

SN CHAT[®]

School Nurse Chronic Health Assessment Tool



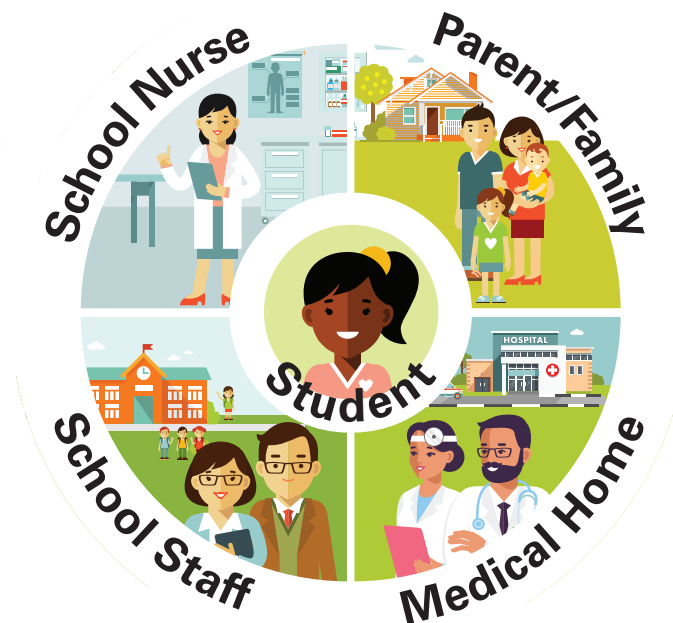
This handbook provides school nurses with the tools and resources needed to prioritize and plan for the care of students with chronic conditions in the school setting. ©2021

Introduction

Over 25% of students enrolled in kindergarten through grade 12 schools have a chronic health condition. These students are at risk for having a life-threatening emergency for which school staff must be prepared to intervene. The school nurse uses assessment skills and critical nursing judgment to prioritize which students are at highest risk for an emergency. The school nurse coordinates the student's care in partnership with the parent/guardian, the student, the healthcare team, and the school staff. The school nurse develops emergency plans and trains school staff to implement those plans.

The American Nurses Association (ANA) and the National Association of School Nurses (NASN) have established that planning is a standard of school nursing practice (ANA, 2017). It is essential for school nurses to develop plans for school staff to follow so that students are healthy, safe and ready to learn.

Always placing the student at the center of care, SN CHAT® allows the school nurse to coordinate care between the medical home, parent and family as well as school staff.



The revised School Nurse Chronic Health Assessment Tool (SN CHAT®) helps school nurses gather information about students who have chronic health conditions.

As a school nurse, you can use SN CHAT® to:



Guide conversations in person or via phone with a student's parent, guardian, or caregivers.



Learn about the health needs of an individual student.



Decide if you should create a school plan for a student, which may include an Emergency Action Plan (EAP) and/or an Individualized Healthcare Plan (IHP).

NOTE: Use critical thinking and good nursing judgment to prioritize which students will benefit from individual plans.

Basic Intake Interview

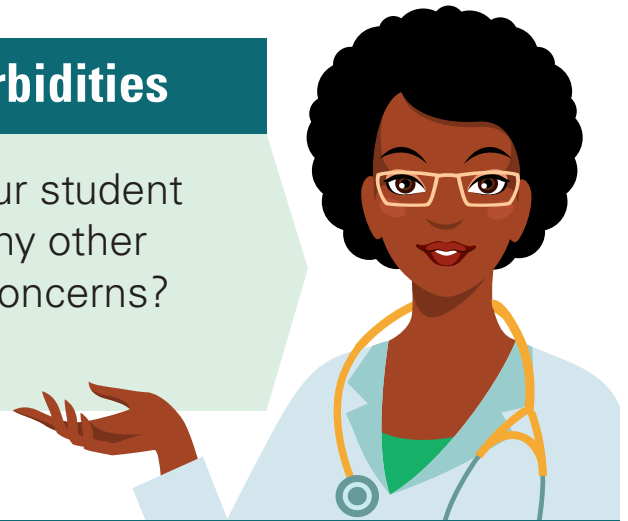
Parent or Caregiver of a Student with a Chronic Health Condition

Confirm Diagnosis

Our records show that
[use student name]
has a health concern.
Is that correct?

Co-morbidities

Does your student
have any other
health concerns?



