

- K -

**MEDICAL
CONDITIONS**

Introduction

This section will address the most commonly encountered ailments/illnesses in the school setting. If the illness/ailment is not covered in this chapter, it is recommended you contact your DOH School Nurse or DCPS School Health Services office. Medical Management Plans, Emergency Action Plans (EAP), Individual Health Care Plans (IHCP), and Health Condition Questionnaires for Parents and treatment logs are discussed in this section. Keep in mind that Principals need to be informed of any unusual injuries/events/medical situations that may arise during the school year.

INDIVIDUAL HEALTH CARE PLANS

The number of students with special health care needs in the educational setting is increasing due to advances in medicine and increased access to public education as authorized by federal and state laws. Furthermore, some chronic conditions have a potential for developing into a medical emergency and require the development of an Emergency Action Plan (EAP). The EAP is a component of an Individual Health Care Plan (IHCP), not a substitute. These care plans help promote consistency of care.

A significant task for the school nurse is the determination of which students require an IHCP. Prioritization of students and their needs is essential and begins by identifying students whose health needs affect their daily functioning, that is, students who:

- Are medically fragile with multiple needs.
- Require lengthy health care or multiple health care contacts with the nurse or unlicensed assistive personnel during the school day.
- Have health needs that are addressed on a daily basis.
- Have health needs addressed as part of their IEP or 504 plan.

Next, prioritization is accomplished by focusing on health issues that affect safety and the student's ability to learn or that the student, family, and/or teachers perceive as priorities. Ideally, the IHCP is developed collaboratively with the student, family, school staff, and health care providers, as appropriate. Ongoing evaluation assures a commitment to achieving measurable student outcomes. IHCPs are updated as appropriate and revised when significant changes occur in the student's health status.

As a leader of the school health team, the registered nurse is responsible for first assessing the student's health status; identifying health problems that may create a barrier to educational progress, safety or well-being; and developing a health care plan for management of the problems in the school setting. The use of current care standards in the development of the IHCP will help assure administrators, parents, and staff that the student is properly cared for.

The IHCP can assist in many areas:

- Registered nurses utilize IHCPs to communicate nursing care needs to administrators, staff, students, and parents.

- The IHCP will create a safer process for delegation of nursing care, supporting continuity of care.
- The IHCP can serve as the health plan component of a 504 plan. For students qualifying for special education; it can be incorporated into the Individual Education Plan when the health care issues are related to the educational needs of the student.
- The Registered nurse utilizes the IHCP to develop an emergency action plan (EAP) to inform school staff of the steps to take if an emergency arises related to the student's chronic health condition.

LIST OF AILMENTS/ILLNESS COVERED IN THIS CHAPTER:

- Abdominal Pain/Injury
- Abrasions
- Abscess/Boil - MRSA
- Acquired Immunodeficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV)
- Adrenal Insufficiency
- Anaphylaxis/Allergies
- Asthma
- Bites-Animal/Insect/Human
- Bleeding Disorders/Hemophilia
- Blisters
- Blood Pressure
- Bone/Muscle/Joint Injuries
- Burns
- Cancer
- Cardiovascular Disorders
- Cerebral Palsy
- Conjunctivitis
- Cutaneous Larva Migrans (Creeping Eruption)
- Cystic Fibrosis
- Dental Injuries
- Diarrhea
- Ear Pain
- Eye Conditions
- Fainting
- Fever

- Fifth Disease
- Foreign Object in Ear
- Hand, Foot, and Mouth Disease
- Headache/ Migraine
- Head Injury
- Heat Exhaustion/ Heat Stroke
- Herpes Simplex (Cold Sore/Fever Blister)
- Hyperventilation
- Impetigo
- Influenza
- Juvenile Idiopathic Arthritis
- Kidney Disease
- Laceration
- Meningitis
- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Molluscum Contagiosum
- Mononucleosis (Mono)
- Nosebleed
- Pinworms
- Rash
- Ring Worm
- Scarlet Fever/ Strep Throat
- Seizure/Epilepsy
- Sickle Cell Anemia
- Sore Throat
- Spina Bifida
- Spinal Injuries
- Splinters/Pencil "Lead"
- Sty
- Ticks
- Upper Respiratory Infection (Common Cold)
- Vomiting
- Mental Health Conditions

ABDOMINAL PAIN/INJURY

- Assess location of pain
- Determine intensity of pain (see Pain Assessment Scale Attachment K-I)
- Ask if it is accompanied by nausea, vomiting, diarrhea, or painful urination.
- When did it start?
- Is it in response to being hit in the abdomen or a fall?
- Does the student have a fever (temperature of 100.4°F or greater)?
- When did the student last eat?
- When was the student's last bowel movement?

If the student has vomiting, diarrhea, fever or if the abdominal pain is persistent or in response to an injury, call the parent/guardian. The student should be excluded from school until symptoms are gone and student is fever and diarrhea free for 24 hours without the use of fever reducing or anti-diarrheal medication. Abdominal injuries require closer supervision for a minimum of 24 hours depending on the injury.

If abdominal pain is mild, ask the student if they need to use the restroom and allow to rest for 15 minutes. If symptoms subside, return student to class. If symptoms persist or worsen, contact the parent/guardian.

ABRASIONS

- Wear disposable gloves when exposed to blood or other body fluids.
- Cleanse wound with soap and water, pat dry.
- Bandage Lightly.
- Reassure student.
- Notify parent if abrasion is not minor and/or a tetanus booster is recommended.

ABSCESS/BOIL

A boil or abscess is a bacterial infection of the skin and underlying soft tissues. Skin is red, raised with a yellow or white center from which pus may drain. A carbuncle is a cluster of boils that have formed a larger area of infection. A furuncle is an infected hair follicle with the formation of a boil. The infectious agent is spread through drainage from lesions or the nasal discharge of an infected person.

Implications for School

Student should NOT be excluded from school. Lesions must be covered with a clean dressing when draining.

ADRENAL INSUFFICIENCY

Adrenal insufficiency is an endocrine disorder that occurs when the adrenal glands do not produce enough cortisol. Lack of the body's cortisol production affects the ability to appropriately respond to physiological stressors. Adrenal crisis is a serious complication of adrenal insufficiency and can occur when an individual with adrenal insufficiency experiences a traumatic physical or emotional stressor.

Symptoms of an adrenal crisis include:

- Dizziness/lightheaded
- Sudden muscle pain
- Severe nausea, vomiting or abdominal pain
- Headache or confusion
- Low blood pressure
- Seizure
- Loss of consciousness

If a person with adrenal insufficiency exhibits these symptoms:

1. Call 9-1-1
2. Follow Emergency Care Plan
3. Provide appropriate first aid until emergency response team arrives
4. Notify parent/guardian and principal

AIDS/HIV

Parents are not obligated to inform the school of an HIV positive child. All exposures to blood/body fluids should be treated as potentially infectious and universal precautions should be adhered to, as in every child, regardless of AIDS/HIV status. AIDS/HIV is not transmitted through casual contact (i.e. normal school activities). Notify parent/guardian immediately if HIV positive student is exposed to chickenpox, measles, COVID-19, or influenza (flu).

