



TEXAS SCHOOL NURSES ORGANIZATION

819 W. Arapaho Rd Suite 24-B #345
Richardson, TX 75080

When to call 911:

- I had an 8 y/o male student with Wolfe-Parkinson-White Syndrome. He was being followed by a cardiologist. He was having tachy episodes. We had been using a pulse ox to monitor heart rates and he would linger in the low 200's. Although uncomfortable for him not life threatening! He had been taught to use the Valsalva maneuvers to help slow his heart rate but it was not working. I had already informed my staff what to do. And at this point they were supposed to call mom. But they panicked and called 911 and of course could not really explain his condition. The paramedics wanted to transport but luckily mom go there and declined. They even called me and asked me what to do and I advised them to call mom and he could go home and rest! But they were concerned his heart would stop, which I explained is extremely rare, and they would have to deal with that. Anytime there is an incident that they may consider "life threatening" the panic sets in and they call 911 but it is not always life threatening. They are just untrained. Although they have been fully informed and told step by step what to do as well as in this incident called me on the phone they still panicked and called 911.
- We have experienced incidents on both campuses that have required calls to 911. These calls have been made because the EMS could respond quicker than I can leave one campus and drive across town. That obviously creates a cost for families when the student is transported and additional economic stress as well.
- I had a student with asthma present in my clinic on a Friday afternoon late with SaO₂ 86-89%, HR 120-130, nail beds blue, wheezing bilaterally to all lobes but he looked ok otherwise and didn't seem to think it was very bad. We didn't have all of the supplies necessary to give a nebulizer treatment because the parents had not furnished everything. Mom was called and said it would be about 30 minutes before she could arrive. I explained that was not an option and called 911 after telling her how bad I assessed the situation. Paramedics arrived immediately and started a treatment and insisted on transporting him to Medical City Children's. He spent the rest of the weekend in the hospital and mom reported that the doctor in the ER said he would have gone into full respiratory arrest and coded had we not sent him on immediately. My staff would probably have waited for mom to arrive or at least tried to call another campus for a nurse if I had not been here. And worse yet if mom's report was right, if I had tried to do a treatment, I may have waited too long. Not that I did anything extraordinary, but I probably acted more aggressively than they would have. They admitted that they would not have noticed the blue nails that I noticed.

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- I responded to an emergency call from a principal to our director. I was the closest nurse to their building, but still several miles away. The director called me and asked me to go. A child had fallen in p.e. and hit the pole that holds up the volleyball net. The pole fell over and hit the child on the head. Not waiting for a nurse to come, the child was walked from the gym to the nurse's office and was sitting in the office when I arrived. She had a large gash on the back of her head that was obviously going to require stitches. There was also intense swelling around the injury. A staff member had her sitting on the cot with an ice pack on her head. There had been no assessment as to whether she had decreased level of consciousness, no assessment concerning a neck injury, and no assessment of other possible injuries. It was necessary to notify 911 because of the severity of the injury. The principal was hesitant to call the EMS because of fear of frightening the other students. I insisted and he finally relented. When the EMS arrived, the first thing they did was stabilize her neck with a neck brace. Then she was transported to the hospital. The mother had been notified and she worked at the emergency room of the hospital where the child was being taken.
- There have been several incidents where 911 was called for asthmatics when a nurse not present (when medication was present on campus). Medication was administered but staff members were unsure of the student's symptoms. Most of the time I hear "I will just call 911 and let them handle it." This is said even after thorough training.
- Yesterday, while attending to duties at another campus, a student on our high school campus became ill and after contacting her parent and attempting to provide care for her she passed out and an ambulance was called as is our protocol. One week prior to this same student passed out while I was present on campus. She regained consciousness within a short period and we were able to reach her parent to come to the school and I attended her until the parent arrived, thus avoiding an ambulance expense for the parent. Because I was not on the campus yesterday, this parent has now incurred the expense of an ambulance call that probably would have been avoided had I been here.
- Another incident occurred when a staff member suffered a closed head injury and they were unsure of the symptoms he was having. A co-worker did call 911 and he was hospitalized overnight.
- Severe nose bleed resulting in need for transfusion. 911 call delayed due to inexperience of unlicensed staff.
- Student hypothermic and symptomatic. Inappropriate and delayed care due to deficit in knowledge base of unlicensed staff



