills. Recent research indicates that maintaining the glucose levels within a goal range can prevent, reduce, and reverse long-term complications of diabetes (DCCT, 1996). The IHP is a description of the nursing interventions and school accommodations that the student needs during the school day. The plan reflects the individual needs and competencies of the student during a particular period of time. The process used by the school nurse for developing the IHP includes:

Assessing the developmental, cognitive, and physical status of the student within his/her family structure to determine the ability of the student to independently manage diabetes care at school. The younger, less experienced and newly diagnosed student may require more assistance with diabetes management. The adolescent student with diabetes may need support in transitioning to independent self-management of diabetes.

Identifying and coordinating the medical interventions the student requires at school, based on orders from the health care provider and the nursing assessment of the student;

Determining the nursing interventions and school accommodations needed for all school activities based on the developmental cognitive, and physical status of the student;

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Identifying and coordinating the interventions for school activities, which may include blood glucose monitoring, insulin administration, dietary intake, and instruction in identifying signs of and response to hypoglycemia/hyperglycemia;

Assisting the student in determining realistic and achievable personal goals for attaining self-care and independence in the management of her/his health.

Under the direction of the school nurse, management strategies may be incorporated in a seamless fashion between home and classroom to help the student with diabetes stay healthy, be academically focused, and participate in all academic and extra curricular activities. School districts need to provide nurse assignments that ensure the student with diabetes has direct access to the school nurse. The student's management plan must conform to state and federal laws and regulations as well as the state's nurse practice act and the related rules for delegation. If diabetes care is delegated to LPNs or UAPs, the school nurse needs to be immediately accessible to provide direction (Schwab, Hootman, & Gelfman, 2001).

Managing diabetes at school is most effective when there is a partnership among students, parents, school nurse, health care providers, teachers, counselors, coaches, transportation, food service employees, and administrators. The school nurse provides the health expertise and coordination needed to ensure cooperation from all partners in assisting the student toward self-management of diabetes. The school nurse can be instrumental in preventing and managing emergency conditions that can result from glucose fluctuations by instructing the entire school team on basic diabetes information and management. Emergency conditions are not necessarily the result of a lack of management and may require nursing interventions even in those situations in which the student is skilled in handling his/her own care. Factors such as illness, hormones, or stress may cause a student who closely follows her/his diabetes plan to experience an emergency situation. The student with diabetes requires the professional supervision of the school nurse to enhance his/her self-care skills. The school nurse is essential to fulfill the unique role of care coordination, planning and development of the care plan for management of diabetes in school to facilitate academic success. NASN recommends a full-time professional licensed school nurse to facilitate the coordination of quality care for students with diabetes among the school setting, home, and community.

### **Nursing Services for Encopresis**

Encopresis is defined as stool incontinence after an age when a child should be able to control his or her bowel movements, usually 4 years of age. Primary encopresis occurs when a child has never established fecal continence. The central characteristic of encopresis is repeated passage of feces into inappropriate places, such as one's clothing. Most often this is involuntary. The child does not typically feel the urge to defecate when the accident occurs. Most children have a history of constipation or painful bowel movements. Because of this, children may not completely empty themselves when they go to the bathroom.

Psychological complications of encopresis center around self-esteem related to embarrassment about the condition and treatment of peers or family members.

Treatment for encopresis typically includes three phases: catharsis, maintenance, and follow-up. Education is a key component to success. The importance of explaining the physiologic basis of constipation and soiling to a child and family helps to alleviate blame and enlists cooperation.

### **Assessment Data:**

Soiling 2-3 times per week

Doesn't report need to go beforehand

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History of 5 days or more without bowel movement

History of constipation and painful bowel movements

Currently diagnosed with encopresis, under medical management

Soiling incidents in school starting in November

Slouching posture, head down, teary-eyed, not making eye contact, and not wanting to sit down

**Nursing Diagnoses:**

Does not want to use the bathroom in school

Bowel incontinence related to incomplete emptying of bowel, impaction, dietary habits, toileting self-care, medication, unable to feel the urge to defecate

Bathing/hygiene self-care deficit

Risk for situational low self-esteem related to soiling

Risk for impaired social interaction related to environmental barriers, self-concept disturbances

**Goals:**

He will be continent of stool with no soiling during the school day

He will ask to use the bathroom if he feels the urge to defecate

He will recognize and report soiling incident at school

He will display appropriate positive self-esteem

He will continue to participate in developmentally appropriate peer group activities

**Nursing Interventions:**

Arrange for him to defecate in the health office bathroom for privacy any time of the day he requests

Communicate with his parents regarding his progress

Monitor for signs of constipation or discomfort

Keep changes of clothing in classroom and health office

Provide clean-up wipes, garbage bags, a change of clothing, and privacy once he is able to manage self-care

Maintain emotionally neutral during soiling episodes

Give minimal attention to soiling and give privacy as soon as possible after soiling has occurred

Have teacher bring him to the health office once soiling has been confirmed and/or he feels stomach discomfort and the nurse will call babysitter to take him home for clean-up and/or using the bathroom.