ANAPHYLAXIS – ALLERGIES

Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

Causes:

- In rare cases, the cause is called idiopathic, or unknown. However, anaphylaxis is most commonly triggered by:
 - Stings of bees, wasps, hornets, yellow jackets and fire ants.
 - Foods, including peanuts, milk, eggs, shellfish, whitefish, and other nuts, as well as food additives.
 - Medications, including certain antibiotics, seizure medications, muscle relaxants, aspirin, and non-steroidal anti-inflammatory agents.

Signs and Symptoms:

- Itching or burning, hives, tingling/swelling (particularly of face, neck, tongue or lips), throat tightness, tightness in chest, difficulty swallowing, abdominal pain, vomiting, wheezing, breathing difficulty, dizziness, shock, pallor, sweating, rapid pulse, weakness and unconsciousness.

For mild allergic reactions:

- Observe the student constantly for difficulty breathing, skin reactions, and/or signs of shock.
- Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.). Check for Medic-Alert bracelet or necklace.
- Administer medication, such as Benadryl, if ordered by health care provider.
- Notify parent/guardian.

For severe reactions:

If the reaction is severe (respiratory distress, increasing anxiety, increasing swelling, generalized hives), call 9-1-1, the principal, and the parent. Students with known history of severe allergies should have a completed Emergency Action Plan and Epi-pen in the health room or on their person. All personnel who have a close working relationship with that person should be trained in the use of the Epi-pen. Skills checklist should be completed documenting competence on Epi-pen administration.

If the student has not had a prior reaction or the allergen is unknown and they are having symptoms, call 9-1-1.

EPINEPHRINE INJECTION - EMERGENCY FIRST AID FOR ANAPHYLACTIC REACTION

The Epinephrine Auto-Injector (Epi-Pen or Auvi-Q) is a disposable drug delivery system with a concealed needle that is spring activated. The active ingredient is epinephrine, the treatment of choice in allergic emergencies (anaphylactic reactions) because it quickly constricts blood vessels, relaxes smooth muscles in the lungs to improve breathing, stimulates the heartbeat and works to reverse hives and swelling around the face and lips.

The Epinephrine Auto Injector (Epi-Pen or Auvi-Q) is commonly prescribed for individuals who have had prior severe allergic reactions to certain foods or food additives, to medications, to insect stings or bites or to exercise. The most common insects that may cause anaphylaxis are the stingers (bees, hornets, yellow jackets and wasps) and the biters (deer flies, black flies, ants and yellow flies).

An emergency situation may occur anytime a hypersensitive student is exposed to a substance, sting, or bite to which the student is allergic. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Hypersensitive students, identified for the school staff by their parents/guardian and physicians, require the availability of emergency medication. Epinephrine must be specifically prescribed for the student, just as any other prescription medication. Be aware of which students are authorized to carry their own Epinephrine Auto

Injector as indicated by the physician on the Medication Administration Authorization form and/or Allergy Medical Management Plan.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms occur gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possibly fatal shock. Usually, symptoms occur immediately following the sting or bite; death may occur within minutes. Symptoms, which often vary according to individual response, include the following:

- Sudden sense of uneasiness/anxiety
- Flushed skin
- Widespread hives
- Itching around the eyes
- Dry, hacking cough
- Constricted feeling in throat/chest
- Wheezing
- Facial edema or swelling (i.e. lips, tongue, and eyes)
- Abdominal pain
- Nausea or vomiting
- Difficulty breathing
- Hoarseness or thickened speech
- Confusion
- Feeling of impending doom

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis (bluish skin), reduced blood pressure, collapse, incontinence, and unconsciousness. Epinephrine given after the onset of low blood pressure may not prevent death.

If a hypersensitive student (who may experience a possible anaphylactic reaction) has been admitted to the school, immediately notify the school nurse who will obtain proper paperwork and notify appropriate personnel.

The EpiPen Injection Procedure can be found in the Medication Administration Section of this manual.

ASTHMA

Asthma is one of the most common serious chronic illness. Most people with asthma have symptoms that can be controlled with medicine.

Asthma is characterized by:

- Airway inflammation
- Airway obstruction
- Breathing difficulty caused by changes in the air passages of the lungs: - Inside walls of the airways swell
 - Muscles in the walls of the airways tighten and constrict
 - Swollen walls produce excess mucus, which clog the airways
- Many people with asthma have chronic inflammation of the airways, but often an “attack” appears to be due to a specific trigger. Each student may react differently to asthma triggers. Factors that may trigger asthma include:
 - Respiratory infections, colds
 - Allergic reactions to pollen, mold, animal dander, feathers, dust, food
 - Vigorous exercise
 - Exposure to cold air or sudden temperature changes
 - Air pollution, fumes or strong odors
 - Cigarette smoke
 - Excitement, stress

Signs and Symptoms of Asthma

- Wheezing
- Chest tightness
- Coughing
- Difficulty breathing and/or shortness of breath

More SERIOUS Signs Which Require Prompt Medical Attention

- The student is breathless and may be unable to talk or may talk in one-to-two word phrases.
- The student’s neck muscles may tighten with each inhalation.
- The student’s lips and nail beds may have a grayish or bluish color.
- The student may exhibit chest retractions (chest skin sucked in between and under the ribs).
- The student feels uncomfortable and is having trouble breathing, but you don’t hear wheezing sounds; this may still indicate extreme bronchial distress.

Treatment for Asthma

- Asthma treatment should be developed on an individual basis because each case can be different. An Asthma Medical Management Plan may be indicated.
- Medications are used to prevent episodes and to treat those that do occur. Medications may be delivered by a Metered Dose Inhaler or Nebulizer. Procedures on how to administer those medications can be found in the Medication Administration section of the manual.

- Avoiding environmental triggers.
- Encourage student to sit quietly and breathe slowly.

BITES

If bite is large or gaping, or bleeding is uncontrollable, call 9-1-1.

- Animal Bite: Skin surface is broken by the teeth of an animal.
 1. Wear gloves.
 2. Stop bleeding by applying direct pressure with clean, dry gauze or paper towel.
 3. Wash area with soap and water and hold under water for 2-3 minutes if no bleeding.
 4. Cover with nonstick bandage.
 5. Call parent/guardian and notify principal.
 6. Report incident to Duval County Animal Control Services at (904) 630-2489. Include as much information as available on the involved animal.
 7. If bite is from a snake, hold the bitten area still and below the level of the ear. Call Poison Control (1-800-222-1222) and follow their direction.
- Insect Bite:
 1. Examine wound for stinger.
 2. Observe for systemic reaction (as discussed in anaphylaxis).
 3. Apply cool pack/ice.
 4. Return to class if no additional symptoms.
- Human Bite: Skin is damaged or torn by a human mouth.
 1. Wear gloves.
 2. Stop bleeding by applying direct pressure with clean, dry gauze or paper towel.
 3. Wash area with soap and water and hold under water for 2-3 minutes if no bleeding.
 4. Cover with nonstick bandage.
 5. Notify principal and parent/guardian. Complete accident report and if adult staff is involved complete a worker's compensation report. Contact the person responsible at your school site and they will contact Risk Management.
 6. Parent/guardian of the student who was bitten and the student who was biting should be notified that their children may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.
 7. Recommend that the student follow up with their health care provider if more than 5 years since last Tdap vaccine.