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Asthma:

- There is one campus in my district that has a health aide. This is an example of why a RN is needed. I was called over that campus because she had a student experiencing breathing problems. He has a history of asthma, no med at school and parents were an hour away. She called me because: PaO₂ was 98-99 but his peak flow was 150. She called the Dad and he wanted the child returned to class. I told her to call the Dad back and tell him to come pick up his child. She asked me to come over, and she did call the Dad again. My assessment revealed: coarse breath sounds, no wheezing, no retracting, PF 150, PaO₂ 98-99, student could not complete a sentence without stopping. I contacted the Mother. After she spoke to the child, she agreed with me that 911 was a good idea. (I would have called 911 anyway). The student ended up spending several hours in the ER with the diagnosis of an asthma episode. The health aide told me she was thinking about sending him to class as the Dad had wanted but her instincts told her to call me. Good thing she did. To the untrained person, his symptoms did not appear serious. I knew otherwise based on the peak flow of 150 and other assessment data.
- Unlicensed Unable to make assessments: asthmatic students are very much in jeopardy.
- Delay or refusal to give asthma medication to students who "look like they are fine." Unlicensed staff cannot auscultate breath sounds and assess oxygenation.
- A parent sent a prophylactic asthma medication to be given at school, and was giving the rescue inhaler at home. This was the reverse of how the medications should be used. It took the nurse discovering the reversal and re-teaching the parent which asthma medication should be given when.

Food Allergy:

- A child with a peanut allergy was sitting at the same table with someone that was eating a PBJ sandwich. Even though the student was not sitting next to the student, the child raised his hand and told his teacher his throat felt bad. The teacher sent the child to the nurse's office, unaccompanied. The nurse was at her other assigned campus. Although she had trained staff about his epi-pen, the secretary had a sub that day, so she called the mom and told her that her child had a sore throat. When mother arrived, her child was already broken out in a rash and blue around the lips and airway compromised. She rushed him to his doctor only minutes away, since she worked there.



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Diabetes:

- Even with a trained person, especially with our diabetic students, the trained person is not usually comfortable handling any episodes of hyper or hypoglycemia. They do not handle anything out of a WNL situation.

- The UDCA went on a field trip with a student and
 - 1) UDCA did not check to see if student had their supplies
 - 2) did not check lunch time blood sugar
 - 3) did not administer lunchtime insulin.The RN reviewed the care of the student with the UDCA the night before.
The student did okay and we were lucky.

- The data clerk came to the clinic to help the diabetic child (3rd grade). His sugar was high, probably in the 400's. She gave him sliding scale to cover it, but his insulin was ordered ONLY at mealtimes, which the paperwork clearly said. He had already had his morning insulin dose with breakfast. This occurred at probably 9:30 or so. A nurse from another building had to come and then monitor the child because he had been given more insulin at an unscheduled time. The data clerk had been to the UDCA training, but didn't seem to realize that high BS is not the emergency that low BS is. She had been through all the training, and had been checked out by me after the training, but at the time panicked and gave insulin. Our policy has been that only RN's gave insulin, even though it is now legal for UDCA's to give it -- our district has worked very hard to always have an RN give it. She did not call for help, just gave it.