Reinforce his strengths

Reward with praise

Have teacher include him in all activities that allow for success

**Expected Outcomes:**

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He will recognize the urge to defecate

He will come to the health office to use toilet

He will stay soil-free throughout the school day

He will follow dietary guidelines as prescribed by his GI doctor

He will clean-up himself following soiling incidents

He will maintain eye contact, engage in conversations and describe success at school

**Nursing Services for Eosinophilic Esophagitis**

Eosinophilic esophagitis, referred to as EoE, is a chronic allergic inflammatory disease of the esophagus.

Eosinophils are white blood cells that function in immune response, and there are always small quantities in the blood and intestine fighting parasites and performing other duties. In those who suffer from EoE, these eosinophils mistake swallowed triggers for enemies and fight the perceived threat by releasing their toxins into the esophageal tissues. This results in the destruction of healthy tissue.

A healthy person should have zero eosinophils in the esophagus. If you have seasonal allergies, eosinophils are in your nose; if you have asthma, they are in your lungs; and if you have EoE, they are in your esophagus. The student has all three.

**Risk for acute pain related to reflux/vomiting**

1. Student will go to the nurse's office
2. Rinse her mouth
3. Parent will be called to take student home

**Risk for compromised airway due to asthma**

1. Student will receive Flovent inhaler at home
2. Student will receive Albuterol inhaler as needed in Nurse's office

**Risk for Epistaxis**

1. Student will go to the nurse's office
2. Mild pressure will be placed on nostril(s) until bleeding stops
3. Parent will be called

**Risk for increased inflammation due to severe seasonal allergies**

1. Student will wash her hands and face after outside exposure to pollens
2. Student will remain inside during recess in seasons of high pollens (birch, elm, oak, grass pollens)

3. Student will report any unusual feelings related to seasonal allergies

Medical follow-up from CHOP includes: periodic esophagogastroduodenoscopy with biopsy, eosinophil counts, and continuation of seasonal allergy medications, reflux medications, and asthma inhalers.

**Tuberous Sclerosis**, also called tuberous sclerosis complex, is a rare, multi-system genetic disease that causes benign tumors to grow in the brain and on other vital organs. Those vital organs include the kidneys, heart, eyes, lungs and skin. It usually affects the central nervous system and results in a combination of symptoms including **seizures**, developmental delay, skin abnormalities and kidney disease.

Symptoms and Signs:

• **Seizures.**

- Patches of light-colored skin, areas of thickened skin and growths under or around the nails.
- Benign tumors.

Treatment: Tuberous sclerosis is a lifelong condition that requires careful monitoring and follow-up. Surgery may remove tumors before they negatively affect organs. Skin lesions may be removed or faded using dermabrasion and laser treatments.

Educational Implications:

Not all students with tuberous sclerosis will have educational issues. However, some will have developmental delays, learning difficulties, behavior issues, sleep disorders, communications issues and difficulties with social interaction.

**Nursing Services for Epilepsy/Seizure Disorder**

Seizures are caused by abnormal electrical activity in the cerebral neurons. There is no “cure” but the seizure activity can be controlled with medication. Goal is always to control seizures on lowest medication dose possible.

If you see this	Do This
<i>Staring with no response lasting for a few seconds</i>	Report to the nurse when it is over, may be absence seizures (petit mal) Nurse will contact parent
Uncontrolled shaking or twitching of limbs, usually only on one side of the body, lasting for up to a few minutes	Report to the nurse when it is over, may be a focal seizure. Nurse will contact parent.
Frequent dropping of things, frequent falls	Report to nurse when it is over, may be petit mal seizure
Trance-like state with purposeless movements	Report to nurse when it is over, may be psychomotor seizure. Nurse will contact parent.
Loss of consciousness with generalized violent muscle contractions, possible incontinence of urine	Grand mal seizure: <ul style="list-style-type: none"> <li>● Send another person to get nurse</li> <li>● Cushion head</li> <li>● Move furniture away from him to avoid injury</li> <li>● Loosen any tight clothing</li> <li>● Turn on side when not in muscle spasm</li> <li>● Time the seizure</li> </ul>