Quick Health History

- When did you find out your student had this health condition?
- How does it impact the student's daily life?
- Does your child need any assistive devices such as glasses or hearing devices?
- *[Add questions for specific health issue as needed.]*
- What challenges do you face in dealing with this health condition?
- Do you currently have health insurance coverage for your child?
- Is the coverage adequate to pay for your child's medicines, supplies and needed healthcare provider's visits?
- How does your child do with managing the health condition?
- How often do you and your child see a healthcare provider? When was the last time?
- Have you had to seek emergency care? When was the last time?
- Does your student take medicine at home? What? How often?

How Can I Help?

- Do you feel that your student needs special arrangements at school?
- Does the student receive medical treatments such as catheterizations or tube feedings?
- Can I arrange a meeting with your student's teacher/counselor?
- Do you feel that your student is mistreated in any way?
- May I call your doctor with questions?

How You Can Help the School Take Care of Your Student

- Provide a healthcare provider's diagnosis (note from HCP).
- Provide needed medication **and** forms.
- Call with any changes in your student's condition.
- Call with any concerns.

Intake Interview Questions

Additional Questions for Specific Chronic Health Conditions

Following the questions from the Basic Intake Interview, the school nurse may require more information specific to the student's health condition. The school nurse should choose the most appropriate questions from the suggestions below.

Asthma

- Does (insert student's name) have any allergies?
- Does (insert student's name) have an Asthma Action Plan (AAP) from their healthcare provider? An Asthma Action Plan is written instructions that explain what medicines and actions to take when (insert student's name) has asthma symptoms. Link to SAMPRO Asthma Action Plan - available in English and Spanish [https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Tools for the Public/School Tools/16-asthma-action-plan-v10_hires.pdf](https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Tools%20for%20the%20Public/School%20Tools/16-asthma-action-plan-v10_hires.pdf).
- Do you know what makes (insert student's name)'s asthma worse? How do you know that (student's name) asthma is getting worse? Peak flow monitoring? Symptoms?
- Has (insert student's name) ever had a life-threatening asthma flare?
- What triggers an asthma flare?
 - o Animal dander, pollen, cold air, smoke, mold, or activity?
- Does (insert student's name) cough at night? How many nights a week?
- Does asthma interfere with any activities, such as running or singing? List activities:
 - o How many times per week?
- During the last month, on average, how many days did (insert student's name) have any asthma symptoms, such as coughing, wheezing, shortness of breath, or waking up at night?
- Does (insert student's name) use a spacer with an inhaler? Is one available at home and school?
- Knowledge base assessment:
 - o Does (insert student's name) self-administer asthma medication?
 - o Self-carry?
- Are there any other plans we need to make to help during field trips or after school activities?

Life-Threatening Allergies

- What is your student allergic to?
- Did your healthcare provider write an allergy action plan for you?
- Does (insert student's name) have asthma?
- Describe (insert student's name)'s reaction when exposed to the allergen. Check all that apply:

MILD SYMPTOMS

Itchy nose, sneezing

Itchy mouth, local hives

Nausea or stomach discomfort

MODERATE TO SEVERE SYMPTOMS

Shortness of breath,
wheezing, coughing

Weak pulse

Fainting or dizziness

Tight or hoarse throat

Trouble breathing or
swallowing

Swelling of lips or tongue
(bothers breathing)

Many hives, redness over
body

Feeling of "impending doom,"
altered consciousness

Confusion, agitation

Additional Allergy Questions:

- Has (insert student's name)'s allergic reactions to known allergens worsened or improved over time?
- Has (insert student's name) ever had a serious or life-threatening allergic reaction and needed emergency medication and/or hospital visit? What allergen caused the reaction?
- What is (insert student's name)'s level of understanding?
 - Does (insert student's name) know what the allergies are?
 - Can (insert student's name) identify early warning signs of a reaction?
 - Does (insert student's name) know specific food restrictions?
 - Does (insert student's name) have the ability to carry medication with him/her and self administer?
- Can/will (insert student's name) alert others to possible exposure and request assistance?
- Does (insert student's name) experience fear of allergens or reactions?
- Can (insert student's name) read food labels?
- How does (insert student's name) prevent or avoid the allergen?
- Are there any other plans we need to make for field trips or after school activities? What has worked in the past?

