



2010-2011

RISD Health Services

*Keeping Children Healthy, In School,
and Ready to Learn*



Health Services

Richardson Independent School District



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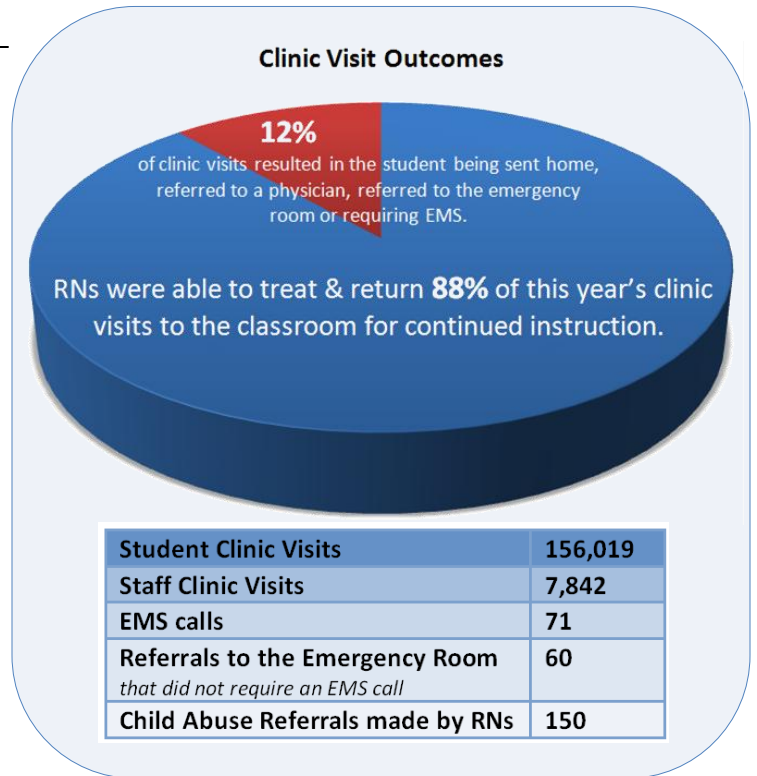
The Health Services department believes there is a strong connection between students' academic achievement and their overall health and well being. RISD school nurses enable students to feel safe and to be supported with their acute, chronic, episodic and emergency medical needs. This allows students to be present on campus to be active participants in their instructional time to maximize their educational experience and future success.

Parents express their satisfaction and support for the health care services provided to their children. The nursing interventions summarized in this report impact the students' ability to learn, the District's ability to provide excellence in public education and the community's ability to secure successful and productive citizens.

CLINIC VISITS

RISD nurses provide acute, chronic, episodic and emergent care to students and staff. The Registered Nurses' expertise in clinical assessment and critical thinking skills enable the RN to:

- ✓ Provide care and support to students to maximize time in the classroom
- ✓ Reduce the number of students sent home unnecessarily
- ✓ Provide appropriate nursing interventions and community referrals to maximize time in instruction
- ✓ Provide follow up care within the school setting to reduce absences
- ✓ Reduce spread of contagious illnesses, resulting in fewer sick days for students and staff



MEDICATIONS

The administration of medications at school allows students to remain at school and continue with their instructional day. The responsibility for the administration of medications is taken very seriously. The Health Services Medication Guidelines are strictly enforced and are governed by the Board of Nursing, the Texas Department of State Health Services, the Pharmacy Board, the Texas Medical Association, the Texas Education Code and School Board policies. The Health Services staff provides training for school staff responsible for administering medications as assigned by the Principal in the nurse's absence. The nurse's medication knowledge extends to signs and symptoms of overdoses, allergic reactions, conflicts with other medications, contraindications, and side effects. School nurses often contact parents, physicians and pharmacies regarding the effects and problems with medications.



A Medication Peer Review committee oversees medication errors, assesses problems and provides guidance for improvements to reduce future errors.

Medications Given to Students	69,500
Medications Given to Staff	5,539
TOTAL	75,039

SPECIAL EDUCATION AND SPECIALIZED NURSING PROCEDURES



Many students throughout the district require the services of the school nurse in order to remain in the school setting. Specialized nursing care has afforded these students and their families the ability to participate as fully as possible in the enrichment of the school environment. A total of **17,653** specialized nursing procedures were performed this school year including tube feedings, ostomy care, catheterizations, specialized medication infusions, nebulizer treatments, and glucose monitoring for diabetics.