	<p>DO NOT</p> <p>Call EMS until the nurse has assessed, as parent may wish to transport to doctor's office</p> <p>Put anything in mouth</p> <p>Attempt to hold down</p> <p>Try to waken</p> <p>Move to another location unless present location presents a danger</p> <p>Ask the student to sit up and walk before the nurse has assessed</p> <p>CALL EMS First ONLY if:</p> <p>The student is injured because of the fall due to seizure</p> <p>The nurse is not in the building</p>
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**CONDITION: Tourette Syndrome**

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Evaluation procedure/frequency
<p>History of ongoing behavioral and social concerns</p> <p>Touching other students</p> <p>Compromised friendships</p> <p>Lack of coping skills, inability to express feelings</p>	<p>Deficient knowledge related to: Recent diagnosis of TS</p> <p>Academic difficulties</p> <p>Impaired social interaction related to behavior problems</p> <p>Possible comorbid conditions</p> <p>Anxiety/ADHD</p> <p>Compromised family coping</p> <p>Stress regarding school failure</p> <p>Impaired sensory planning</p>	<p>The student will demonstrate an increased knowledge of signs and symptoms of concern</p> <p>The student will maintain a positive self-image</p> <p>The student will maintain positive socialization with peers</p> <p>The student will remain involved in school activities</p> <p>Family will utilize positive coping strategies</p> <p>The student will communicate stressors</p>	<p>Develop an IHP</p> <p>Assist the student in learning about TS</p> <p>Praise positive behaviors, promote independence, self-esteem and self-confidence</p> <p>Promote acceptance of those with differences</p> <p>Educate staff and other classmates about the student's ability to control actions</p> <p>Provide the family with support</p> <p>Provide a private area to express self</p> <p>Teach staff and students about strategies to reduce stress</p>	<p>The student will describe 3 symptoms of concern</p> <p>The student will demonstrate a healthy sense of self, a positive self-image, and involvement with peers</p> <p>The student will maintain positive social interactions and relationships with peers</p> <p>The family and student will identify 2 effective family coping strategies for dealing with TS</p> <p>The student will identify 3 strategies that reduce stress and ways to express his needs</p> <p>The student will follow interventions that support self-care and independence</p>



**Nursing Services for Hearing Impairment**

Nursing Diagnosis	Nursing Interventions	Goals
<p>_____ is at risk for deficient knowledge related to:</p> <ul style="list-style-type: none"> <li>- Hearing deficit type</li> <li>- Management</li> <li>- Treatment options</li> </ul> <p>Potential for alteration in learning related to hearing deficit</p> <p>Knowledge deficit about the use and care of amplification devices for hearing deficit related to lack of information</p>	<p>Determine current hearing status</p> <p>Provide educational opportunities regarding hearing deficits, management and treatment options for the student, including use of amplification, assistive hearing devices and the impact on _____ ability to communicate and learn.</p> <p>_____ will wear necessary hearing aids</p> <p>Background noise will be reduced or eliminated (place tennis balls under chair legs, _____ will not sit next to windows, vents, fans etc.)</p> <p>Staff and students will talk distinctly and clearly, <b>facing</b> _____</p> <p>Staff will encourage _____ to ask for clarification if needed</p> <p>In-service teachers and other school staff regarding use of FM system          Discuss ways to enhance the student's ability to learn and communicate</p> <p>Staff will understand what devices are used, how they work, how they assist the student to communicate and learn; how the devices will be monitored</p> <p>Staff will monitor daily the proper functioning of the student's hearing aids with FM system</p> <p>Staff will provide positive reinforcement to _____ for demonstrating new knowledge and skills in the use and care of her hearing aids</p>	<p>_____ will:</p> <p>Be aware that her hearing deficit may impact her ability to communicate and learn.</p> <p>Understand how the <b>FM system</b> will improve communication process and positively influence educational and social situations.  <b>(If in use)</b></p> <p>Communicate effectively with teacher and classmates</p> <p>Demonstrate the ability to learn in the classroom</p> <p>_____ will wear hearing aids to school daily.</p> <p>_____ will report if hearing aids are not working</p> <p>_____ will tell her teacher if she is having any trouble hearing or does not understand what is said in class</p> <p>_____ will repeat the teacher's directions</p> <p>Staff will understand the care and functions of the FM system.</p> <p>_____ will be encouraged to report any problems with the hearing aids and FM system</p> <p>_____ will demonstrate knowledge regarding appropriate use and care of amplification or assistive hearing device.</p>



Outcome/Goals: (Indicators include improve attendance, academic achievement, and participation)  
Management of pain.