BLEEDING DISORDERS

Bleeding disorders is a general term for a wide range of medical problems that lead to poor blood clotting and continuous bleeding. In people with bleeding disorders, clotting factors are missing or do not work as they should. This causes them to bleed for a longer time than those whose blood factor levels are normal. Bleeding problems can range from mild to severe.

Hemophilia

Hemophilia is a rare bleeding disorder that prevents the blood from clotting properly. They are deficient in factor VIII and IX. Hemophilia A, also known as factor VIII deficiency, is the cause of about 80% of cases. Hemophilia B, which makes up the majority of the remaining 20% of cases, is a deficiency of factor IX. Patients are classified as mild, moderate or severe, based on the amount of factor present in the blood. Although hemophilia is a lifelong condition with no cure, it can be successfully managed with clotting factor replacement therapy. Bleeds must be treated promptly. Kids with hemophilia can generally sense when a bleed has occurred. They often describe a tingly or bubbly sensation in a joint. It may also feel warm to the touch. Follow the student's Emergency Action Plan.

BLISTERS (from friction)

"Bubble" of fluid under the outer layer of skin, caused by friction.

Intervention:

- Wear gloves.
- Wash the area gently with water. Use soap if necessary to remove dirt.
- Leave skin covering the blister intact. Blisters heal best when kept clean and dry.
- Cover loosely with sterile, nonstick bandage to prevent further rubbing.
- Notify parent/guardian if infection is suspected.
- Send the student back to class.

BLOOD PRESSURE

Normal blood pressure readings will vary with age. A student's normal blood pressure range is to be determined by a licensed health care provider. If a student's blood pressure is to be taken during the school day, a Procedure Physician Order form signed by the physician and parent/guardian will be required. The form will list the day(s) of the week, time, parameters, and action to be taken when the blood pressure is outside the parameters. The parent/guardian shall provide the digital blood pressure monitor. A Blood Pressure (Digital) Skills Checklist will need to be completed unless the procedure is performed by a licensed medical professional. Alert the DOH RN if a student needs blood pressure monitoring in the school.

School faculty and staff requesting routine blood pressure readings should be referred to their health care provider. In the event of a medical emergency, please call 9-1-1.

BONE/MUSCLE/JOINT INJURIES

Injuries of the bones, muscles and joints may be fractures, dislocations or sprains/strains. Only a licensed healthcare provider can determine the type of injury. Treat all injured parts as if they could be fractured. Typical signs and symptoms of these types of injuries can be: pain, swelling, discoloration, limited/inability to move the extremity, feeling “heat” in injured area, bent or deformed bone, and/or numbness or loss of sensation.

Intervention (if no spinal injury is suspected):

- Elevate the extremity, apply ice/cold pack with a cloth or paper towel, to minimize swelling.
- Assess for range of motion, pain, swelling, and pulse distal to injured area.
- If ice/elevation relieves discomfort, return student to class, but notify parent/guardian to check area.
- Notify parent/guardian and/or 9-1-1 if movement causes increased pain, if obvious joint deformity, skin broken over possible fracture, or if pulse not present. Notify principal or designee if injury is severe.
- Incident and/or Accident forms are to be completed as required.

It is the parent/guardian’s responsibility to provide durable medical equipment recommended or ordered by the health care provider. This may include but not limited to a wheelchair, crutches, walker, braces, etc., for the student. A physician’s note is needed to return to school if the student has had surgery, was hospitalized, or requires any special accommodations while at school.

BURNS

Burns are defined as the destruction of a layer or layers of skin caused by heat, cold, electricity, chemicals, light, friction or radiation. The deeper the burn, the more severe it is.

Note: If a student comes to school with unexplained burns (i.e. iron or cigarette burns, or repeated health room visits for burns), consider the possibility of child abuse and follow mandatory reporting guidelines.

Degrees of severity:

- First Degree (superficial) – begins with pain and redness with no blisters
- Second Degree (partial-thickness) – begins with pain, redness and blisters
- Third Degree (full thickness) – begins with little or no pain, with red, black, or white discoloration

Critical Burns:

Call 9-1-1 and notify parent/guardian and principal for any of the following:

- Breathing difficulty or unconscious
- Burns covering more than one body part, or are large or deep

- Burns to the head, neck, face or eyes
- Burn resulting from chemical, explosion or electricity
- Third degree burns

Intervention:

- Stop the source of the burn
 - Extinguish flames
 - Remove student from source of the burn

****Note: if electrical injury, NEVER go near the student until you are sure the power is off****
- Cool the burn:
 - Use large amounts of cool water on burned area.
 - **DO NOT USE ICE!!!** (It can cause bruising or freezing.)
 - **DO NOT BREAK BLISTERS!**
 - DO NOT use butter, Vaseline, or other greasy ointments.
- Cover the burn:
 - Loosely cover with dry, sterile dressing.
 - Call parent/guardian and notify principal.
 - Strongly advise parent/guardian to seek medical treatment immediately.
 - Provide the parent/guardian with the date of the student's last tetanus booster.
 - Accident report to be completed as applicable.

CANCER

Cancer is a disease in which abnormal cells grow in an uncontrollable manner. Management depends on the type of cancer, what stage the cancer is in, treatment, and side effects of treatment. Many children with cancer have central venous catheters/ports and pain medications which the school personnel need to be aware of. Intravenous medications and cauterization site care are not approved to be done by health room personnel. Children with cancer are often immunocompromised. Notify the parent or guardian if the child has been exposed to chickenpox, measles, COVID-19, or influenza (flu), or if the student has a temperature of 100.4°F or greater.

CARDIOVASCULAR DISORDERS

Cardiovascular diseases can be categorized as congenital or acquired. Some students will have physical limitations.

Congenital heart disease is usually present at birth and involves structural abnormalities which cause blood flow or conduction problems. Acquired heart disease occurs after birth and includes conditions such as rheumatic heart disease and endocarditis.

Symptoms:

- Cyanosis
- Chest Pain
- Irregular heart beat/ murmurs
- Dizziness
- Cough
- Shortness of breath
- Exercise intolerance

CEREBRAL PALSY

Cerebral palsy is a neurological disorder that appears in infancy or early childhood. It is characterized by a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); altered muscle tones (too stiff or too loose); altered gait (toe walking, “scissored” gait, dragging one leg or foot). It is caused by abnormalities in parts of the brain that control muscle movement. These factors include genetics, premature birth or low birth weight, maternal health issues in pregnancy, delivery complications, meningitis, and encephalitis or head injury.