Diabetes (Type 1, Type 2, or Other)

- Did your healthcare provider write a Diabetes Medical Management Plan (DMMP) for you to use and to give to the school? Refer to link for sample DMMP: <https://diabetes.org/advocacy/safe-at-school-state-laws/diabetes-medical-management-plan>.
- How does (insert student's name) control their diabetes? Do they: (check all that apply)
 - o Take medicine by mouth to control their blood sugar. List: _____
 - o Take insulin. List: _____
 - o Self-administer insulin without assistance including calculating the correct dose?
 - o Have a specific meal plan.
- Does (insert student's name) check their blood sugar during the school day?
 - o Continuous glucose monitoring (CGM).
 - o Fingers stick or alternate site.
 - o When do they check?
 - o Where do they check? Classroom? Cafeteria? Nurses office? Other?
- Do they carry glucose tablets or other fast acting sugar?
- Is (insert student's name) able to feel and treat low blood sugar on their own?
- What are their symptoms of low blood sugar (hypoglycemia)? List: _____
- Has (insert student's name) ever had a severe low blood sugar episode, such as needing to be given glucagon (emergency sugar), passing out, or having a seizure?
- Does (insert student's name) have a medical order for emergency medication to treat a severe low blood sugar (such as glucagon or Baqsimi)? ☐ YES ☐ NO
- Does the school have the medical order on file and parent permission on file?
- Is the medication available at school?
 - o Where? _____
- Has (insert student's name) ever been admitted to the hospital for diabetic ketoacidosis (DKA) (other than when they were first diagnosed)? DKA is when the body makes too much blood acids, called ketones. It often happens when there isn't enough insulin in the body.
- Does (insert student's name) test for ketones (acid product from fat metabolism tested for in the blood or urine - an indicator of diabetic ketoacidosis)? At what blood sugar level do they test?
- Does (insert student's name) carry ketone test strips with them?

Sickle Cell Disease

- Did (insert student's name)'s healthcare provider write instructions for in-school care?
☐ YES ☐ NO
 - If yes, have you shared those with the school nurse? Find tipsheets here: https://www.cdc.gov/ncbddd/sicklecell/documents/tipsheets_guide.pdf.
- Will (insert student's name) need to take medicine while in school?
- Has (insert student's name) ever had a pain crisis? The medical term for this is a vaso-occlusive crisis. This is when the blood vessels get blocked by sickled red blood cells and the tissues don't get the oxygen they need. This causes a pain crisis that can come on suddenly or build up over a few days.
- If the child has had a pain crisis:
 - How often have they had them?
 - How long does a crisis typically last?
 - How severe is the pain? How does (insert student's name) describe and rate the pain?
 - Where do they complain of pain? List: _____
 - What is the usual treatment? Nonpharmacological, medications, Hydroxyurea, alternative therapies?
List: _____
- What treatments do you want used at school?
- What is an emergency or crisis for (insert student's name)? What do you want us to do **first?**

Seizures

- Did (insert student's name)'s healthcare provider write a seizure action plan?
- When was (insert student's name)'s last seizure? Date: _____
- What is the longest seizure-free period in the last year?
- What type(s) of seizures does (insert student's name) have? (check all that apply)
 - Generalized (lose consciousness, involves the whole brain), tonic-clonic, absence, or atonic.
 - Focal onset (absence, brief staring episodes).
 - Partial focal onset aware (involves only part of the body, child is aware).
 - Focal onset impaired awareness (starts in one part of the body, child is not fully alert).
 - Psychogenic non-epileptic.
 - Unknown onset.

- Describe the seizure. How long do their seizures last? _____ hours _____ minutes
- Do you know what “triggers” a seizure for your child?
 - o Triggers are things like stress, lack of sleep, missing medication, flashing bright lights, certain foods, and more that can increase the chance that a seizure will happen.
 - List: _____
- Does (insert student’s name) ever have a “sign” or a signal before he or she has a seizure? We sometimes call this an aura. It could be a smell, or seeing or hearing something that the rest of us are not seeing, smelling, or hearing.
- What actions are needed during the seizure?
- Does (insert student’s name) have prescription **emergency medicine** to be given if they have a prolonged seizure (such as diastat, ativan, or versed)?
 - o How is the medication given (rectally, intranasally, buccal)? Has (insert student’s name) ever had to use their prescription emergency medicine for a seizure?
- Has (insert student’s name) ever been treated in an emergency room for **status epilepticus**? This is when a person has a seizure that lasts more than 30 minutes or has two or more seizures without fully regaining consciousness between any of them.
- Does (insert student’s name) have a Vagal Nerve Stimulator (VNS) or Responsive Neurostimulator, (RNS) or treatments that are not medicines? VNS and RNS are pacemaker like devices that are placed during surgery. The VNS activates the vagal nerve by using a magnet. The RNS is programmed to give small electrical bursts to the brain.
 - o What is the student’s ability to use the VNS magnet by him/herself?
 - o Where is the magnet located/stored at school?
 - o How should it be swiped?
 - o How many times should the use of the magnet be repeated?
- Is your student incontinent after a seizure sometimes? If so, how do we want to plan for this?
- Describe what happens after the seizure.
 - o What do you do at home after (insert student’s name) has a seizure?
 - o How long does it take after a seizure for (insert student’s name) to return to normal baseline?
 - o What is helpful after a seizure? Do you have any suggestions for me?
 - o When and how do you want me to let you know that (insert student’s name) has had a seizure?
- Does (insert student’s name) take any alternative medicines, such as CBD oil?
 - List: _____