Student will acquire adaptations necessary to experience as normal a lifestyle as possible in the school setting.

Planning and Implementation (Interventions):

Arrange for anti-inflammatory medication at school in accordance with district policy.

Arrange for appropriate PE activities and rest if needed.

Student Interventions:

Monitor activity tolerance and observe for signs of inability to manage the demands of school activity.

Provide opportunity for student to assist in planning and providing self-care.

Monitor for complications of medication.

### **Nursing Services for Lactose Intolerance**

Lactose intolerance occurs when a person cannot digest lactose, a sugar found in milk and other dairy products. Lactose intolerance develops when lactase, an enzyme that is needed to break down milk sugar into simpler sugars, is less available or absent.

The symptoms of **lactose intolerance** are diarrhea, bloating, nausea, and a gassy feeling within thirty minutes to two hours following a meal high in dairy products. **Lactose intolerance** is not a life-threatening condition. Most people can manage quite well by using milk substitutes, watching the amount of milk and other dairy products that they consume, or by taking over-the-counter lactase supplements.

Management includes allowing students to use the bathroom in the middle of class if needed, or leaving class if stomach irritated after a meal.

### **Nursing Services for Long QT Syndrome**

Long QT Syndrome, an abnormality of the heart's electrical system caused by dysfunction in cardiac ion channels, may result in disturbances of the heart's normal rhythm. It is a heart disorder that may be associated with sudden, unexpected fainting (loss of consciousness), seizures, or death. Many people with a Long QT Syndrome do not have any symptoms. Due to the risk, however minimal, of sudden cardiac arrest, an emergency plan must be in place.

If the child should faint he/she should be laid flat and his/her vital signs taken, specifically determining the heart rate.

If a pulse is not present and the student is unconscious, call 911, initiate CPR and utilize the defibrillator if it determines that the rhythm is abnormal

If the student is unconscious, but has a normal heart rate or blood pressure, call 911 and have the paramedics respond and give appropriate treatment

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If the child should faint but regain consciousness, obtain vital signs. Notify the parents and have them alert their doctor.

If the child is experiencing palpitations, feeling a rapid heart rate, has chest pain but has normal vital signs, and normal mentation, the parents should be notified and advised to seek medical attention.

Because sudden cardiac arrest can occur at anytime, teachers should be trained in CPR. An AED should be never be more than 3 minutes away so that it can be applied as soon as possible. An AED should be available on all school trips along with a trained CPR responder.

**Nursing Plan for Migraine Headaches**

The above student has been diagnosed with migraine headaches. Migraines in this student are often identified by the following characteristics (circle all that apply):

Moderate to severe pain intensity

Throbbing pain Photophobia (light sensitivity)

Phonophobia (sound sensitivity)

Nausea and/or vomiting Other:

Name and dose of 1st medication to be given: \_\_\_\_\_

Name and dose of 2nd medication to be given: \_\_\_\_\_

Additional treatment: \_\_\_\_\_

Medication should be given as soon as the child recognizes the onset of a migraine, without delay. If needed, please allow the child to rest for 30-45 minutes. After this time, the child may return to the classroom if pain relief is achieved or if the child feels they can continue to function.

Please notify the parent if: • Headache does not respond to given treatment within 2 hours • Headaches have a sudden change in characteristics or features • Headaches seem to be increasing in frequency • You are running low on medication for the student • You have any other concerns

**Nursing Plan for Non-Diabetic Hypoglycemia**

Non-diabetic hypoglycemia is a condition that causes your child's blood glucose (sugar) level to drop too low. When this happens, his or her brain cells and muscles do not have enough energy to work well. This type of low blood sugar level can happen in children who do not have diabetes. Glucose is also important for helping your child's brain grow normally.

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My patient \_\_\_\_\_ has been diagnosed with non-diabetic hypoglycemia.

Individual accommodations:

- Allow student to freely have snacks during the school day as she feels necessary. The student is allowed to eat these snacks in class. The student generally snacks every 2 hours. This will help to maintain blood sugar throughout the day.
- Student will carry Glucerna bars and Zone One bars in her backpack as well as keep some in their locker.
- Student should report to the nurse if snacks do not diminish symptoms.

**Nursing Plan for PANDAS**

What is PANDAS? • The term 'PANDAS' is short for 'Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus' (The word streptococcus is often shortened to 'strep').

