

ABOUT THIS MANUAL

“School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement and health of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning” (NASN, 2010)¹. School nursing services uniquely address health and safety needs of students individually but also in populations, and as a subspecialty of community/public health nursing.

School nurses’ work focuses directly on three areas: health services, health education, and the school environment. Their services require diverse knowledge including, but not limited to, pediatric/adolescent health, infectious diseases, mental health, chronic diseases, and emergency care. They can influence health and safety aspects of schools and can provide leadership to a district’s or campus’ coordinated school health program that in addition to health services, health education, and the school environment addresses mental health and social services, nutrition services, physical activity, family and community involvement, and/or staff health promotion.

This resource serves as a quick reference for school nurses and can assist them, their administrators, and consulting physicians to develop policies and procedures for safe student care. This manual offers brief summaries of conditions that most school nurses encounter but is not intended to substitute for any comprehensive pediatric or emergency care textbook.

The *school nurse guidelines* were developed through cooperative efforts of school nurses and physicians. We strongly recommend a similar process at the district or system level with adaptations that account for state laws and regulations as well as the unique needs of students in a school district. The registered nurse plans student health services, but vocational/practical nurses, or unlicensed staff such as office personnel or clinic assistants may perform certain tasks within state nursing practice guidelines. The registered nurse is responsible for training persons assigned to perform a delegated nursing task, monitoring their performance, and ensuring their compliance with the procedures. State school nurse consultants are an invaluable resource regarding laws, regulations and nurse practice acts in each state.

¹ National Association of School Nurses. (2010). *Definition of school nursing*. Retrieved from <http://www.nasn.org/RoleCareer>

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PHYSICIAN CONSULTATION

The availability of a physician's services to schools varies across communities. Some large districts have full-time medical directors or consultants, while others have part-time physician services. Small districts may engage a physician to consult for a set number of hours or on-call. Some physicians volunteer as a community service.

Regardless of the arrangement, it is sound medico-legal practice for the school nurse to have written guidelines to standardize assessment and management decisions. Such guidelines with physician consultation complement professional school nursing practice standards and the nursing process and should incorporate accepted injury and pediatric care recommendations.

We suggest that students who have conditions that are likely to require treatment or emergency care during school hours or activities, have individual written orders from their own healthcare provider. These orders should be reviewed and updated at least each school year or as necessary. The most common individual orders are for students with asthma or diabetes. Some students with seizure disorders, bee sting allergy, migraine headaches, or other chronic conditions need individual orders each school year.

DESCRIPTION OF SCHOOL NURSE GUIDELINES

We offer an outline format so that important features of each condition and guidelines for action can be seen at a glance. Each guideline includes a definition/etiology of the disease or condition, presenting signs and symptoms, management strategies and follow-up. This format provides the registered nurse a quick reference for student care and offers information to educate and train staff that may assist the school nurse.

Registered nurses apply their professional skills and judgment in the management of each individual case, but each school and district/system should provide care for all students in a consistent manner guided by local policies and procedures, e.g., criteria for referral or exclusion and return to class.

Usual procedures, such as Standard (Universal) Precautions, parent notification, record keeping, confidentiality, etc. may not be repeated in all guidelines but is understood to be a standard practice.

STANDING ORDERS

Although standing orders are not addressed in this edition, the distinction between the two types of orders should be understood.

General orders are written by a physician, often the school medical consultant, which apply to all students for whom the order may be applicable. They should be reviewed annually and updated when necessary. It is not necessary for the doctor to have previously examined the student. Dosage is based on weight or age. Common examples of general orders are acetaminophen for fever, ibuprofen for minor headache, etc. These orders are issued with the understanding that a registered nurse will administer these medications after an assessment of the child.

Some state boards of nursing do not allow general standing orders in school settings. Other boards may allow a “physician directed nursing protocol” which requires signatures of both a physician and a nurse (usually a nursing administrator or manager). If the administration of nonprescription products is permitted, the school’s policy (for discretionary medications) should be in writing and parents must be informed. Parents should sign a written request for each school year indicating that their child may receive any of the named medications in the discretionary medication policy from school personnel according to the district’s policy.

Specific orders are written and signed by a physician *for an individual child*. The parents should also sign a medication authorization form for school personnel to administer any medicine at school. These specific orders contain the drug or treatment, dose, route, time and duration of administration. Example for a child with diagnosed with ADHD: “Methylphenidate 20 mg (one tablet) by mouth daily between 11 A.M. and noon after lunch or with food through December 20, 2013”. Most districts require that individualized orders be renewed annually.

Each school/district should have a medication policy that guides medication administration and documentation of both specific , individual orders for medication and for any discretionary medications that are allowed.

We welcome your suggestions for future editions and wish you success in caring for our nation’s children. You may contact us on the Internet at www.schoolnurse.com.

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