Tips for Interviewing

Conducting a Parent/Guardian Interview

Before the Interview

- Review school registration forms to identify students with chronic conditions.
- Pre-fill demographic data.
- Review school health records for medical orders or emergency plans.
- Determine parent/guardian's preferred language.
- Arrange for translator as needed.



During the Interview

- Avoid education, medical, and/or nursing terminology and acronyms.
- Ask for clarification when needed.
- Avoid judgemental responses.
- Allow adequate time for parent/guardian to respond.
- Ask open ended questions when possible.

Establish Relationship with Parent/Guardian

- Ask if this is a good time to discuss. If not, schedule another time to talk.
- Explain how the information will be used and shared.
- Assure confidentiality with exception of need to know.



After the Interview

- Thank the parent/guardian for their time and participation.
- Follow up with school staff if more information is needed.
- Communicate with medical care providers with parent permission.

Student Care Plans

Criteria for Development of Student Specific Plan – EAP or IHP

IT IS IMPORTANT THAT THE SCHOOL NURSE USE NURSING JUDGMENT WHEN DETERMINING WHO NEEDS AN EMERGENCY ACTION PLAN.

The criteria listed below are for guidance, but it is the responsibility of the school nurse to make the final clinical determination on which students need an EAP.

Emergency Action Plan (EAP)

An Emergency Action Plan is written for students with known health conditions that are likely to result in a medical emergency.

The EAP is written in lay language for staff and non-medical personnel to follow.

Components of an EAP

- Student name/demographic data
- Short, relevant medical history
- Outline of symptoms and emergency treatment (for all school settings)

Students with the conditions below may benefit from an EAP:

Asthma

- Previous asthma emergency, hospitalizations
- Poor asthma control

Allergies

- History of life-threatening allergy
- Has epinephrine prescribed for emergency use

Diabetes

- Previous diabetic emergency, hospitalizations
- Has insulin prescribed for regular use

Sickle Cell Disease

- History of vaso-occlusive crisis

Seizures

- History of status epilepticus
- Has medication prescribed for emergency use

Individualized Healthcare Plan (IHP)

An Individualized Healthcare Plan is written for students with a known health condition that requires more complex care at school. Needs may include education, medications and treatments, and/or social/emotional care. The IHP is written in nursing language to guide care provided by the registered professional nurse.

Components of an IHP

- Student name/demographic data
- Short, relevant medical history
- Outline of nursing care to be administered or supervised

Students with the conditions below may benefit from an IHP:

Asthma

- Detail care, equipment needed
- Medication administration
- Education plan – prevention and management

Allergies

- Detail prevention strategies, exposure avoidance
- Emergency medications and care
- Education plan – prevention and management

Diabetes

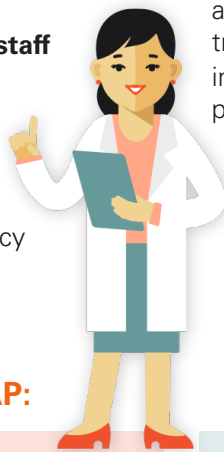
- Equipment, medication and treatment needs
- Emergency medications and care
- Education plan – daily and emergency care

Sickle Cell Disease

- Outline health maintenance strategies
- Education plan – decrease pain events, understand interventions

Seizures

- Detail care – daily care, medications
- Education plan – prevention and management



Individualized Healthcare Plans

Development of Student Specific Plan

Individualized Healthcare Plan or IHP

- An Individualized Healthcare Plan is written for students with known health conditions that are more complex with treatment and educational needs.
- Individualized Healthcare Plans are a standard of school nursing practice.