CONJUNCTIVITIS (PINKEYE)

Conjunctivitis is an inflammation of the mucous membranes that line the eyelids and cover the white part of the eyeball. It is caused by allergens, irritants, bacterial or viral infections. With this inflammation, the white part of the eye becomes pink or red and the eye produces large amounts of tears and discharge. In the morning, discharge may make the eyelids stick together.

Implications for School

Student should be excluded from school. The student may return after eyes have cleared or with a note from the health care provider.

CUTANEOUS LARVA MIGRANS: (Creeping Eruption)

Sometimes referred to as Creeping Eruption, cutaneous larva migrans is a skin infection caused by hookworms. Hookworms are spread through contact with sandy soil contaminated with dog and cat feces. Creeping eruption causes itching, blisters, and a red, growing, snake-like rash. Walking barefoot on contaminated soil is how most people get this condition.

Implications for School

Exclude student from school. Must have note from healthcare provider to return.

CYSTIC FIBROSIS

Cystic fibrosis is a genetic disorder that affects mainly the lungs and digestive system. Thick mucus production can block airways and lead to lung damage. The thick mucus can also trap germs and make infections more likely. It can also prevent proteins needed for digestion from reaching the intestines, which decrease the body's ability to absorb nutrients from food.

Diagnosis of Cystic Fibrosis may be confirmed if high levels of salt are found during a sweat test. There is no cure for Cystic Fibrosis and it is one of the most common life shortening childhood-onset inherited diseases.

Florida Statute 1002.20 provides for the carrying of Pancreatic Enzyme supplements in a school setting. Key provisions of this legislation include the following:

- Permits a student with pancreatic insufficiency or cystic fibrosis to carry and self-administer prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities, or in transit to or from school if the school has been provided with authorization from the student's parent and prescribing practitioner;
- The State Board of Education, in cooperation with the Department of Health, shall adopt rules for the use of prescribed pancreatic enzyme supplements that shall include provisions to protect the safety of all students from the misuse or abuse of the supplements;
- A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified (held harmless) by the parent of a student authorized to use prescribed pancreatic enzyme supplements for any and all liability with respect to the student's use of the supplements.

If a student is diagnosed with Cystic Fibrosis, please contact your DOH School Nurse.

DENTAL INJURIES

Knocked out permanent tooth

- DO NOT touch the root portion of the tooth.
- There is a possibility that the dentist will be able to put the tooth back in the socket if a child has a permanent tooth knocked out.
- Save tooth and use one of the options below for transport:
 - Place the tooth in a cup of cold milk.
 - Place the tooth in a cup of normal saline.
 - Place the tooth in a cup with the child's saliva (spit).
 - If milk, normal saline and saliva are not available, place the tooth in a cup of water.
- Call parent/guardian and notify principal. Emphasize to the parent/guardian the need to get to the dentist on an emergency basis to maximize the chances for successful re-implantation of the tooth.
- DO NOT attempt to clean tooth as this may interfere with the re-implantation process.

- Apply a cold compress to face to minimize swelling.
- Accident and incident reports are to be completed as applicable.

Chipped/Broken tooth

- Save large fragments and see dentist immediately because break could extend down to the root of the tooth.
- Rinse mouth with warm water.
- Cover sharp edge of tooth with gauze to prevent laceration of tongue or cheek.
- Apply cold pack to face next to injured tooth to minimize swelling.
- Call parent/guardian and notify principal.
- Suggest that the parent/guardian get the student to the dentist as soon as possible.

DIARRHEA

Diarrhea is described as 2 or more stools within a 4-hour period that are either loose, runny, watery, and/or bloody, or if stool cannot be contained in the diaper/undergarment. The most common causes of diarrhea are viruses, bacteria, parasites, and medication. Transmission to others can be prevented by thorough hand washing, especially before eating, after using the bathroom, and changing diapers.

Intervention:

- Take the student's temperature.
- Call parent/guardian.
- Disinfect all contaminated surfaces and instruct student to wash hands.
- Further persistent diarrhea, especially if accompanied by a fever (temperature of 100.4°F or greater) or bloody stools, should be evaluated by a medical provider for possible infectious diarrhea (i.e. shigella, giardiasis, and salmonella).
- **The student needs to stay home from school until the diarrhea has stopped, without the aid of anti-diarrheal medication, for a minimum of 24 hours before returning to school.**

EAR PAIN

Intervention

- Take temperature.
- Make student comfortable and offer warm compress.
- Call parent/guardian.
- Recommend parent/guardian seek medical attention if discomfort persists, or if the student has a fever (temperature of 100.4°F or greater).

Object in Ear

Do not attempt to remove object. Contact parent/guardian to seek medical attention.

EYE CONDITIONS

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

With any eye problem ask the student if he/she wears contact lenses. Have student remove contacts before giving any first aide to eye, unless chemicals have splashed in the eye. Flush first without removing the contact lenses.

Intervention:

- Cut or Puncture of Eye:
 1. Keep student lying flat and quiet.
 2. Cover eye with a paper cup or similar object if an object is protruding or when pressure on the eye is undesirable.
 3. DO NOT apply pressure.
 4. If an object has penetrated the eye, DO NOT remove object.
 5. Call 9-1-1.
 6. Notify principal and parent/guardian.

- Foreign body (non-penetrating) in the eye:
 1. Examine the eye for the presence of a foreign body (speck of dirt, sand, eyelash, etc.).
 2. To visualize the foreign object, have student look up and down and from side to side.
 3. If the foreign object is seen, try to remove it by gently flushing with water or eye wash from the inner to outer are of eye.
 4. If object cannot be removed after one or two attempts of the above method, notify parent/guardian and refer to healthcare provider.

- Chemicals in Eye:
 1. Call 9-1-1 if eye has been burned with a chemical.
 2. Call Poison Control (1-800-222-1222) and follow their specific emergency treatment if different from below. Provide name of chemical if known.
 3. Immediately flush eye with water while both eyelids are held open. If only one eye has been exposed to the chemical, attempt to irrigate the eye with the person laying on their side.
 4. If possible, tip the head so the affected eye is below the unaffected eye and water washes eye from nose out to the side of the face.

5. Notify principal and parent/guardian.
 6. Do not stop irrigation until emergency personnel arrive.
- Trauma to Eye/Hematoma
 1. Check for double vision, unequal or irregular pupils and pupil responses
 2. Notify principal and contact parent/guardian. Urge immediate medical care.
 3. Call 9-1-1 for any changes in level of consciousness.

FAINTING

Fainting is the sudden, temporary loss of consciousness. Signs and symptoms include: pale skin, sweating, dizziness, lightheadedness, unsteady balance, vision changes, fast or irregular heartbeat, and nausea or vomiting.