- A child can be diagnosed with PANDAS when:
  - o Obsessive Compulsive Disorder (OCD) or tic symptoms suddenly appear for the first time, OR
  - o The symptoms suddenly get much worse, AND
  - o The symptoms occur during or after a strep infection in the child.
- PANDAS is caused by the body's immune reaction to strep, not the infection itself (Swedo & Grant, 2005). When an infection happens, the body's immune system makes a variety of proteins to help fight the bacteria. Some of these proteins are called antibodies and can be clinically measured. The exact way that causes the neuropsychiatric symptoms (OCD, tics, etc.) is not known.
- Other immune triggers have been also reported to worsen OCD and tics (like Lyme's disease, influenza, mycoplasma, etc.) and because the connection of the immune system to the neuropsychiatric symptoms is not fully understood, little is known about the best treatments (which may be different from other kinds of OCD treatment.) Currently, there are no scientifically approved evaluation and treatment protocols leaving clinicians and parents guessing at the best options for having these children assessed.  
Treatment: • Strep infections are treated with antibiotics.  
Continuing therapies depend on the severity of each case.
- Cognitive Behavioral Therapy (CBT), specifically Exposure & Ritual Prevention (ERP) therapy, has been shown to help PANDAS patients and their families (Storch, 2006).
- Selective serotonin reuptake inhibitor (SSRI) medicines are also effective for childhood OCD (SSRIs are standard medical therapies and many are FDA approved for childhood OCD). However, children presenting with PANDAS

may be more sensitive to behavioral side effects (aggression, hyperactivity, sleep problems and even suicidal thinking) but may tolerate at smaller than usual starting doses. Some children with first episode OCD/PANDAS will have the symptoms improve gradually if the infection was treated. SSRI use should be discussed with a doctor in order to weigh the benefits against the risks.

- Consider having the child evaluated for fine motor deficits by an occupational therapist if handwriting or coordination skills have deteriorated.
- Ask for school accommodations as appropriate for ADHD, OCD, or fine motor skill symptoms.

- For some patients with severely disabling symptoms following infections, use of antibiotics as a prevention method may be considered (Snider, et. al., 2005).

Modifications: Developed as needed.

### **Nursing Services for Pseudotumor Cerebri**

- Pseudotumor cerebri (PTC), also known as idiopathic intracranial hypertension, is a problem caused by elevated cerebrospinal fluid pressure in the brain.
- Because this condition causes symptoms of elevated pressure in the head – which is also seen with large brain tumors – but have normal scans, the condition has been called pseudotumor cerebri, meaning “false brain tumor”.
- Pseudotumor cerebri symptoms include a headache and blurred vision, which can increase over time.
- Prompt diagnosis and treatment of pseudotumor cerebri are important since it may lead to progressive (and possibly permanent) loss of vision.

The fluid that surrounds the spinal cord and brain is called cerebrospinal fluid or CSF. Cerebrospinal fluid supplies the brain and spinal cord with nutrients and removes impurities while protecting and cushioning these delicate structures.

Normally, after circulating, CSF is reabsorbed into the body through blood vessels. But if too much fluid is produced or not enough is re-absorbed, the CSF can build up and cause pressure within the skull, which is an enclosed space.

This pressure can cause symptoms similar to those of a brain tumor, including worsening headache and vision problems. Untreated pseudotumor cerebri can result in permanent problems such as vision loss.

The most common are headaches and blurred vision. Other symptoms may include:

- Vision changes (like double vision) or vision loss
- Dizziness, nausea and/or vomiting

- Neck stiffness
- Persistent ringing in the ears (tinnitus)
- Forgetfulness and/or depression

Since exertion can increase pressure inside the skull, symptoms can become worse with exercise or physical activity.

Pseudotumor cerebri symptoms may resemble those of many other medical problems. Always consult an experienced specialist for a diagnosis.

### **Pseudotumor Cerebri Headache**

Headaches associated with this disorder may vary from person to person. Often, pseudotumor cerebri headaches often occur at the back of the head and start as a dull pain, which tends to be worse at night or first thing in the morning.

Common headaches such as migraine or tension headaches can coexist with pseudotumor cerebri, which can complicate the diagnosis. Doctors are likely to diagnose these frequently seen disorders until a more detailed examination or further testing reveals PTC.

### **Vision Problems**

Vision problems in pseudotumor cerebri evolve slowly over time, with temporary episodes of visual blurring that can start in the peripheral field of vision. If the pressure continues to build up, the nerves affecting eye movement can also be affected causing double vision.

The individual may not even notice until later in the clinical course of the disorder when the central field of vision is involved and the symptoms become constant. At this point there is a growing risk of blindness.

Because elevated intracranial pressure affects the eyes, a careful eye exam and testing of the visual fields is crucial to determine the risk of vision loss. An eye exam may reveal optic nerve swelling at the back of the eye, an abnormality called papilledema.