STUDENT AND STAFF HEALTH CONCERNS

Although not all health concerns are dealt with on a daily basis, RISD nurses monitor student health concerns throughout the year and initiate contact with parents, local healthcare providers, and other community resources to discuss student progress and needs. School nurses also work closely with teachers and other school personnel to ensure students' health concerns are being addressed in the classroom. They further serve as health resources to staff members and often help to address their needs as well.

HEALTH CONCERN	# STUDENTS	# STAFF	HEALTH CONCERN	# STUDENTS	# STAFF
Allergies	7,756	555	Intestinal/Digestive	567	52
Anaphylaxis	186	19	Integument (Skin)	231	17
ADHD	3,116	30	Malignancy	19	18
Asthma	3,450	125	Metabolic	9	6
Autism	273	0	Migraines	258	81
Blood Dyscrasias	122	13	Muscular	44	6
Cardiac Disease	259	71	Neurological (non-seizure)	304	18
Collagen Disorder	4	5	Orthopedic	335	49
Cystic fibrosis	4	0	Pregnancy	104	122
Diabetes	77	76	Psychiatric Disorder	91	12
Eating Disorder	11	5	Respiratory (non-asthma)	144	19
Emotional/Anxiety	706	90	Reproductive System disorder	58	37
Endocrine Disorder	95	86	Seizures	189	17
Eyes/Ears/Nose/Throat	830	15	School Phobia	13	0
Genetic/Birth Defect	129	4	Sickle Cell Anemia	82	0
Hearing Impaired	174	23	Tuberculosis	7	0
Hepatic (Liver)	8	1	Urinary/Renal	126	7
Hypertension	34	226	Vision Impaired	108	0

STATE MANDATED HEALTH SCREENINGS

Hearing, vision, spinal and diabetes screenings are mandated by the Texas Department of State Health Services under the Health and Safety Code. The district audiologist, nurses, and health aides utilize an organized mass screening method at each school which allows for minimal out-of-class time for the students and provides the necessary time for the school nurse to complete referrals and assist families in locating care.

Type of Screening	# Screened	# Referred
Hearing	23,641	1,186
Vision	26,109	2,758
Spinal	5,667	336
Diabetes	13,385	634

RNs assist students of families in need to obtain free or low-cost eye exams and glasses through the Sight for Students, Lion's Club, and Low Vision Clinic programs. This year, at least **450** students received free or low-cost glasses through referrals made by RISD nurses.

ADDITIONAL SCREENINGS

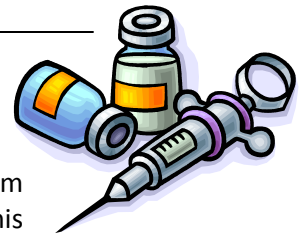


School nurses strive to provide comprehensive health assessments as needed for each school population. Dental and lice screenings as well as blood pressure monitoring for students and staff are common and are reflected at right.

Type of Screening	# Screened	# Referred
Dental	3,336	414
Lice	7,447	288
Blood Pressure	4,594	820

IMMUNIZATION PROTECTION LEVELS

In March 2009, the state of Texas issued new immunization requirements for Kindergarten and 7th grade students. Each year since then, the new requirements apply to additional grade levels. Beginning in February each year, Health Services staff begin to notify parents of the changes that will affect their students and encourage them to receive the additional immunizations early so that they can start school on time. This February, **approximately 4200 students were expected to become delinquent** on their immunizations for the 2011-2012 school year—that's about 12% of the district! **RISD nurses worked diligently with parents to get this number down by 70% before the end of the '10-'11 school year!** The remaining 1200 students expected to be delinquent on shots for August 2011 were each notified at least once, if not multiple times regarding the student's immunization status. It is hoped that these remaining students will become compliant during the summer months.



The annual TEA Report on Immunizations for the fall of 2010 reported over 99% compliance rate for all of the immunizations required by the state in RISD. Monitoring immunization records and having high compliance rates reduces the potential for loss of instructional time due to illness from preventable communicable diseases.

In addition to the monitoring of immunization compliance, action was taken to provide an immediate response for student and staff safety in confirmed and suspected cases of vaccine preventable illnesses such as pertussis (whooping cough), meningitis and measles.