Intervention:

- Assist student to a lying down position with feet elevated 8-10 inches.
- Loosen tight clothing.
- Maintain open airway.
- If the student fell, try to determine if an injury occurred. If no history is available, do not move the student.
- Wipe face with cool wet cloth.
- Notify parent/guardian and principal.
- Call 9-1-1 and notify the principal
 - If recovery or consciousness is not immediate.
 - The student is having trouble speaking, breathing, seeing, or moving.
 - The student has chest pain, or a rapid or irregular heartbeat.
 - Or was physically active when it happened
- Continue to encourage student to lie down until he/she feels better. Slowly progress to sitting and walking with assistance.
- Offer sips of cool water.

FEVER

A student presenting to the health room with a temperature of 100.4°F or greater may not remain in school. A parent/guardian should be called to pick up the student. Students with a fever are to remain home until fever free at least 24 hours without the use of fever reducing medication (i.e., Tylenol or Motrin).

FIFTH DISEASE

Fifth disease is a viral illness also known as “slapped cheek syndrome.” It is generally mild but may cause a fever and fatigue until the rash appears. The rash generally involves the flushed appearance of the cheeks followed by a lacy rash on the arms, legs, and/or trunk. It may or may not itch. It is spread through respiratory secretions from an infected person. The infected person is contagious only before developing the rash. Hand washing is effective in limiting the spread.

Implications for School

Student should be excluded from school if they have a fever (temperature of 100.4°F or greater). The student may return when fever free for 24 hours without the use of fever reducing medication. The student may return to school with the rash, as the rash may be present for several weeks after the fever has resolved.

FOREIGN BODY IN EAR

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

Intervention:

- DO NOT try to flush out object with water or oil (including earwax).
- DO NOT try to remove a foreign body. Gently tilt head toward the affected side to see if the object will come out on its own.
- Call parent/guardian and notify principal.
- Recommend the parent/guardian seek immediate medical care.

HAND, FOOT, AND MOUTH DISEASE

Hand, foot, and mouth disease is a common viral illness that usually affects infants and children younger than 5 years old. However, it can sometimes occur in older children and adults. Signs and symptoms include: fever, sores in mouth, and rash on hands, feet, and buttocks. The illness is transmitted through respiratory droplets or direct contact with nasal or throat secretions of infected persons.

Implications for School

Student should be excluded from school. The student may return when they are fever free for 24 hours without the use of fever reducing medication and blisters have formed scabs and are dry.

HEADACHE/MIGRAINES

Intervention:

- Give no medication, unless the student has their own supply in the clinic with a current Medication Administration Authorization form.
- Check for fever (temperature of 100.4°F or greater)

- Determine possible contributing factors: lack of water, food or sleep, vision problems, cold/sinus problems or injury to head.
- Encourage student to drink a cup of water as tolerated.
- Student may rest for a short time with a cool cloth or ice pack on forehead.
- Call the parent/guardian if the student is too ill to return to class, headache persists, or if the student has blurred vision or dizziness.
- Refer to health care provider if student has reoccurring headaches.

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

Migraines are a neurological condition causing blood flow changes in the brain resulting in a throbbing pain in the head. Triggers such as foods, environment and hormones can cause overreaction of the blood vessels in the brain. Migraine headaches are often accompanied by extreme sensitivity to light and sound causing nausea, vomiting, fatigue, dizziness, and vision problems.

HEAD INJURY/CONCUSSION

A head injury may be a bump, blow, or jolt to the head that may or may not result in a concussion. A Head Injury Notification form (Attachment K-III) should be completed and given to the parent/guardian. Signs and symptoms of a head injury may occur immediately or develop slowly over several hours or days.

Intervention:

- Determine the cause of the injury and whether or not there might be a neck injury.
- The student should be monitored for a minimum of 30 minutes.
- Check for signs and symptoms when the student first arrives at the clinic, 15 minutes after, and at the end of the 30 minutes.
- Students who experience one or more of the signs and symptoms of a concussion (as indicated on the Head Injury Notification form) after a bump, blow, or jolt to the head should be referred to a health care professional.
- The principal and parent/guardian should be notified and a copy of the Head Injury Notification form should be given to the parent/guardian with instructions to follow up with a health care provider.
- If there is a suspected neck injury:
 1. DO NOT move the student.

2. Arrange rolled up blankets or clothing on both sides of trunk, head, and neck for immobilization.
 3. Call 9-1-1.
 4. If CPR is necessary, the lower jaw should be pulled forward gently to open airway. The head tilt should be minimal and CPR MUST be performed by a TRAINED individual.
 5. Notify principal and parent/guardian.
- If the student is unconscious:
 1. Call 9-1-1.
 2. Observe unconscious student for breathing and other body injuries.
 3. If choking is a concern, gently roll the student onto the left side, turning all body parts at one time while supporting the student's neck and head.
 4. Notify principal and parent/guardian.
 - Call 9-1-1 if the student develops:
 - Loss of consciousness, even if consciousness is regained;
 - Repeated vomiting or nausea;
 - Weakness, numbness, or decreased coordination;
 - Oozing of blood or watery fluid from ears;
 - A headache that gets worse and does not go away;
 - Drowsiness or cannot be awakened;
 - Unequal pupils;
 - Slurred speech;
 - Convulsions or seizures;
 - Difficulty recognizing people or places;
 - Increased confusion, restlessness, or agitation; or
 - Unusual behavior or unable to respond to simple commands.
 - If the student does not have symptoms of a concussion:
 1. Notify the parent/guardian of head injury.
 2. Student may return to class after 30 minutes of observation and no reported or observed signs or symptoms of a concussion.
 3. Send a completed Head Injury Notification form home with the student for the parent/guardian.

HEAT EXHAUSTION/HEAT STROKE

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

Signs and symptoms

Perspiration, dizziness, lightheadedness or fainting, nausea or vomiting, headache, cool, pale and clammy skin, heavy sweating, muscle cramping, weakness or tiredness, rapid heart rate and breathing.

Intervention:

- Have student lie down and elevate feet 8-12 inches in cool or shaded area or move to air-conditioned environment if available.
- Loosen clothing.
- Take student’s temperature (never take an oral temperature if the student is not fully alert). Observe him/her closely and seek medical attention if symptoms worsen or do not improve.
- Apply cool, wet cloths to neck and armpits.
- If conscious, encourage student to take sips of water. If nausea or vomiting occur, discontinue fluids.
- Call 9-1-1 or seek other IMMEDIATE medical help if ANY of the following occur (signs of a HEAT STROKE):
 1. Temperature of 103°F or greater, with hot and dry skin;
 2. Loss of consciousness;
 3. Rapid, weak pulse;
 4. Throbbing headache or dizziness;
 5. Rapid, shallow breathing;
 6. Confusion or lack of coordination; or
 7. Seizure
- Notify the principal and parent/guardian.

Herpes Simplex (Cold Sores/Fever Blisters)

A cold sore or a fever blister is a common viral infection of the mouth area that is caused by herpes simplex virus type 1. The virus is most commonly spread by direct contact with lesions of an infected person.

Implications for School

Student should NOT be excluded from school.