- The other day one of the diabetic student's blood sugar was "high" (>600) prior to lunch, the student administered the ordered insulin, and went to lunch. I notified their father, who was 30 miles away at his construction job, and mother, who works as a caretaker for a disabled man. I had the student return one hour later and recheck their insulin as I was leaving to my other school. The blood Glucose was "down" to 488. I notified the UDCAs -2 teachers on that campus that did not have that student in their class, the secretary, and the Assistant Principle. I hasten to say that all of these individuals do the very best they can to help but they have things on their agenda already also and cannot stop and care for this student several times a month when the student's blood sugar is either elevated or very low. As it turned out, the student's blood glucose continued to decrease over the next two hours as I continued to monitor and manage the situation every 30 minutes from my other campus. I feel as though this is a tragedy waiting to happen. I fear one day a student's Blood Glucose will be very high, or on another campus, a student will have a seizure that is not being assessed correctly and that a student will become permanently, mentally disabled or die for no other reason than there was not an RN there to correctly assess the situation and intervene quickly enough to prevent the tragedy from happening.

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- 2 students with diabetes. They were both taking insulin and uncontrolled up and down all day. Almost had a mix-up of insulin meds, because the students grabbed it out of the cabinet, themselves.
- I appreciate the fact that the state now requires Districts to have unlicensed people trained, I believe it is a big help, especially for someone like me who covers two campuses. Although it does not replace the intense training of a Nurse. I have not had a Teacher or Aide yet that has gone for the training that has not made the comment that doing this scares them to death. It's just enough knowledge to make them nervous. Because they don't use it everyday, and 8 hours is not enough time for anyone to get comfortable making the decisions we as Nurse's have trained years for, and are licensed to do. Such as, read the signs of a blood sugar drop and how to treat it, or the knowledge on figuring up a insulin dose based on carbohydrates eaten, or if a glucagons injection was needed. I also have one student that has a insulin pump, using it is easy and anyone can be trained to do that, but if the line were to come out and a new needle needed to be inserted, parents would have to be called to school, possibly away from work to come and tend to it. This could be detrimental to the students blood sugar regulation being interrupted for a good length of time.
- This year in my district I have had 3 separate occasions of either staff or students that have passed out, unconsciously. The secretary determines whether or not to call me on all issues concerning whether or not that child needs to see a nurse or not. Then they call over to the elementary and either leave a message for me to call or say that I am needed at the high school, then I drive over and by the time I get there most of the time, students have either gone back to class or waiting for me in an office. There is a huge delay in response time, which fortunately, so far, has not ended up in a negative outcome, so far.
- The person covering for the nurse while she was at her other campus, thought that "one unit" of insulin was the entire syringe, which would be a significant overdose, since one syringe could actually be 10, 50 units. We use this example in our UDCA trainings.



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Medication errors:

- Overdose - Medication by someone (teacher) that was "just helping out" and did not record having given the medication and the child came back later and was given the same dose of medication again by the assigned office worker.
 - Overdose - Last year one of my office staff allowed a student to use his asthma inhaler twice within about 1 hour because she did not check the MAR before handing him the inhaler.
 - A secretary read a med order wrong, thinking she was supposed to give 4 tablets, instead $\frac{1}{4}$ tablet. It was a blood pressure medication, so the student's blood pressure had to be monitored for 24 hours.
 - A secretary who was multi-tasking ---making sure all of the medications were given when needed as well as keeping the main office running smoothly---gave an antibiotic to the wrong student. The student was very young and willingly took the medication as she had been home sick the day before. The secretary told her that her mom had just left the medication for her to take. Two parents had brought their children in for admit slips that morning as both had been sick the day before. One left medicine. The secretary is new and a wonderful addition to our campus, so careful, so organized.... It was as devastating to her as it was to me. It certainly was devastating to the parents. That evening the child asked the parent not to make her take that medicine at school any more. Thus the chain of events was traced and the secretary realized she had given the medicine to the wrong child. Luckily, the child was allergic to a certain antibiotic, but not this one. Where was I, the nurse? On another campus.
1. Student had change in medication for ADHD. The person covering clinic to the note, but did not notify the nurse when she returned to campus. The student was having more difficulty in class and behavioral issues. The parent did not find out about the omission until several weeks into the semester when she asked the nurse about the order, which the nurse was not aware of.
- Parent brought two bottles of medication to campus, requesting that the school give the medications daily. The nurse came on Wednesday, because she had two campuses. She recognized one medication name, but not the other. As a nurse she will not give a medication until she knows what the medication is for, possible side effects, etc. She discovered that the other medication was the generic name for the medication that was in the first bottle. One bottle was 10mg and the other was 20 mg. The student was supposed to be getting 10 mg at school, but was getting 30 mg. It was an opportunity to teach both the secretary and parents about the proper dosage.