When the registered professional school nurse has determined that the student would benefit from the development of an Individualized Healthcare Plan (IHP):

Assessment



- Collect subjective and objective data
- Analyze data - Includes physiological, psychological, sociocultural, spiritual, economic, and life-style factors (social determinants of health)

Nursing Diagnosis



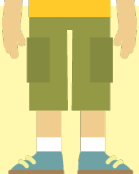
- Clinical judgment about individual, family, or community experiences/responses to actual or potential health problems/life processes
- Provides the basis for selection of outcomes and interventions

Goal



- What the student/family wants to achieve - collaborative process
- Short and long term goals - measurable behaviors to show progress
- SMARTgoals

Outcomes



- A measurable, expected, realistic, and attainable expectation for the student
- Identified by nurse - culturally appropriate, student-centered care

Interventions



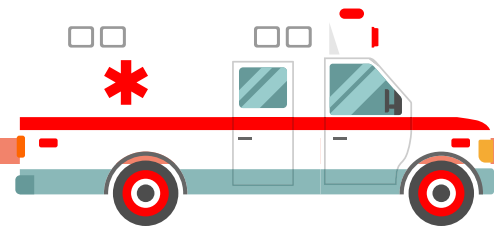
- Specific evidence-based steps to reach the desired outcomes, care coordination
- Includes documentation of treatments, equipment, emergent care, education, and coping

Evaluation



- Three categories: Outcome, Process, and Impact
- Use data to document if goals are met
- Done continually - formal evaluation annually

Emergency Action Plans

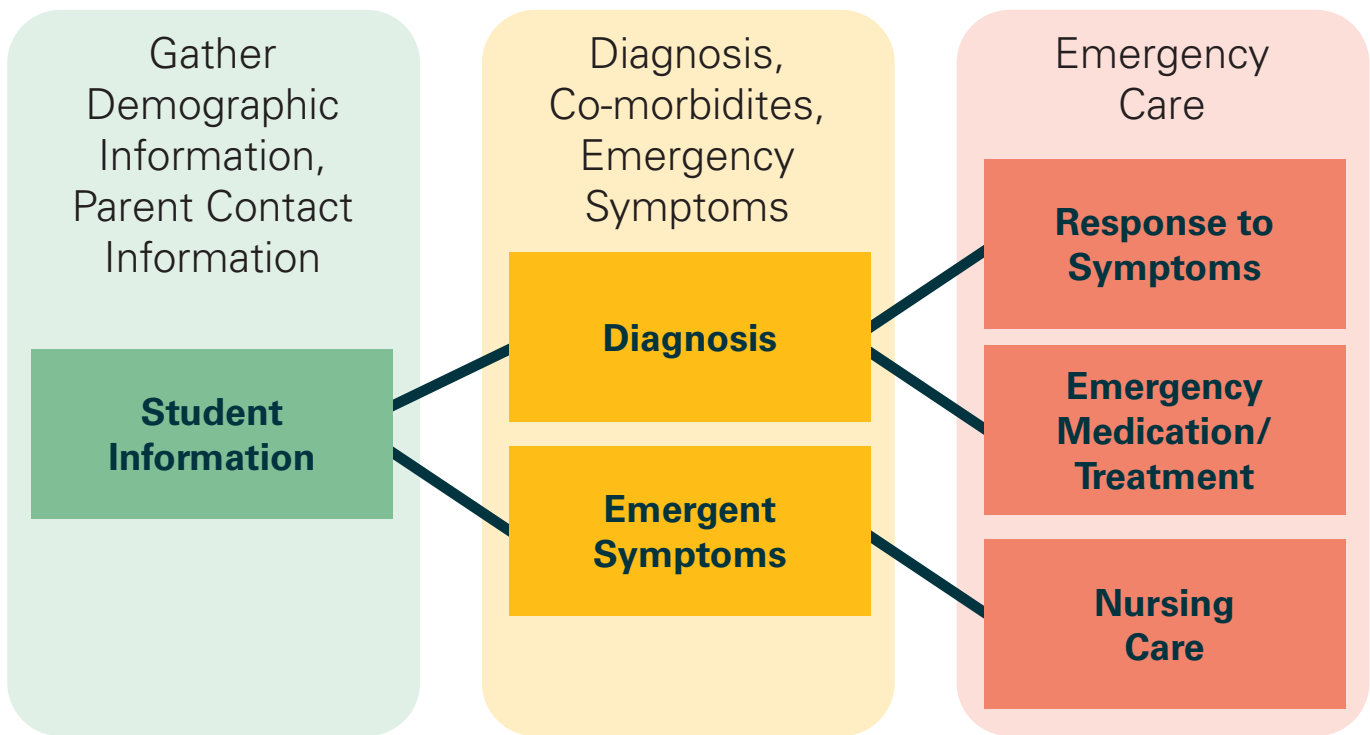


Development of Student Specific Plan

Emergency Action Plan or EAP

An Emergency Action Plan is written for students with known health conditions that are likely to result in a medical emergency.

