Power Up 102

Health Assessment on a Daily Basis

What do School Nurses do?

When school nurses were asked:
What are your top 3 time commitments?

- Direct care for acute conditions
- Health screenings
- Direct Care for chronic conditions
- Administrative reports/meetings IHP, IEP, and 505 Plans
- In-service Education and Delegation Training

Develop a Roadmap

Proactive School Nurse
Vs.
Reactive School Nurse

Reactive vs. Proactive

- Student presents with symptoms
- Administer meds; refer if no meds
- Minimal documentation in pupil health record
- No communication to home

- Student presents with symptoms
- Thorough assessment
- Administer meds
- Communication to home, provider, teacher

Tools for your Tool Box

- People
- Learn the movers and shakers
- District level
- Building level
- Develop relationships
Tools for your Tool Box

- Board Policy Book
- District Wellness Policy
- District’s enrollment form/data source for health information
- First Responder/Emergency Plan
- Release of information

Tools for your Tool Box

- Specific orders are written and signed by a physician for an individual child
- Documentation logs/Administration record
- Delegation form
- Errors in medication administration

Tools for your Tool Box

- Accident/Injury/Concussion
- Chronic Disease Forms
- KCI
- Immunizations
- Webtz (token)
- Learn your equipment
- www.ksno.org

Acute Conditions

Connecting with children, one at a time, is not a secondary luxury in education, it is a necessary condition for effective service deliver. The most helpful strategy is that which school nurses already understand what counts most to children are our relationships with them. Our contribution to them is in our listening, our understanding, and our redirecting to achieve a positive outcome.

Data Collection

- It is a process
- Define variables—define measurable terms
- Collection (observations, measure, interview)

Presenting symptoms
Nursing 101

Goal – student receives needed competent health-related interventions

Assessment

Objective data
about student’s health status

Subjective data
about student’s health status

DATA
Across the Room Assessment
• General appearance
• Airway (Are they moving air?)
• Breathing (Are they working hard to breathe?)
• Circulation (Color, mental status)
• Disability (neurological)
• Exposure (obvious rashes, color)
• Appearance of poor attention, noncompliance, daydreaming

Primary Survey
Fix what will kill the student first
Complete Visual Head to Toe Assessment
Breathing
• Minute ventilation
• Work of breathing
• Signs of respiratory distress: Tachypnea, retractions (why), grunting (what), head bobbing, nasal flaring, combination
• Obstructive vs. Interstitial vs. Psychiatric

Circulation
• Perfusion
• Color (Pink vs. Mottled vs. Cyanotic)
• Capillary refill, pulse rate and quality
• Temperature

Disability
• Neurologic (mental status and orientation)
• Alert
• Verbal (stimuli)
• Painful (stimuli)
• Unresponsive
**Ask the Question?**

- How to ask? What to ask?
- Beginning with a question clearly defines your interest or concern
- Redefine the question
- Purpose of the question is to describe…explore…evaluate

**Power and Trust**

- What role can the student play?
- Reframing the question
- Example: “Point to where it hurts?”
- Example: “When did it start?”
- Presenting symptoms: Precipitating factors contributing to the complaint

**How to recognize a productive interaction**

Informed, Activated student > Productive<Prepared School Nurse Interaction

**Headache**

- Ask the student to point to where it hurts
- Obtain history
- Precipitating factors: Identify factors contributing to the complaint
- Nursing judgment plays a critical role

**Assessment**

- Be approachable
- Be open
- Be resourceful
- Determine what needs to be done next

**Intervention/Implementation**

- Based on assessment/nursing diagnosis
- Nursing judgment
- Follow Nursing Standards
Evaluate

• Outcomes

Documentation

• Document – What the student tells you
• Document – What you assess –
  – Vital signs, inspection, palpation, percussion, and auscultation (be objective and specific)
  – Quantify your findings by citing specifics; Be concrete – describe only what you see, hear, feel, and smell during your assessment.

• Document – What you do – document your interventions (remember time in and time out)
• Document the student’s response – indicate effectiveness of an intervention
• Record referrals
• Document what you teach

Big Picture for Documentation

• Method to measure outcomes
• Monitor utilization of health services
• Trends in types of visits
• Establishment of benchmarks
• Examine school-level data trends
• Use as planning tool
• Average number of visits per student

Big Picture for Documentation

• Establish a plan to utilize the data
• Plan to teach parents and students
• Classroom presentations by school nurse
• Relate health and education achievement
• Management of chronic illnesses
• Screenings
• Critical area for evidence based practice
• Plan to teach – teachers, principal, BOE

Red Eye – Is it “Pink Eye”

• How to tell if conjunctivitis is contagious?
• Nursing assessment vs. medical diagnosis
• Management and Prevention vs.
• Classroom attendance vs.
• Parent financial resources
• Appearance of eye includes redness
• Eye discomfort best described as gritty sensation
• Appearance of eye includes crusted eyelashes after sleeping
• Appearance of eye includes excessive tearing
• Appearance of eye includes stringy mucus in or around the eye
• Appearance of eye includes swelling around the eye
• Eye discomfort best described as dry or itchy

- A red lump on your eyelid that is similar to a boil or a pimple
- Eyelid pain
- Eyelid swelling
- Tearing
- **When to see a doctor**
  Most sties are harmless to your eye and won’t affect your ability to see clearly. Try self-care measures first, such as applying a warm washcloth to your closed eyelid. Contact your doctor if:
  - The sty doesn’t go away in a week
  - Redness and swelling extend beyond your eyelid and involve your cheek or other parts of your face

**Foreign Object in the eye:**

Wash your hands.
Seat the person in a well-lit area.
Gently examine the eye to find the object. Pull the lower lid down and ask the person to look up. Then hold the upper lid while the person looks down.
If the object is floating in the tear film on the surface of the eye, try flushing it out with saline solution or clean, lukewarm water.

**Caution**
Don’t try to remove an object that’s embedded in the eyeball.
Don’t rub the eye.
Don’t try to remove a large object that makes closing the eye difficult.
after the object is removed

• Impetigo starts as a red sore that ruptures, oozes for a few days and then forms a honey-colored crust. Sores mainly occur around the nose and mouth in infants and children.

**My ear hurts?**

• Is it otitis media?
• What is normal?

• Ringworm often causes itchy, red, scaly, slightly raised, expanding rings on the skin of the trunk of the body, face, groin or thigh fold. The ring grows outward as the infection spreads, and the center area becomes less actively infected.
BOUNCE

- BELIEVE
- OVERCOME
- UNDERSTAND
- NURTURE
- CARE
- EDUCATE