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- Many office staff have the attitude that if a student or teacher does not send the student to the office to get their medication, then the student will not get their medication, because the staff are too busy to find the students. That is considered a medication error of omission. It is significant, especially with antibiotics, ADHD, Diabetes, Epilepsy, asthma. This has been the most common med error in my experience.

Screening:

- I took over a clinic where there had been no nurse in the building for almost a year. The number of student's who did not receive the routine vision screening was significant. Once I took over, many children told me things like-"oh I have not been able to see in class for a long time". As we know ALL STUDENTS NEED A FULL TIME NURSE IN EVERY SCHOOL TO PROMOTE ACADEMIC SUCCESS! Keep me posted. our campus moved from unacceptable to recognized last year and I do believe that having a nurse in the school again was one of many reasons.

Staff needs:

- Nurses serve not just the students, but the staff, delivery people, etc. I monitor blood pressure, diabetes, give explanation on drug intervention, answer questions about lab results and am a resource person for community resources--mostly for reduced fees. Last week my office had a Police officer, administrator, delivery person, cafeteria staff, teachers (blood pressure checks) and a parent.
- This week a staff member fell directly onto her forehead while performing her regular duties. She immediately experienced head, neck and shoulder pain. She continued working while feeling badly. She decided to come to the nurse clinic. After assessing her, I convinced her to see a Dr. right away. Her family arrived and they sought medical care. She has not been released to return to work at this time.

Communicable Disease:

- I receive incomplete immunization records from other Texas school districts (districts that I know do not have a nurse to every school). It appears that some children have been in school for several years without being completely immunized.
- I made a point to go to the basketball coaches and asked to talk to the players about MRSA. The following Monday, I had two calls from parents about their child, examined them, sent them to the doctor and sure enough, both had MRSA.



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Injuries:

- I have been a school nurse for 16 years and early on, was assigned to two schools, rotating every other day. I got a call to come quickly to the "other" school. A 6th grade boy tripped and fell while playing soccer. The PE teacher carried the young man to the clinic (because the student refused to walk). I arrived and made my initial assessment, distorted angle of his femur, obvious even thru jeans, moaning with pain, pale and diaphoretic, and made the 911 and parent call. This young man received advanced medical care (45 minutes later than if I had been on campus) and recovered. I still re-live the viewing of his x-ray, the jagged ends of his femur dangerously close his femoral artery, knowing that the outcome could have been tragic. I am now assigned to a single campus, ready to assess playground injuries and a lot more, in a timely fashion.
- A clinic aide, with over a year's experience, was covering the clinic. She had a child come to the clinic with arm pain, which the aide treated with ice and then sent the child back to class. The next day the child was in the hall crying and complaining of arm pain. The Assistant Principal was with the child. When questioned, the aide said he had been seen in the clinic yesterday, she was told he was OK and he tended to "cry wolf". After delicately asking, I examined him. It was then necessary to show how I knew that his arm was broken for the AP to allow him to stay in the clinic and wait to go to the doctor. This poor child had to wait 24 hours to get help from a registered nurse for a broken arm.
- Broken arm (obvious break) the office ladies didn't know how to splint the arm.
- A student fell and the office applied ice to her arm (mostly because she only complained of pain on one arm) and sent her back to class. After school the student must have been complaining to her mom and her mom took her to the ER where they x-rayed her and she had 2 broken wrists.
- A Kindergartner had fallen on the playground and teachers could see a piece of wood sticking out of his shorts on his backside. The child was taken inside where the principal pulled out approximately 3-4 inch spike of wood. The wound was cleaned and a band aid was put on the area. That afternoon the child complained of his stomach hurting and by the time he reached home was inconsolable therefore taken to the ER by the parents. Within an hour the child was in surgery for a perforated bowel and remained several days in the hospital.