HEALTH EDUCATION

One of the major goals of the Health Services department is the provision of health education and disease prevention to the students and staff through:

- ▶ Classroom instruction by school nurses to students in:
 - Hygiene & good health habits
 - Nutrition & Exercise
 - Heart Health
 - Dental Health



Kindergarteners at White Rock learn about healthy teeth and gums with Nurse Marlys Woodard, RN.



6th graders at Brentfield learn to "Be the Beat" with Nurse Stacy Kleinberg, RN.

- First Aid/ CPR
- Human growth and development, HIV/AIDS

This year, 922 health related classes were presented.

- ▶ Daily clinic interactions with students that teach self care and responsibility for one's health
- ▶ Monthly newsletters to parents discussing current health topics

- ▶ Staff wellness/walking/weight programs
- ▶ Health Newsletter (*Nurses' Notes*) 4x/year to all RISD staff
- ▶ Educational health-related bulletin boards (example at right)
- ▶ Staff instruction on Blood-borne pathogens, influenza, and disease prevention
- ▶ Training of staff on Anaphylaxis, Diabetes, and Seizures to ensure safety of students



The bulletin board in the Apollo clinic encourages students to consider their breakfast habits.

COMMUNICABLE DISEASE SURVEILLANCE

School Nurses are on the frontlines of disease surveillance. RISD nurses monitor and report communicable diseases such as chickenpox, pertussis, meningitis, influenza, and staph infections to local authorities on a regular basis.

Wow!

RISD nurses have also played an integral role in monitoring influenza like illness (ILI) and absences throughout the year—submitting this data to the Dallas County Health Department on a daily basis. This invaluable data has been presented at national epidemiology conferences as Dallas County is currently the *only* county in the nation to have such detailed school ILI and absence data!

RISD NURSES INVEST IN THE RISD COMMUNITY: 2010-2011

Whole Foods Market in Richardson Teams Up with Sherry Freeland, RN at Spring Valley Elementary

~ *The Advocate and Neighborsgo.com*

Chef Lupe Cano and Public Relations Coordinator, Carla Chavez, from the Whole Foods Market provided two Saturday morning cooking classes for parents and students at Spring Valley Elementary School in Richardson. This was part of the Super Stars Fitness Program initiative, coordinated by SVE nurse, Sherry Freeland, R.N.

Super Stars Fitness Program is an award winning program which Nurse Freeland introduced at Spring Valley seven years ago. It involves students who have a pre-diabetic skin marker which puts them at risk for developing diabetes. Their families are also encouraged to be actively involved.



Nutrition instruction is an important part of the program. Desiring to provide creative approaches to healthy cooking, Nurse Freeland secured the help of Whole Foods. Chef Cano, a bilingual chef, focused on healthy food choice substitutions for preparing favorite Mexican foods, creative portion control ideas, the importance of

whole grains, and benefits of healthy eating. RHS culinary students and PHS students volunteered their time to help Nurse Freeland the day of the classes.

Emergency Planning at LHHS

~School Times Now

“The possibility of public health emergencies arising in the United States concerns many people in the wake of recent hurricanes, tsunamis, acts of terrorism, and the threat of pandemic influenza. Though some people feel it is impossible to be prepared for unexpected events, the truth is that taking preparedness actions helps people deal with disasters of all sorts much more effectively when they do occur.”



The CDC reports, “During an emergency, chaos and panic run rampant; it is hard to think logically; common sense and decision making is difficult.” (<http://emergency.cdc.gov/planning/>)

RISD has a very good emergency plan already in place for the entire district covering a wide variety of possible scenarios.

Because Lake Highlands High School is a very large school with over 1700 students and staff in the building at any time, it is necessary to have an emergency plan in place that is specific to this campus. Building on a plan developed by Nurse Sharon Simpson, the Student Council, under the leadership of LHHS Executive Assistant Karen Clardy, planned and developed emergency “go bags” to be placed strategically throughout the school. These “go bags” are stocked with first aid supplies and equipment to be used only in the eventuality of an emergency.

If an injury occurs (single or multiple), the selected faculty members can start to deliver care immediately while waiting for the nurses or other help to arrive. These selected faculty and staff will become the Emergency First Aid Team for LHHS. They will undergo special training in first aid, CPR and emergency care. LHHS will be the first school in RISD to have this specific emergency plan in place.

Emergencies are unexpected, frightening and difficult; with emergency planning, training and supplies in place, the students, faculty, staff and families of Lake Highlands can be confident that LHHS is prepared for any eventuality.