### **Pseudotumor Cerebri Treatment**

Treatment depends on what is causing the fluid to build up inside the skull. The doctor might recommend any combination of the following:

- Weight loss
- Limiting fluids or salt in the diet
- Medications, such as diuretics, which help the body to get rid of extra fluid
- A spinal tap to remove fluid and reduce pressure

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- Surgical placement of shunt, or special tube, to redirect fluid from the brain and ease pressure
- Surgery to decompress increased CSF around the optic nerve
- Placement of a stent in the draining venous sinuses if narrowed, to improve CSF absorption and reduce intracranial pressure.

In addition, the doctor is likely to recommend regular checkups to help monitor the person's symptoms and screen for any underlying problems. Follow-up is important since it is possible for symptoms to recur after treatment

### **Nursing Services for Lumbar-Peritoneal Shunt**

A shunt is a hollow tube placed in the brain or spine to help drain the cerebrospinal fluid and redirect it to another location in the body where it can be reabsorbed.

The shunt is located in the lower back and around her abdominal cavity. One end of the tubing is in the spine and the other end is routed into the abdomen. The excess CSF is drained and eventually absorbed by the organs and passed out through the body during urination.

**Nursing Diagnosis:** Potential for injury related to increased intracranial pressure and/or shunt placement.

**Goal:** Prevent injury related to increased intracranial pressure and shunt placement.

**Nursing Interventions:** P.E. or recess may resume in June. Call parent if injury occurs.

**Nursing Diagnosis:** The potential for altered health maintenance related to insufficient knowledge of increased CSF, signs and symptoms of infection, and/or leakage of fluid.

**Goal:** The student will identify and report any symptoms requiring medical attention.

**Nursing Interventions:** Assess student's understanding of symptoms and when to seek medical attention.

Reinforce and augment student's and staff education about the diagnosis, treatment and management of health needs.

### **Nursing Services for VasoVagal Syncope = fainting**

**Trigger:** Medical (venipuncture, medical descriptions, etc.)

If fainting, the student will feel like the student has a big head, appears "wobbly", and get pale. This usually happens slowly. The student has not had an episode for one year.

**What to do:** Gently ease the student to the floor, lie the student down on the students back, put the students knees up and encourage the student to take slow, deep breaths. Call the nurse.



### **Nursing Plan for Vaso Vagal Syncope/Syncope**

The student has fainted from a condition called Vasovagal syncope. This is one of the most common causes of fainting. It results from an abnormal circulatory reflex. The heart pumps more forcefully and the blood vessels relax, making it harder for blood to defeat gravity and be pumped to the brain. This temporary decrease in blood flow, the brain is deprived of oxygen and a fainting episode occurs. Examples of vasovagal syncope include fainting in scary or embarrassing situations, in a hot, crowded setting or during blood drawing, coughing, or urinating

GENERAL PRECAUTIONS: 1. The student should not stand for long periods of time. Standing can sometimes slow the speed for blood to get to the brain and back to the heart, triggering a vasovagal spell 2. The student should avoid heat which can trigger a spell 3. The student should stay hydrated, drinking adequate amounts of water throughout the day to help cool the body down.

SIGNS OR SYMPTOMS TO WATCH FOR: The student may be pale, hot and very sweaty, pale, or flushed. They may get light headed. They may be nauseated or have the dry heaves.

1ST AID PROCEDURES: 1. If the student is flushed, pale, or becomes sweaty or clammy, (possibly with eyes closed), have them lie down on floor in the classroom 2. Notify Parents immediately for medical follow-up. 3. If student faints help them to the ground to minimize injury. The student should lie flat on their back. 4. Elevate the legs to help restore the person's blood pressure 5. Do not move or disturb them unless they are in immediate danger from sharp objects, etc. 6. CALL 911 IF ADVISED BY PARENTS or if there is an emergency, such as the student wasn't breathing. 7. Have an emesis basin or bucket available, since an episode may cause them to vomit. 8. Have someone nearby to monitor their general condition including breathing/airway. 9. After the person recovers, encourage him or her to lie down for 15-20 minutes before attempting to get up again. 10. Document in Medical Log, noting length of time of the episode.

### **Nursing Services for Wolff-Parkinson-White syndrome**

This is a disorder where the conduction path in the heart is damaged causing certain changes on the ECG and the heart rate. Many people with WPW syndrome don't have symptoms or episodes of tachycardia. Treatment may include medication, eliminating the abnormal pathway by passing energy through a catheter, or surgery is another option. Symptoms may be palpitations, dizziness, shortness of breath, paleness or syncope.