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- I had a 2nd grader slam the classroom door on her finger and when the teacher brought her to me, holding her hand tightly, I realized the tip of her finger was missing! Asking the teacher to continue applying pressure I ran to the principal and told him we needed to search for the tip of her finger. After finding the finger I arranged to have mom come and instructed her to hold a Styrofoam cup, (containing the finger). As we walked into the ER and got settled into a room I went to retrieve "The Cup". Looking twice I realized the baggie holding the finger was gone. At this point, I had to calmly explain to mom what was in it. Realizing it had blown away mom remembered where and ran outside to get it. All went well and the finger was saved!
- Fractured arm, parent not called
- Head injury with a concussion parent not called.

Special Needs:

- I had a student that had to have urinary catheterization every 4 hours. The health aid did not recognize low urine output and cloudy urine as a sign of infection, so that the parent was not notified in a timely manner.
- A child was diagnosed with pulmonary arterial hypertension. She had been complaining since the first of school of SOB. The school nurse would do an assessment on the child and notify the parent that the child was having problems. This went on for several months, until the nurse told the parent that the child did need to be seen by a physician. This is when the diagnosis of pulmonary arterial hypertension was made. She was hospitalized from October – January. She has now returned to school with a central line and a Flolan pump that administers her medication on a continuous basis. Flolan is a man made form of a naturally occurring molecule in the human body called prostaglandin which helps body's open blood vessels. Because the half life of the Flolan is 3 to 5 minutes, any interruption of Flolan can be life threatening, even a brief interruption can result in a sudden recurrence of symptoms. So a nurse needs to be there to take care of the central line, the pump and the medication (which has to be kept on ice continuously).
- A person sitting in for a nurse sent a student out to wait for a parent to come and had a seizure outside of the clinic.



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Life-saving because a nurse was there:

- A 15 year old student suffered a cardiac arrest in a classroom, the AED was used successfully. The student went on to have an implantable defibrillator placed.

- I personally cared for a student that was hit in the face with a soccer ball and it blew his pupil, (his eye was severely injured). I immediately got a hold of mom and he was taken to the emergency room immediately and transferred immediately to a Children's hospital where he got immediate care. If a registered nurse was not available to know of the need for immediate action his care would have been delayed and he would not have been able to regain all his sight. He is now seeing fine in that eye.

- I had a student who had a small dot under her arm and I told her to come see me the next day if it was still bothering her, I called for her the next day and it was the size of a golf ball I contacted mom and suggested that they call her doc or go to emergency room when she got there the girl had MRSA and had to undergo surgery IV antibiotics and hyperbaric treatment they told mom that the school nurse saved her daughters arm/life !

- A student came into the clinic with multiple areas of petechiae and purpura on back, chest, arms. Alerted to a most uncommon situation and recognizing the immediate need for proper diagnosis and blood tests to rule out any potentially fatal illness and to be treated, I summoned our Health Services Coordinator and the parents. Before the mom could even arrive at school, her husband working in Africa was calling and more than a little anxious. With both Registered Nurses we were able to rationally and calmly urge and insist to each parents simultaneously to trust our knowledge that this truly was an urgent situation not to be ignored, not to be waited on and watched. At our firm insistence and the offer to even pay for the Doctor's visit the child was seen by a local physician who immediately sent him to a neighboring town, Beaumont, for blood work and then taken to Texas Children's Hospital in Houston where he was treated with platelets that night. He had Idiopathic Thrombocytopenia. His father personally came to school to thank me for "saving his child's life".