When the registered professional school nurse has determined that the student would benefit from the development of an Emergency Action Plan (EAP):



Notes:

- The EAP is written in lay language that all school staff can understand.
- Keep the EAP simple to avoid confusion in an already stressful situation.
- Review the EAP with staff, provide training, check for understanding, and document who was trained.
- Stress that a student experiencing a potential health emergency should NEVER be left alone – should never walk to the Health Office unattended.
- Include student picture in the event that a substitute nurse or teacher responds to the emergency.
- Ask parent for their preferred hospital. Explain that in some acute situations, a closer hospital may be chosen.
- Always have a staff member accompany a student in an ambulance if the parent is not present.
- Always keep the EAP where it is accessible to the teacher and substitute staff but kept confidential.
- Suggestion: Place in red “Health Information Folder” and place in top right hand desk drawer in each classroom.



EMERGENCY ACTION PLAN

Asthma

Student Name: _____ DOB: _____ Grade: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

STUDENT ASTHMA TRIGGERS:

AN ASTHMA EPISODE MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

Changes in Breathing:

- coughing
- wheezing
- breathing through mouth
- shortness of breath

Peak flow of
_____ **or below.**

Reports of:

- chest tightness
- chest pain
- can't catch breath
- dry mouth
- "neck feels funny"
- feels unwell
- speaks quietly

Appears:

- anxious
- sweating
- nauseous
- fatigued
- stands with shoulders hunched

ASTHMA EMERGENCY SIGNS:

- ✓ Breathing with chest and/or neck pulled in, sits hunched over, nose open wide when inhaling. Difficulty walking/talking.
- ✓ Blue-gray discoloration of lips and/or fingernails.
- ✓ Failure of medication to reduce worsening symptoms (15-20 minutes).
- ✓ Respirations > 30/minute.
- ✓ Pulse > 120/minute.

DO THIS – do not delay treatment.

TREATMENT:

- Stop activity immediately.
- Help student assume a comfortable position (sitting up is usually more comfortable).
- Encourage purse-lipped breathing.
- Encourage fluids to decrease thickness of lung secretions.
- Give medication as ordered:

- notify school nurse/health staff.
- If no improvement in 15-20 minutes - proceed to **ASTHMA EMERGENCY**

ASTHMA EMERGENCY:

- ❖ **Call 911 (Emergency Medical Services) and inform that you have an ASTHMA EMERGENCY. Be prepared to provide:**

- **Student Age**
- **Physical Symptoms**
- **Medication(s)**

Preferred hospital: _____

Doctor's Name: _____ Phone: _____

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.



EMERGENCY ACTION PLAN

Anaphylaxis – Life-Threatening Allergies

Student Name: _____ DOB: _____ Grade: _____

Identified Allergen(s): _____

Asthma: ☐ Yes ☐ No Other relevant health concerns: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

IMPORTANT: EACH ALLERGIC REACTION MAY INCREASE IN SEVERITY FROM PREVIOUS REACTIONS.
ALLERGIC REACTIONS CAN INCREASE IN SEVERITY QUICKLY – PROVIDE EMERGENCY CARE AS QUICKLY AS POSSIBLE.

STUDENT-SPECIFIC SYMPTOMS:

A LIFE-THREATENING ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

Are any of these signs and symptoms present and severe?

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

Or is there a combination of symptoms from different body areas?

- ✓ SKIN: Hives, itchy rashes, swelling (eyes, lips)
- ✓ GUT: Vomiting, cramping pain, diarrhea
- ✓ RESPIRATORY: Runny nose, sneezing, swollen eyes, phlegmy throat
- ✓ OTHER: Confusion, agitation, feeling of impending doom

DO THIS

INITIATE CARE – do not delay treatment if anaphylaxis is suspected. When in doubt, give epinephrine.

TREATMENT: Epinephrine – Medication is at school ☐ Yes ☐ No Dosage: _____

Directions for administration: _____ ☐ Repeat dose after 5 or more minutes if needed.

☐ Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider).

☐ Treatment should be initiated only following the appearance of symptoms (per healthcare provider).

THEN MONITOR

PROVIDE ONGOING CARE: Stay with the student, maintain airway, do not have the student rise to an upright position. Observe for changes.

If epinephrine is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: _____

Doctor's Name: _____ Phone: _____

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.



EMERGENCY ACTION PLAN

Hypoglycemia – Diabetes

Student Name: _____ DOB: _____ Grade: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

STUDENT-SPECIFIC SYMPTOMS:

AN EPISODE OF HYPOGLYCEMIA MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

Are any of these signs and symptoms present and severe?