If the child has Shortness of breath, light-headedness, nausea, pallor, fatigue, and chest pain (may be described as a stomach ache), stop any activity that he/she may be participating in and notify parents of all events.

**References – National Association of School Nurses Website**

**Description of How Nursing Services will be provided in Emergency Situations**

(6A:16-2.1 b iii)

**RESPONSIBILITIES OF THE SCHOOL NURSE FOR ALL STUDENTS IN ACCIDENT AND ILLNESS REPORTING:**

1. Once the child arrives at school, it shall be the responsibility of the nurse to assess any illness or injury and to act in accordance with sound professional judgment.
2. Primary concern is for the protection of life and prevention of needless suffering.
3. All attempts should be made to alleviate fear for the individual and other pupils who may be present.
4. The school is responsible to give first aid, protection and comfort until treatment is secured. It is not responsible for subsequent treatment or financially liable.
5. No student is sent home until a parent or designated person is secured or notified and a method of transportation is determined.
6. An accident report is to be made out as soon as possible after the accident. This report goes to the Principal, Superintendent, Business Administrator and Health Office.

**STEPS TO TAKE FOR SERIOUS CASES DEMANDING IMMEDIATE ATTENTION:**

1. Do NOT move the injured child.
2. Send for nurse and Principal.
3. Administer whatever first aid is necessary and possible.
4. Keep the child quiet.
5. Designate someone to call the Glen Ridge Police (973.748.5400) or 911.
6. Notify parent/guardian.
7. Never hesitate over a matter of policy. Take care of the student first.

**STEPS TO TAKE FOR MINOR CASES DEMANDING PHYSICAL EVALUATION BUT NOT EMERGENCY TREATMENT:**

1. Phone the parent immediately, requesting instructions about further medical care and disposition of case.
2. If unable to reach parent directly, contact emergency person and give message. The emergency room requires parental permission before they will do any treatment other than extremely urgent first aid measures.
3. It may be necessary to transport the student to a doctor's office or emergency room via ambulance if the parent is unable to provide transportation.
4. If unable to reach either parent, call the family physician or the school physician and person authorized by the parent to be called in their absence.

**STEPS TO TAKE FOR VAGUE COMPLAINTS (upset stomach, headache, etc.):**

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1. Check temperature, exclude if over 100°.
2. Exclude if student has had any symptoms within 24 hours.

**Anaphylaxis**

Refer to protocol.

**Bites**

The entire bitten area of the skin should be thoroughly washed with soap and water.  
Apply topical antiseptic and ice.  
Once swelling has subsided, apply calamine lotion.

**Insect bites** - Check the health history for allergies and notify parent.  
If necessary, carefully remove stinger with gentle scraping motion.  
Follow protocol for anaphylaxis if necessary.

**Animal (dog, hamster, squirrel, cat, etc.) bites** - Notify parent and urge medical consultation.  
Notify Board of Health providing relevant information of child and owner of animal.  
If the Board of Health is closed, notify police. The Glen Ridge Police Department prefers that they be informed of all incidents even if animal is wild or a stray.

**Human bites** - Note carefully if skin has been broken and saliva from biter could be present.  
Notify parents of both children involved and advise to inform their physicians.

**Burns**

If skin is not broken, immediately run cold water over area for at least five minutes.

**First degree:** redness, no blister, apply cold, wet compress for one hour.

**Second and/or third degree:** cold application, then apply sterile dressing and bandage loosely. Call parent and recommend medical attention as soon as possible. Do **not** open blisters.

**Chemical:** identify substance, wash well with running water. Call parent and recommend medical attention.

**Cardio-Pulmonary Resuscitation**

Summon available resource people. Dial 911. Follow protocol.

**Child Abuse**

Refer to School Policy.

**Choking**

If individual is coughing robustly, allow to do so. Remain near.

If individual indicates distress, proceed with procedure for Heimlich Maneuver.

**Communicable Diseases**

Exclude for any symptoms of communicable disease:

Conjunctivitis that appears infectious.

Impetigo, ringworm or scabies until treatment is started and family physician has cleared to return to school.

Strep infections until medicated for at least twenty-four hours.

**Contact Lenses**

If child is known to be a wearer of contact lenses, they should make available to the nurse a procedure for removal should it be necessary.

**Contusions**

**Mild:** apply ice or cold compress. Check in one hour.

**Severe:** sudden or excessive swelling - ice or cold compress. Call parent and recommend medical care.

**Fainting**

Fainting should not be confused with unconsciousness. Fainting is temporary, patient should recover promptly.

Allow to rest with head low for at least 30 minutes.

Report to parent and recommend medical attention.