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- Two nurses on campus: I am an LVN work with an RN who also teaches CNA/pharmacy tech classes to JR's and SR's. She teaches in a classroom just behind the nurses office in the same building, with the dividing door open in case of emergency. There have been several instances just in the 2008-09 year, where both of us where needed simultaneously. For example, there was a student who passed out on a daily basis, several times a day, and the doctors could not figure out why. One of us would have to run to her with all of our emergency equipment, just in case...(wheelchair, ambu bag, 1st aid kit, towels, ice, etc.) while the other nurse took care of other patients coming into the nurses office, needing assistance, while teaching her classes at the same time. Another instance is when we had a student that ran out into the road and ran into a moving vehicle, it took both of us to care for his emergency needs. Calling ambulance, gathering equipment, checking status of student and treating him until emergency officials arrived, documenting incident, and taking care of other students that needed assistance, etc. There have also been 2 bus accidents this year alone, which took the both of us to find out which students were on the bus at the time of the accident, get them out of class, assess them, treat them accordingly, and call the parents. There have been several instances when it was very beneficial to have 2 nurses on scene.

- I had a student last year that had several seizures, not grand mal, but maybe a combination of Absence/Myoclonic. The first one was in the cafeteria during lunch. When I arrived I heard the staff members that were gathered around asking should we start CPR?.. I immediately checked for pulse & resp. He had both. Cleared the area & had someone call his father. This child did not have a history of seizures. More importantly he DID NOT NEED CPR. Untrained staff could have caused harm to this child. He had several other seizures & had testing with no conclusions.

- A 7 year old had a stroke on the elementary school campus.

- A student with a history of cardiac problems since birth. He had recently been taken off his medication from his cardiologist. He came in complaining of chest pain. After assessment and knowing this student's medical history, I decided to call for emergency transport to a hospital. I was even questioned by the 911 operators and then the paramedics. I insisted and they did come. The EMS then confirmed my concerns and transported him to the ER where he was evaluated. Saw ER Dr. and then his regular cardiologist. Both Dr.s confirmed the necessity of calling for ER transport and evaluation. Without a school nurse I am not sure if the student would have received the care.



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- Last November a staff member fell off his chair, dazed, unable to move. This was during a staff meeting, panic was written all over the other staff's faces. The nurse was available to delegate and immediately informed them that it was a stroke.

- A 6th grade female comes to clinic at 3:15 with transient dizziness. Vitals signs are normal; no identifiable reason for symptom. Symptoms resolve on their own in 15 minutes and child asks to get on bus to go home. Parent says let her get on bus. Nurse's assessment is that mom must pick up the child. The mom stated that she took the child to ER because the nurse refused to let her go home to an empty house. Tests results in ER revealed that the child had a stroke that afternoon. There was evidence of 2 previous strokes. She received a stent 2 weeks later to prevent future problems. An unlicensed person caring for the child would have allowed the student to go home on the bus. The parent said she would not have taken her in if the nurse had not waited for her.

- I had a case where 3 students skipped school and went to one of their homes and drank alcohol all day. About 2pm 2 of the boys brought the other boy back to campus and left him on the grass outside. He was unconscious and breathing was questionable. No nurse in the building nobody knew what to do. They rolled the boy on his back, not aware that vomiting was likely in the situation and the boy choked on the vomit. 911 was eventually called and the boy transported to the hospital. Had a nurse been in the building, her guidance might have prevented the child ending up in ICU with a vent. This particular incident had a good ending but some of it could have been avoided. He had alcohol poisoning on top of the other problems.

- School was dismissed and he was racing to get to the bus with his pencil in his pants pocket when he fell down and the pencil entered his abdominal cavity and proceed upward due to his bent condition up and it punctured the liver and diaphragm. Six hours of surgery and four days in the hospital plus re-cooperation at home for a month hopefully taught him where to keep pencils. The nurse was on campus and we kept him in an upright position leaning against the principal until EMS arrived. The pencil was protruding out of the abdomen and not one drop of blood. Of course he was bleeding internally. I kept him calm, gathered up all information for the ambulance and hospital, notified and calmed his mother down and accompanied him to the hospital. We taped the gauze used around his abdomen to keep a sterile area and stabilize the pencil while lifting him by 6 people hold him to the stretcher lined up behind his upright body to secure alignment.