HYPERVENTILATION

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

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

- Pounding heart or chest pain
- Dizziness or lightheadedness
- Tingling sensation in fingers or toes
- Stomach discomfort
- Sensation of smothering or inability to catch one's breath
- Numbness in the hands, feet, and/or mouth

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

Intervention:

- Allow the student to sit in a quiet place.
- Reassure student. Make direct eye contact and speak clearly and slowly. Stay with the student.
- Have the student focus on slowing his/her breathing. Have student do the following exercise:
 1. Take slow deep breaths through the nose counting to four while inhaling.
 2. Exhale slowly through closed lips (like blowing through a straw) to a count of four.
- If the breathing exercise does not help, it may be helpful to have the student breathe into cupped hands over face.
- If symptoms continue for more than several minutes or student passes out, call 9-1-1.
- Notify the parent/guardian and principal.

IMPETIGO

Impetigo is a common and highly contagious skin infection that mainly affects children. Impetigo usually appears as red sores on the face, especially around the nose and mouth, and on hands and feet. The sores burst and develop honey-colored crusts. Impetigo is most commonly spread by contact with drainage from a sore or nasal secretions.

Implications for School

Student should be excluded from school. The student must have a note from the health care provider to return. Sores must be covered.

INFLUENZA (Flu)

Influenza (commonly referred to as the “flu”) is a respiratory virus affecting the nose, throat, and lungs. There are two main types of influenza virus: type A and B. Illness is usually characterized by the sudden onset of high fever or chills, headache, congestion, muscle aches, and a dry cough. Most people are ill with the “flu” for a week or less. Influenza occurs most often in the late fall and winter months.

Influenza is most commonly transmitted from one individual to another through contact with droplets from the nose and throat of an infected person during coughing and sneezing, particularly in confined spaces such as school buses and small classrooms.

The mainstay of influenza control and prevention is vaccination. Everyone greater than 6 months of age should be vaccinated on an annual basis. If an outbreak of influenza occurs within the school population, the school nurse should notify the Department of Health in Duval County. The Health Department, in consultation with school administrators, will determine whether some or all parents should be notified.

Implications for School

Student should be excluded from school. The student may return when they are fever free for 24 hours without the use of fever reducing medication.

JUVENILE IDIOPATHIC ARTHRITIS

Juvenile idiopathic arthritis, previously called juvenile rheumatoid arthritis, is a general term for the most common types of arthritis in children. It is a long-term disease resulting in joint pain and inflammation.

KIDNEY DISEASE

The kidneys are two bean-shaped organs located near the middle of the back, just below the rib cage. They are responsible for filtering water and waste products from the blood. There are multiple reasons for kidney failure, both acute and chronic. Some problems are resolved when treated. Others progress to chronic failure and may necessitate dialysis or transplant.

Signs and Symptoms:

Signs and symptoms are diverse and may include: fever, swelling especially of the feet, face, ankles and eyes, painful urination, changes in urine flow, hematuria, “accidents” in previously toilet trained children, high blood pressure and, especially in chronic disease, and/or poor growth.

Treatment:

Students may be on various medications and may need to be out of school on a regular basis for dialysis. If a student is diagnosed with chronic kidney disease, please contact your DOH school nurse.

LACERATION

A laceration is a wound that breaks the skin with either smooth or irregular edges and may bleed freely.

Intervention:

- Wear gloves.
- Control bleeding by applying direct pressure with gauze.
- Cover the wound with a dry bandage or dressing.
- Clean minor cuts with soap and water.
- Recommend that parent/guardian contact licensed healthcare provider for further instruction if bleeding does not resolve with pressure or if sutures may be indicated.
- Give the parent/guardian the date of the student's last tetanus booster to take to the licensed healthcare provider.

MENINGITIS

Meningitis is caused by a viral or bacterial infection. Bacterial meningitis is a serious infection of the spinal cord and brain. It has a rapid onset and causes severe illness in a short time with fever, headache, and stiff neck, which may result in brain damage, hearing loss, or learning disabilities. Viral Meningitis is usually less severe and may clear up without treatment. Symptoms of meningitis include: a sudden onset of severe headache, fever, and stiff neck. Students suspected to have symptoms of meningitis should be isolated and evaluated immediately.

Good health habits including frequent hand washing and not eating or drinking after others, including family, may help prevent the transmission of meningitis. Proper hand hygiene and respiratory etiquette can reduce spreading the virus to others.

Implications for School

Student should be excluded from school. The student must have a note from their healthcare provider in order to return to school.

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Methicillin Resistant Staphylococcus Aureus (MRSA) is an antibiotic resistant bacterial infection of the skin and underlying soft tissue. Skin is red, raised, with a yellow or white center from which pus may drain. Suspected staph infections should be referred to the student's healthcare provider for diagnosis and treatment.

Implications for School

Student should be excluded from school. The student must have a note from their health care provider in order to return to school. Affected area must be covered while in school.

MOLLUSCUM CONTAGIOSUM

Molluscum contagiosum is an infection caused by a poxvirus. The result of the infection is usually a benign, mild skin disease characterized by small, raised, and usually white pink, or flesh-colored lesions with a dimple or pit in the center, that may appear anywhere on the body. It is most commonly spread via direct skin-to-skin contact.

Implications for School

Student should NOT be excluded from school. The student should try to keep the affected area covered while at school.

MONONUCLEOSIS (MONO)

Infectious mononucleosis sometimes called "mono" is an infection usually caused by the Epstein-Barr virus (EBV), which may cause fever, sore throat, or swollen lymph nodes. It is spread through direct contact with the infected person's saliva, such as by coughing, sneezing, kissing, sharing a straw, a toothbrush, or an eating utensil.

Signs and Symptoms:

Symptoms usually begin to appear 4 to 7 weeks after infection with the virus. Signs that you may have mono include:

- Fatigue
- Fever (temperature of 100.4°F or greater)
- Sore throat with swollen tonsils
- Loss of appetite
- Swollen lymph nodes
- Headaches
- Sore muscles
- Skin rash
- Abdominal pain
- Weakness

Implications for School

If the student does not have a fever or is exhibiting signs and symptoms requiring removal from school, they may return to class.

NOSEBLEED

Intervention:

- Wear disposable gloves.
- Place student in sitting position with the head slightly forward.

- Encourage mouth breathing and discourage nose blowing or repeated wiping or rubbing.
- If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes.
- Apply ice to the nose.
- Reassure student.
- If blood is still flowing freely after applying pressure and ice, notify principal and contact parent/guardian and refer student to health care provider.

NOTE: Nosebleeds may be caused by a blow to the nose or the head. If fracture is suspected, refer for medical attention. Students with repeated nosebleeds should be referred for medical evaluation.

PINWORMS

Pinworm infection is caused by a small white worm that lives in the rectum of the infected person. While that person sleeps, the females lay their eggs on the skin surrounding the rectum. This causes severe itching and disturbed sleep. Pinworms are common in school age children and preschoolers. You can become infected by swallowing eggs from the contaminated surfaces, including fingers.