Northlake Health Fair

~School Times Now

Northlake Elementary recently hosted a health fair for students and parents. Attendees learned about asthma, fitness and nutrition, heart health, dental health and safety issues in the home. Dr. Manvinder Kainth, a Lake Highlands family practice physician, gave away bike helmets to many students. Several RISD nurses were available to provide blood pressure and vision screenings and immunization information. Lake Highlands YMCA provided summer program information and set up a bounce house in the gym.



Successful **Health Fairs** also took place at Brentfield, Dover, Forest Lane Academy, Mark Twain, MST, Terrace, Stults Road and St. Barnabas Church (RHS area schools). Health fairs help connect families with community partners and promote safety & healthy lifestyles.





Biggest Losers at Dobie Primary

~RISD Notes

Gloria Valley, Dobie Primary nurse, provided incentives to help Dobie staff members lose weight in a "healthy manner." This included daily exercise classes after school and a health conscious diet. Congratulations were given to all staff that participated in the "Biggest Losers Contest." All participants lost weight and learned healthy habits.



The **Lion's Club Vision Program** was held at Bukhair, Dover, Mark Twain, RISD Academy and Thurgood Marshall. This program provides qualifying students with free eye exams and eyeglasses to correct their vision deficits.



RISD nurses organized and volunteered for multiple Care Van **immunization clinics** at Forest Meadow and Hamilton Park, enabling hundreds of RISD students and siblings to be vaccinated free of charge.



Fluoride varnish and dental sealant programs were held at Mark Twain and Hamilton Park in collaboration with the Baylor College of Dentistry. RISD nurses coordinated these special programs to help provide approximately 400 students with a dental exam, fluoride treatment and application of dental sealants to help prevent cavities.



Formal parent education classes were held at Dobie, Northrich, RISD Academy, Bukhair and Spring Valley and covered topics such as safety in the home, practical nutrition information, family fitness, flu care and prevention, asthma, and diabetes.



The Health Services Department works collaboratively with the American Heart Association to provide **CPR and AED training** to the nurses and health aides and to the RISD staff and students using the current guidelines. This year, **202** staff were trained in CPR, and **102** staff were trained in First Aid.



Several RISD nurses **volunteer nursing services** two evenings a week at the Network of Community Ministries Adolescent and Children's Clinic during the school year helping low income children to receive free medical and dental care.



Several RISD nurses also **volunteer nursing services** at Healing Hands Ministries, a charity medical & dental clinic in the Lake Highlands area.

RNs provide knowledge and perspective to the **District Safety and Benefits Committees** and the **School Health Advisory Council**.

RISD NURSES ARE LEADERS

Texas School Nurse Organization



RISD nurses provide leadership to school nurses locally and at the state level. Kathy Powell, school nurse at J.J. Pearce, serves as the current **President of the Texas School Nurse Organization**, while other RISD nurses serve in leadership roles for the local Region X chapter of this organization.

Region X School Nurse of the Year



Berkner High School registered nurse Sandra Wheeler was named the Region X School Nurse of the Year for 2010-2011 by the Texas School Nurse Organization (TSNO) Region 10. Sandy has been with RISD as a School Nurse for 22 years, serving at all levels: elementary, junior high and high school. Currently, in addition to her assignment at Berkner High School she works closely with and supports the school nurses in the Berkner feeder schools and assists with the orientation of new nurses in RISD. She is a Faculty Trainer for the American Heart Association and teaches CPR/AED and First Aid throughout the RISD Community- training healthcare providers and laypeople to perform lifesaving skills in an emergency. Sandy also recently took the voluntary National Certification Exam for School Nursing, earning her National Certification as a school nurse. She has been a member TSNO for at least 20 years and currently serves on the TSNO Board of Directors--as Nominating Committee Chair. Sandy exemplifies RISD nurses' commitment to the students, staff and families of the RISD community.

TWU School of Nursing



RISD RNs work closely with Texas Woman's University School of Nursing faculty to provide opportunities for clinical practicum for TWU nursing students. This year RISD nurses served as preceptors for **24** nursing students.

RISD AUDIOLOGY



Shirley Dornback, AuD
District Audiologist

Under the Health Services department, district audiologist Dr. Shirley Dornback coordinates the vision and hearing screenings at all campus locations. School nurses and health aides participate in the scheduled screenings as assigned. Within 51 screening days, all of the RISD schools are screened, which aids in the early identification of hearing and vision problems. The screenings result in students receiving pressure equalizing tubes, hearing aids and glasses, and surgical treatment of cholesteatoma, perforated ear drums, tonsillitis and adenoid hyperplasia.