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- Last week I was called to go to another school-no nurse on campus-for a 11 year old student who "seemed not right" per staff.. Upon my nursing assessment, I quickly realized this student had overdosed on medications at home and I summoned 911. This was a deliberate overdose & could have had a very tragic ending. These kind of medical emergencies require a nurse's assessment, not untrained school personnel.

- This was an incident in PE class. A student was impaled with a pencil that lodged in his groin centimeters from the artery. I was on campus so was aware of the consequences of movement and that this was a dire emergency. EMS was called immediately as well as parents. Mom wanted to send someone to bring the child home as she did not have insurance and did not want an ambulance called. The outcome was a trip to the trauma hospital where the child exploratory surgery. I shudder to think of the outcome if a nurse was not present .

- A student was started on Clonidine Liquid ¼ tsp. every morning for the treatment of ADHD. He took his first dose of this medication at school from the school nurse (RN). Within 20 minutes the child became very lethargic and unresponsive. As the school nurse assessed the child, the child arrested. 911 were called and the child transported to the hospital where he was intubated and placed on a ventilator. The child was in ICU on the ventilator for several days. The bottle of Clonidine was sent to the hospital with the child and it was determined that only one dose (1/4 tsp) had been taken from the bottle. After further investigation, it was discovered that when the prescription was filled at the pharmacy, the medication in the bottle was ten times the strength that it should have been. If it had not been for a nurse being there to assess the child, the child might have died.

- Two days after school started, a little boy in Kg. was brought to my office. He had been having headaches, dizziness & staggering for months & had seen a pediatrician & was told nothing was wrong. The mother noted that he had no known health problems on his med form. I notified the family to see the Dr. immediately for further evaluation. They did a cat scan & discovered a large brain tumor. He had a 13 hr. brain surgery at TX. Children's. Twice his shunt has malfunctioned & I had to inform his family to seek emergency treatment at TX Children's. It is vital that schools have qualified RN's to assess students in distress & make the proper referrals.



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- A 15 yr old girl did several hits of "Cheese" (drug) and overdosed while in school. Upon my arrival, the student was blue and unconscious on the floor. Her respirations were approx. 4 per minute--911 was called per my instructions. I began rescue breathing for her. The staff didn't know what to do or how serious it was until I began breathing for her--they wanted to do chest compressions, but she had a pulse, so compressions were contraindicated.

PARENT LETTERS

To Whom it May Concern,

Our daughter has type I diabetes and attends a school that has a full time nurse on campus. As parents, we are extremely comfortable with the nurse being on campus at all times. We have been able to send our daughter to school even when her sugar level is abnormally high or low. We know that the nurse at her school is capable of handling her when she isn't doing well. If that quality of care was not there, she would miss numerous days due to her chronic illness. The type of care given to our daughter by her school nurse could not be given by someone that isn't well trained. Although we know there are trained unlicensed personnel to care for her when the school nurse is not there, we are not nearly as comfortable with this type of care. If an emergent situation were to take place, which is always a possibility that can not be planned for but only prepared for, disastrous results could occur. This would create undue risk for our child, for the trained but unlicensed personnel, and the school system in general. We are quite surprised to hear of schools that do not have licensed nurses present at all times on campuses, and would argue that this should be a necessity and a priority for all school districts.

Thank you for your time,
Dr. & Mrs. Robert Stark, Jr., M.D.

OFFICE STAFF

The complaints that I get from office staff that are trained to administer medication while nurse is out:

"Even though we are showed how to administer inhalers, breathing treatment I still don't feel comfortable caring for children having trouble breathing. It is scary to know that an asthmatic child's life is in my hands. I am just office staff."