Prevention:

- Changing and washing underwear daily and after treatment
- Frequent hand washing
- Keeping nails trimmed short and discouraging nail biting
- Clean all bedding after treatment.

Implications for School

Student should be excluded from school. The student must have a note from their healthcare provider, nurse, or parent indicating that the student is under treatment in order to return to school.

RASH

A rash is an area of irritated or swollen skin, that may be red, itchy, bumpy, scaly, crusty, and/or blistered. Some rashes develop immediately, while others form over several days. The treatment for a rash usually depends on its cause.

Implications for School

If a rash is oozing or suspected to be infectious, the student should be excluded from school, until evaluated by a health care provider who will authorize the student's return to school.

RINGWORM

Ringworm is a common fungal infection causing patches of red, scaly skin. The lesions are generally circular and red with a scaly border. Ringworm can affect people and pets and is generally transmitted by close contact. Ringworm on the scalp requires treatment prescribed by a health care provider. Ringworm elsewhere on the body, may be treated with over-the-counter anti-fungal creams, or as directed by a health care provider.

Implications for School

Scalp: Student should be excluded from school. The student must have a note from their healthcare provider indicating that the student is under treatment in order to return to school.

Body, groins, nails, feet: Student should be excluded from school. The student must have a note from the parent, nurse, or health care provider indicating that the student is under treatment in order to return to school. Area must be covered while at school if wet or oozing.

SCARLET FEVER/STREP THROAT

Scarlet fever is a rash that sometimes occurs in people who have strep throat. The rash starts as tiny red bumps on the chest, abdomen, and groin and spreads to the rest of the body. It looks like sunburn and feels like sandpaper. It generally lasts 2 - 5 days. Sometimes, after the rash is gone, the skin peels. The throat is very red and sore and there is generally a fever and swollen glands.

Implications for School

Student should be excluded from school. The student must have a note from their healthcare provider in order to return to school.

SEIZURES/EPILEPSY

A seizure is a sudden, uncontrolled electrical disturbance in the brain. Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations, and sometimes loss of awareness. Such individuals require medical diagnosis, management, and follow-up.

Seizure symptoms can vary widely and may include:

- Staring spells
- Confusion
- Partial or total loss of consciousness
- Muscle spasms
- Other involuntary movements

Call 9-1-1 when:

- Seizures last more than five minutes
- Seizures in a student who has never experienced one before
- Rapid sequence of seizures

- There is doubt as to whether or not the student is continuing to seize
- There is an excessive number of seizures

Treatment:

- Note the time when the seizure first started.
- Prevent student from hurting him/herself by removing nearby objects and breaking fall, if possible.
- If vomiting occurs, turn the student onto his/her side with face to the side to allow drainage.
- Observe breathing. Resuscitate if necessary. (The need for resuscitation would be extremely rare.)
- DO NOT restrain student.
- DO NOT place your fingers or any object in mouth.
- If student is a known epileptic patient and this is normal seizure pattern, allow him/her to rest following seizure. Notify parent/guardian and principal. Student may be allowed to return to class if he/she feels well enough and parent gives permission. If this is an abnormally prolonged seizure and Diastat is required, the student will usually be sent home.
- If student is NOT known to be epileptic, call 9-1-1 immediately and notify the principal and parent/guardian.
- Complete the Seizure Observation form (Attachment K-II).

Diastat Administration

Diastat is a gel form of Valium intended for rectal use in patients with a seizure disorder, who, despite a daily anti-seizure regimen, have bouts of increased seizure activity. It should be administered by nurses or trained staff who are able to recognize the need for the medication based on individual orders. Designated school staff should be trained and periodically monitored in the administration of the drug and the need to call 9-1-1 if it is administered, or as physician orders indicate.

Please refer to Section I – Medication Administration, for further instructions on how to administer Diastat.

Nasal Rescue Medicines

Nasal rescue medications have been manufactured as an alternative to rectal medicines used to treat seizures. It should be administered by nurses or trained staff according to the medication administration authorization form. Midazolam nasal spray is commercially available under the brand name of Nayzilam. Valtoco is the brand name for a nasal form of diazepam. This is the same medication used in Diastat.

Please refer to Section I – Medication Administration, for further instructions on how to administer these medications.

Vagus Nerve Stimulation Therapy

Vagus nerve stimulation therapy is another form of treatment that may be tried when medications fail to stop seizures. The therapy prevents seizures by sending regular small pulses of electrical energy to the brain via the vagus nerve, in the neck. The energy is delivered by a flat, round battery, about the size of a silver dollar, which is surgically implanted in the left chest wall. These electrodes are threaded under the skin and around the vagus nerve in the neck. The battery is programmed by the health team to send a few seconds of electrical energy to the vagus nerve every few minutes. If the person with the system feels a seizure coming on, he or she can activate the discharge by passing a small magnet over the battery. In some people, this has the effect of stopping the seizure. It is also possible to turn the device off by holding the magnet over it.

In the event that a student needs assistance in using this device, a doctor's order will need to be provided indicating directions for use of magnet, which may include: swipes at onset of seizure, minutes between swipes, and swipes before any emergency medication. Training must be provided by a Registered Nurse.

SICKLE CELL ANEMIA

Sickle cell anemia is a hereditary disorder present at birth, where the red blood cells become sickle shaped (like a crescent moon) rather than round like a doughnut. Sick cells cannot move easily through blood vessels and thus tend to clump and reduce blood flow to limbs and organs. Sickled cells also die faster than normal red blood cells, and the body is unable to make enough to replace the dying ones, leading to anemia. Reduced oxygen flow increases sickling and cell destruction and the cycle continues.

Symptoms:

Acute symptoms ("crisis") may include pain associated with blocked vessels, fever (temperature of 100.4°F or greater), and/or painful swelling of hands and feet. Anemia causes pallor, weakness, limited exercise tolerance, delayed growth, and other development problems.

Since fever can be a symptom of a deadly infection in a student with sickle cell disease, any student with sickle cell who has a temperature of 100.4°F or greater requires immediate evaluation by a physician. Parent should be notified immediately.

SORE THROAT

Intervention:

- Check the student for fever - if temperature is equal to or greater than 100.4°F, contact parent/guardian for pick up. The student may return to school once they have been fever free without the aid of any fever reducing substance (i.e., Tylenol and Motrin) for a minimum of 24 hours.
- If the student has no fever but appears ill or if the sore throat persists, the parent should be encouraged to take the child home. The student may return the next day if symptoms improve.
- If the temperature is not elevated and the student does not appear to be ill, they may return to class.

SPINA BIFIDA

Spina Bifida is a failure of the spinal column to fuse, leaving the enclosed spinal cord unprotected. This may occur anywhere from the neck to the tailbone, the most common location is the lower part of the spine just above the buttocks. The skin and the spinal cord do not develop properly and a pouch is present where the bones fail to fuse. Spina bifida might cause physical and intellectual disabilities that range from mild to severe. The severity depends on the size and location of the opening in the spine and whether part of the spinal cord and nerves are affected.