- ✓ Shaking
- ✓ Fast heartbeat
- ✓ Sweating
- ✓ Anxiety, irritability

Onset may be sudden and
can progress to a life threatening
low blood sugar.
If untreated seizures and even
death can occur.

DO THIS – do not delay treatment.

TREATMENT: Stop any activity. Do not leave the student alone.

Accompany the student to the Health Office for treatment, if possible (blood glucose and monitoring).

Access assistance from the school nurse, if possible.

Proceed with the following care per healthcare provider's instructions:

- ☐ Give snack: ½ to ¾ cup juice, 3 – 4 glucose tabs, or hard candy.
- ☐ Give glucose gel for emergency care.
- ☐ Give glucagon if unresponsive, unable to swallow, or unable to follow directions. After glucagon is given, call 911. Glucagon should be given without delay if student is unconscious or experiencing a seizure.

Location of student's glucagon: _____ Route (injection or intranasal): _____

Site on body for glucagon if given by injection: _____

Staff member(s) trained by school nurse to administer glucagon to this student: _____

Call parents as soon as possible. Have a staff member accompany the student to medical care if needed – do not leave the student unattended. If on a field trip, notify the school nurse at: _____

If glucagon is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: _____

Doctor's Name: _____ Phone: _____

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.



EMERGENCY ACTION PLAN

Sickle Cell Disease - Pain (Vaso-occlusive) Crisis

Student Name: _____ DOB: _____ Grade: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

A pain crisis is when the blood vessels get blocked by sickled red blood cells and the tissues don't get the oxygen they need. A pain crisis can come on suddenly or build up over a few days.

A PAIN CRISIS MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

Are any of these signs and symptoms present?

- ✓ Pain or discomfort
- ✓ Headache (severe)
- ✓ Chest pain
- ✓ Bone/joint/hip pain
- ✓ Upper left, abdominal pain
- ✓ Priapism (sustained, unwanted erection)
- ✓ Vomiting
- ✓ Swelling of hands or feet

Student-specific symptoms:

TREATMENT: Initiate care – do not delay treatment. Stop any activity. Accompany the student to the Health Office for treatment, if possible. Access assistance from the school nurse, if possible. **Never apply ice.**

Medical Emergency - Contact the School Nurse

- ✓ Fever 101 degrees or higher
- ✓ Weakness or fatigue
- ✓ Weakness on either side of body
- ✓ Inability to speak
- ✓ Difficulty with memory
- ✓ Sudden or constant dizziness
- ✓ Blurred vision
- ✓ Changes in breathing, difficulty breathing, fast rate or harsh noisy breathing
- ✓ Noticeable change in the color of the skin, lips, fingernails

TREATMENT: For medical emergencies, the school nurse is unavailable call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: _____

Doctor's Name: _____

Phone: _____

Proceed with the following care per healthcare provider's instructions:

☐ Medication: _____ ☐ Hydrate: _____ Other: _____

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.



EMERGENCY ACTION PLAN

Seizures

Student Name: _____ DOB: _____ Grade: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

Seizure Type	Triggers	How Long it Lasts	How Often	What Happens

First Aid - STAY calm, begin timing seizure. Notify school nurse.

- ✓ Provide PRIVACY – remove other students from area
- ✓ Keep the student SAFE – remove harmful objects, don't restrain, protect head
- ✓ Position on SIDE – turn on side if not awake, keep airway clear, do not put objects in mouth

Give Medication or Treatment

- ✓ Administer Medication: _____ Instructions: _____
- ✓ Swipe magnet for VNS (Vagal Nerve Stimulator) Instructions: _____

Get Help If:

- ✓ Lasts more than 5 minutes
- ✓ Repeated seizures longer than 10 minutes with no recovery time in-between
- ✓ Seizure does not stop after giving emergency medication
- ✓ Difficulty breathing after seizure ends
- ✓ Serious injury occurs or suspected, or seizure in water

After the Seizure

- ✓ **STAY with the student until fully recovered from seizure**
- ✓ Notify parent or guardian if student does not return to usual behavior (i.e., confused or lethargic)

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.



EMERGENCY ACTION PLAN

Health Condition _____

Student Name: _____ DOB: _____ Grade: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

AN EMERGENCY MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

If you see this:	DO THIS:

Preferred hospital: _____

Doctor's Name: _____ Date: _____

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.

Additional Optional Questions

These questions can be used to help identify the social factors of health to better understand the child's health needs. In addition to talking to the parent/guardian, the school nurse can get information from school counselors, teachers, or academic records to complete this section.