Prevention - allow victim to lie down about 30 minutes until all symptoms are gone.

**Foreign Body**

**Eye** - rinse with copious amounts of water. If not dislodged, cover with loose dressing and refer to physician. Any trauma should be immediately referred to ophthalmologist.

**Ear/nose** - refer to physician.

**Chemicals splashed in eye** - identify substance and refer to physician. Flush with water.

**Fractures (suspected)**

**Finger, wrist, lower arm** - apply ice, splint and call parent.

**Leg, back, neck** - **DO NOT MOVE** - call 911 and parent. Medical attention is required.

**Frost Bite**

Use lukewarm water or compresses until color returns.

**Head Injuries**

Have child lie down with head and shoulders elevated.

Question child; have child tell how it happened noting clarity.

Question observers for symptoms of consciousness and duration of same.

Check pupils, vital signs. If there is no history of unconsciousness and the child remains asymptomatic, student may return to class after resting for thirty minutes.

Notify parent of incident and advise to watch for further symptoms and notify physician if necessary.

Teacher should be alerted to the possible development of symptoms. Advise parent and teachers to be alert for any of the following:

Unconsciousness, headache, drowsiness, irregular or weak pulse, dizziness, amnesia, nausea, hysteria, swelling, skin color pale, sweating or flushed, unequal pupils, behavior change.

**Lacerations and Abrasions**

Minor – cleanse and apply dressing

Major – apply pressure, dressing and notify parent to seek medical attention

**Medications**

Refer to BOE Policy and protocol

**Nosebleeds**

Compress bleeding nostril for 10-12 minutes

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Keep child quiet and calm  
Have child sit up with head slightly forward.  
If bleeding persists, refer to physician through parent.

**Pediculosis**

Exclude any child with nits or active infestation  
Re-check before returning to class

**Poisoning**

Identify poison, chemical, or drug that has been taken, how much, and when.  
Call Poison Control Center (1-800-962-1253) and follow their specific instructions.

**Rashes**

Refer all systemic/unknown rashes to physician for evaluation  
Allow to return with written clearance from doctor  
Localized contact dermatitis (poison Ivy) apply calamine lotion

**Seizures**

Take only that action necessary to prevent injury to the patient  
Turn on side if vomiting  
Observe carefully throughout episode  
Unless currently under treatment, refer for evaluation

**Shock**

In any serious injury (bleeding, fractures, major burns, and emotional trauma) always expect shock and act to lessen it.

Symptoms: pale, cold, clammy skin – rapid pulse. Patient is frightened, restless and apprehensive.

Treatment: to lessen and/or prevent shock, keep patient lying down, head lower than feet, except in head or chest injuries when you would lower the head. Loosen clothing. Keep patient lightly covered but do not cause sweating.

**Splinters**

If partially protruding, remove with forceps. Cleanse and apply sterile dressing. If unable to easily remove, cover and refer to parent to remove.

**Strains and Sprains**

**Mild** – Apply ice pack

**Severe** – If there is any considerable swelling and pain, call parent and recommend medical attention.

**Ticks**

Grasp the tick with forceps at the head, as close to the skin as possible. Gently pull away from the skin at a 45 degree angle. Do not squeeze the mid-section of the tick as this can inject bacteria. Check to be certain that the tick is completely removed, place in wet gauze in zip-lock bag and send home to the parent.

Notify the parent by telephone and instruct them to consult with their physician.

**Tooth Injury**

Toothache – give ice pack, apply ambesol and refer to dentist

Avulsed (knocked Out) locate missing tooth. Do not clean. Place in Preserve a tooth container. Refer to dentist immediately. Never wrap a tooth in gauze or tissue.

Chipped, cracked, or broken – keep air off injury, lips closed. Contact parent and refer to dentist.

Loosened – notify parent

## **STANDING ORDERS**

### General Instructions:

- Give first and immediate attention to students presenting respiratory, poisoning, or bleeding problems
- Do not hesitate to call 9-1-1
- Keep school administrator informed
- Transfer to closest medical facility – Mountainside Hospital

### Important Phone Numbers:

- |  |                |
|--|----------------|
| ● Glen Ridge Police Department                     | 973-748-5400   |
| ● Poison Control Center                            | 1-800-962-1253 |
| ● School Physician (Mountainside Family Practice ) | 973-746-7050   |
| ● First MCO  | 1-800-831-9531 |
| ● Child Abuse Hotline                              | 1-877-652-2873 |

**Detailed Nursing Assignments sufficient to provide the services to students in all of its school buildings.**  
**(6A:16-2.1 b iv)**

Each of our school building employs one school nurse.