The sound booth at the PDC allows Dr. Dornback to provide comprehensive tests for

RISD students and staff throughout the year. These complete audiological evaluations assist with referrals for medical examinations, the placement of students in appropriate programs and annual monitoring of hearing impaired students. This school year, **135 students and staff** were provided with free audiological evaluations.

WHEN AN RN MADE THE DIFFERENCE...STORIES FROM RISD CLINICS

Letter of appreciation from a parent:

*I want to praise the school nurse at XX School for the first summer school session, for her **professionalism, knowledge, clarity, student-advocacy, and people skills** while she helped my daughter. Because the school nurse armed me with a clear and accurate understanding of the medical urgency of my daughter's situation, I was able to obtain the immediate care she needed and, further, was able to advocate for her to be treated by more experienced medical staff at the emergency room, **potentially saving her life.***

The Thursday before the end of the first summer session, my daughter awoke complaining of excruciating pain in the region of her tail bone. I figured she had bruised it at the pool the day before. After arriving at school, she discovered a large amount of pussy, bloody, foul smelling discharge from the area of her tail bone, Frightened, she went to see the nurse. The school nurse immediately and accurately recognized what the problem was -- a very large infected pilonidal cyst (I hope I spelled that correctly) which had broken while on the bus. While calming my daughter, the nurse contacted me, accurately and clearly advised me what the problem was, then advocated with the teacher and principal for her to attend sufficient class in order to get credit (while standing, not sitting), and saw that she was able to get to the emergency room as soon as possible. An expert job of balancing these needs. My daughter had an 88 as her final grade and would have been devastated to have not been able to get credit.

But the school nurse's professional assistance extended beyond her personal intervention. Upon arrival at the Emergency Room, my daughter was assigned to a nurse practitioner and a resident, both of whom were new to the pediatric training rotation and both of whom incorrectly diagnosed the problem. Because of the school nurse's expert knowledge of the problem and her ability to explain it to me clearly, I was able to recognize the error and insist that the supervising attending physician see her. The attending physician agreed with the school nurse's assessment and ordered appropriate treatment and follow-up care, including surgery.

The doctor explained that had we waited for treatment even a few more hours, the infection potentially could have spread to my daughter's spine and into her spinal column, resulting in life-threatening meningitis.

Because of the school nurse's accurate assessment and swift interventions on my daughter's behalf, I was able to take the appropriate urgent action and I was, further, able to advocate for her to obtain the proper treatment, potentially saving her from much more serious complications and possibly saving her life.

Saying "thank you" to the school nurse seems not to be enough. It is all I can do. Please pass on my sincere gratitude to the school nurse for her professionalism, knowledge, clarity, student advocacy and people skills.

Earlier this year, I was finally able to get one of my 4th grade students in to see a pediatric cardiologist. I'm not sure who was happiest when this finally transpired – me, the student, or his parents. This journey to the cardiologist began several months earlier when this student came to see me in the clinic with symptoms consistent with reflux/heartburn following a lunch full of spicy foods. During my assessment of the heart and lungs, I noticed a very loud murmur that could be heard with my stethoscope all the way up into the left side of his neck. I casually asked the student what other nurses or doctors had said about his heartbeat in the past. He stated that he thought I was the first person to ever listen to his heart. He was born in another country and could not recall ever seeing a nurse or doctor in his native country or in the U.S. He is small for his age, but had

WHEN AN RN MADE THE DIFFERENCE...STORIES FROM RISD CLINICS

excellent coloring, his vital signs were all normal, and he showed no clubbing of the nails. I did not believe this murmur was related to the pain he was experiencing, but knew that it needed evaluation by a doctor.

I immediately began working on this. I started with a local free clinic, referring for the murmur. The general practice doctor he saw at the free clinic agreed that this murmur was a concern that needed further evaluation that she was able to do at the clinic. She suggested several cardiologists, but I came up empty with each one that I called. This family is uninsured and each cardiologist required same day payment of service, something this family could not afford, as probable tests would run in the thousands of dollars.