Identify Individual Factors

- How is (insert student's name) doing in school? For example, their grades, their interest in learning, and relationships with classmates.
- Does (insert student's name) like school?
- Is there a current or past 504 Accommodations Plan or IEP? Are curriculum modifications needed?
- Are allowances provided for making up missed schoolwork due to illness episodes?
- Is support available to avoid outdoor activity in specific conditions, e.g., very cold, or hot or humid air conditions? (Will, Arnold, Zaiger, 2017)

Identify Social and Family Factors

- Who does your child live with? List household members: _____
- Outside of your household members, who does your family get support from? This could be friends or family who don't live with you, including neighbors, religious leaders, members of faith-based organization, or volunteer organizations.
- What is your child's first language? List language: _____ What language does your family mostly speak at home? List language: _____
- Does your child eat breakfast at home _____ or school _____? What about lunch? Does he/she eat school lunch or pack a lunch from home? School ____ Home ____ Does your child complain about this? Are there any problems during mealtimes?
- Is the student living with someone who abuses drugs or alcohol?
- Is the student living with someone with a mental or emotional illness?
- Are there other factors to consider such as cultural or religious beliefs, practices, and needs? List: _____

Identify Emotional Factors

- Are there any observed or expressed anxiety or depression or suicidal thoughts?
- Are there any emotional/behavioral problems including anger, depression, anxiety, acting out, or refusals?
- Is your child sensitive about discussing or sharing diagnosis/treatment?
- Does your child tell friends and classmates about their condition?
- Does your child have friends that they can talk with about their condition and problems?
- Do you and/or your child attend any support groups?

Identify Trauma: Ask cautiously and always use a trauma-informed approach. Include educators and other support staff who are knowledgeable about the student.

- Has the student witnessed or been the victim of abuse or neglect (physical, sexual, or emotional)?
- Housing: Does the student have safe housing? For example: Is there exposure to crime, violence, or social disorder?
- What are the socioeconomic conditions in the child's neighborhood? Is there concentrated poverty? Is there other stressful conditions, such as presence of trash or lack of cooperation in community, such as civil unrest or violence?
- Does the family have access to resources to prevent and address communicable disease or illness outbreaks (e.g., flu)? Do they have the ability to obtain medicine if needed?
- Does the family have access to groceries and/or a food bank?
- Are there any additional family stressors? For example, family illness or unemployment.

Identify Academic Factors

- Has the student had difficulties such as:
 - Skipping school, missing school (absences)
 - Being late for school (tardiness)
 - Lack of interest in school or school activities
 - School refusal, talked about not liking school
 - Trouble making or keeping friends
 - Experienced bullying
 - Experienced isolation
 - Engaged in risk taking behaviors

Resources

Section 504

- www2.ed.gov/about/offices/list/ocr/504faq.html
- www2.ed.gov/about/offices/list/ocr/docs/qa-reopening-202105.pdf
- Perry Zirkel JD perryzirkel.com/tag/section-504

Special Education

- IDEA 2004 information sites.ed.gov/idea
- Wrights law free newsletter <https://www.wrightslaw.com/>
- Council for Exceptional Children <https://exceptionalchildren.org/>

New School Nurses

- Missouri SHP Home includes, School Health Index, Online Reporting Statewide User Manual, Announcements and Conferences, Frequently Asked Questions, Guidelines & Publications, Online Reporting System, School Wellness Project
- <https://health.mo.gov/living/families/schoolhealth/>
- Missouri Healthy Schools <http://www.mohealthyschools.com/>
- NASN Special interest group (SIG) information www.nasn.org/nasn/membership/current-members/sigs
- NASN Professional Practice Documents www.nasn.org/advocacy/professional-practice-documents
- CDC School Health Resources www.cdc.gov/healthyyouth

Chronic Health Conditions

- Asthma: SAMPRO Asthma Action Plan - available in English and Spanish. [https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Tools for the Public/School Tools/16-asthma-action-plan-v10_hires.pdf](https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Tools%20for%20the%20Public/School%20Tools/16-asthma-action-plan-v10_hires.pdf)
- Life threatening Allergies: American Academy of Pediatrics Emergency Action Plan. https://www.aap.org/en-us/Documents/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf
- Diabetes: Sample DMMP. <http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/dmmp-form.pdf>
- Seizures <https://showmeecho.org/wp-content/uploads/2020/07/Patterson-Seizure-Action-Plan-Questionnaire-and-obsv-rec.pdf>
- Sickle Cell Disease: Find tip-sheets here: https://www.cdc.gov/ncbddd/sicklecell/documents/tipsheets_guide.pdf.

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