SPINAL INJURIES – BACK OR NECK

Damage to the spinal cord that protects the nerves of the spine; most often caused from motor vehicle or bicycle accidents, sports injuries or falls involving bending, twisting or jolting of the body. The pain is usually made worse by pressure or movement and may radiate to arm or leg; may have weakness, numbness or inability to move arm or leg.

Intervention:

- If spinal cord injury is suspected, DO NOT MOVE student.
- Call 9-1-1.
- Do not bend, twist, or rotate the neck or body of the student.

If the Student is Unconscious:

- Check Airway, Breathing, and Circulation and initiate the steps in CPR as needed (use jaw thrust, not head tilt/chin lift, to open airway) - **ALWAYS CALL 9-1-1 immediately.**

Unless CPR is necessary or the student must be moved from fire or another life-threatening situation, **DO NOT MOVE THE STUDENT.**

NOTE: If you must move the student, be sure to support the head, neck, and body as one unit.

1. Minimize movement of the head, neck, and spine in the position found. Place rolled up clothing, blankets, towels, etc. around the head and sides. If necessary to place student on his/her back for CPR, roll the head, neck and spine as one unit.
2. Call parent/guardian and notify principal.
3. Document date, time, nature of injury, and interventions.

If the Student Regains Consciousness:

- Instruct the student not to move until help arrives.
- Minimize movement. **DO NOT MOVE THE HEAD OR NECK.**
- Ask the student what happened and where it hurts.
- Call 9-1-1 for assessment.
- Call parent/guardian and notify principal.

SPLINTER/PENCIL “LEAD”

Pencils no longer contain lead, but graphite.

Intervention:

If the splinter/pencil lead is protruding above the surface of the skin:

- Remove by grasping with tweezers and pulling out, unless this causes the student pain.
- Wash with soap and water.
- Apply clean bandage.
- Return student to class.

If the splinter/pencil lead is imbedded:

- DO NOT try to remove or probe under the skin.
- Cover with bandage.
- Notify parent/guardian.

STY

A sty is a red, painful lump near the edge of the eyelid that may look like a boil or pimple.

Intervention:

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

TICKS

Ticks embedded in the skin should NOT be removed by school personnel. Notify the parent/guardian.

UPPER RESPIRATORY INFECTION (Common Cold)

Students frequently come to the health room complaining of stuffy/runny nose, coughing, congestion and other symptoms of the common cold. The rhinovirus is the most common pathogen that causes upper respiratory infections. Students who are ill are not productive and are not learning. They will likely also infect other children in the class since the virus is transmitted through direct contact with nasal/oral secretions.

Intervention:

- Check the temperature-if equal to or greater than 100.4°F, contact parent/guardian for pick up. If coughing is persistent, and disruptive to the class, the child should go home.
- If child has no fever but appears ill with red eyes, nose, periodic cough, lack of energy; or frequent thick nasal discharge-especially if other than clear-the parent should be encouraged to take the child home.

VOMITING

Nausea and vomiting are symptoms of an underlying disease and not a specific illness. Nausea is the sensation that the stomach wants to empty itself, while vomiting or throwing up, is the act of forcible emptying of the stomach.

There are numerous causes of nausea and vomiting. These symptoms may be due to the following:

- acute gastritis due to infections, stomach flu, food poisoning, gastroesophageal reflux disease (GERD), peptic ulcer disease, or other stomach irritants from medications
- Central causes (signals from the brain) such as headaches, inner ear problems, head injuries, and heat related illnesses
- Atypical symptom of another disease: Some illnesses will cause nausea and vomiting, even though there is no direct involvement of the stomach or gastrointestinal tract such as heart attacks, sepsis, bulimia
- Side effects from medications and medical treatments
- Mechanical obstruction of the bowel
- Pregnancy

Implications for School

The student should be excluded from school if actively vomiting. The student may return to school the next day if vomiting has resolved.

MENTAL HEALTH CONDITIONS

Attention Deficit Hyperactivity Disorder (ADHD)

Attention deficit hyperactivity disorder causes a disruption in the individual's ability to self-regulate and organize behaviors in response to environmental stimuli. The exact cause is unknown. Genetics, traumatic brain injury, substance abuse during pregnancy, prematurity, complications at delivery, lead poisoning, seizure disorders and thyroid disorders are thought to be contributing factors. Minimizing distractions in a structured environment and positive reinforcements will improve the student's ability to focus, minimizing symptoms.

Anxiety Disorders

Experiencing occasional anxiety is a normal part of life. However, people with anxiety disorders frequently have intense, excessive, and persistent worry and fear about everyday situations. These feelings of anxiety and panic interfere with daily activities, are difficult to control, are out of proportion to the actual danger, and can last a long time. Examples of anxiety disorders include: Generalized Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD), Specific Phobias, Post-Traumatic Stress Disorder (PTSD), Panic Disorder, and Social Anxiety Disorder.

Bipolar Disorder

Bipolar Disorder is characterized by extreme shifts in mood, from mania to depression. In children and teens, moods can quickly change from one extreme to another without a clear reason. In a child diagnosed with Bipolar Disorder, these changes in mood are different from their usual mood and happen with other changes in behavior. These distinct periods of time with changes in mood and behavior are called mood episodes. Between these mood episodes, a child with Bipolar Disorder may experience normal moods.

Depression

Depression is a serious mood disorder that can take the joy from a student's life. It is normal for a student to be moody or sad from time to time. You can expect these feelings after the death of a pet or a move to a new city. But if these feelings last for weeks or months, they may be a sign of depression. Depression is thought to be caused by an imbalance of serotonin, a neurotransmitter that is responsible for mood regulation. Genetics, traumatic events, substance abuse, and poor coping skills can also increase the chance of developing depression.

Drug/Alcohol Abuse

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

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

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

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

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

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

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

Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder (ODD) is defined as a pattern of defiant, angry, antagonistic, hostile, irritable, or vindictive behavior. These children may blame others for their problems. There's no known clear cause of oppositional defiant disorder. Contributing causes may be a combination of inherited and environmental factors

Schizophrenia

Childhood schizophrenia is a severe psychiatric illness in which children interpret reality abnormally. Schizophrenia involves a range of problems with thinking, behavior or emotions. Schizophrenia may result in some combination of hallucinations, delusions, and disordered thinking and behavior. The cause of schizophrenia is unknown, but it is thought that genetics, neurotransmitter imbalance, and environment may play a role in its development.

Self-Harming/Self-Injury

Self-injury, also known as self-harm, is the act of attempting to relieve emotional pain by inflicting physical harm serious enough to cause tissue damage to one's body. It's typically not meant as a suicide attempt. Rather, self-injury is an unhealthy way to cope with emotional pain, intense anger, and frustration. One of the most common forms of self-injury is cutting, which involves making cuts or severe scratches on different parts of your body with a sharp object. Most frequently, the arms, legs and front of the torso are the targets of self-injury because these areas can be easily reached and easily hidden under clothing. But any area of the body may be used for self-injury. People who self-injure may use more than one method to harm themselves.