I next referred this student to another free clinic that had the potential to become his permanent medical home. This clinic began working with me on behalf of the student and we were finally able to secure a referral to a pediatric cardiologist through a grant called Project Access. About this time, the student also had an abscess of a molar. I firmly stressed to the parents the importance of this student being treated immediately due to my concerns of the potential for endocarditis as a result of the probable cardiac issues. The student was evaluated the same day and was prescribed antibiotics. The prescribing doctor was very complimentary to the parents of my stressing that their son be seen immediately and he stressed the importance of taking the medicine exactly as prescribed until completion to reduce this risk of endocarditis. I had several opportunities over the next 10 days to continue educating both the student and the parent when they were initially less than compliant with the doctor's orders (Gastrointestinal (GI) issues that made the student not want to take the medicine and parents not wanting to make him take it). We worked together to minimize the GI side effects while ensuring compliance with the medication regimen.

The student was still on the antibiotics when his referral to a pediatric cardiologist came through with an immediate appointment. My student was seen and was found to have a ventral septal defect (hole in the heart) with moderate left to right shunting of the blood. His heart has shown only mild enlargement and has compensated quite well. This student is now followed regularly by this cardiologist, and may or may not need to have this corrected in the future depending on how his heart continues to do. The cardiologist was diligent in teaching about the relationship between dental health and cardiac health and reiterated the teaching I had previously done regarding both endocarditis and the antibiotic regimen. The pain that initially brought the student to my clinic was thought by the cardiologist to be either musculoskeletal or reflux/heartburn, as I had suspected. This student and family gained valuable information and medical access that truly may have been or may be life-saving for this student.

It is my belief that the ability to skillfully assess an individual both physically and emotionally is one of the most important responsibilities within a school nurse's practice.

That being said, I am reminded of a student whose ultimate course of treatment and outcome was in great part, redirected as a result of my persistence and ongoing assessment. This young man was approximately six feet three inches tall and weighed over three hundred pounds. The health information on file at the school reflected a diagnosis and history of acute asthma. He lived primarily with his mother who reported that he presently had no insurance but she was in the process of applying for Medicaid. She also reported that her son's primary treatment regime at the time was a rescue inhaler, nebulizer treatments as needed and ultimately, if these medications were not effective, trips to the ER which often resulted in an admission to the ICU. Knowing that it was important that he be under the care of a primary care provider (PCP), I reaffirmed on a regular basis that mom was utilizing all the resources given to her to process and obtain Medicaid. In the meantime, in hopes of gaining better control of his asthma, I arranged for an appointment with a Network doctor who temporarily prescribed a steroid inhaler for him.

WHEN AN RN MADE THE DIFFERENCE...STORIES FROM RISD CLINICS

When he presented in the clinic, which varied from once to several times per week, his symptoms were usually shortness of breath, often accompanied with some audible wheezing, pallor, tightness in his chest, and diaphoresis. Usually, by the time he came to the clinic, he had already used his rescue inhaler without improvement. Our next step was to check his pulmonary status and SpO₂ and give him his nebulizer treatment. In the event his status was outside normal limits and not improving, we notified his parent(s) who either picked him up and took him to the ER or we called 911 and had him transported to the ER. Oddly enough, however, and to my amazement, his SpO₂ was always 98% to 99% and his peak flow was also well within normal limits during these acute respiratory episodes. When I shared this information with the student and mother they concurred that this was usually the case. His mother told me that he would go from bad to worse in the hospital and often responded poorly to treatment.

My concern was not only the lack of control regarding his “asthma” but also his increasing absences from school and the fact that his clinical presentation and pulmonary findings were very inconsistent with acute asthma. My immediate colleagues also concurred. After researching further into his health history, I discovered that some years ago, a doctor suggested he may have Vocal Cord Dysfunction (VCD). Unless further evaluation is done, which apparently was not, it can easily be mistaken for asthma. In fact, if a person is unknowingly treated for asthma when they actually have VCD, the side effects of the medications could have quite adverse effects.

About this time, mom finally got an appointment with a PCP through Medicaid. I immediately called her (and several times after) to please mention this VCD possibility to his doctor. Shortly after, I received new treatment orders which included the administration of an Epi-pen in the event of an acute respiratory episode, then, if there was still no improvement to call 911.

At this time, I decided to get a release from mom and call the doctor myself, which I did. We had a very productive and enlightening conversation as I described the inconsistencies and distinct conflict with regard to the student’s clinical findings (SpO₂/peak flow) vs. his actual physical presentation. I also stated that I was uncomfortable administering an Epi-pen when his SpO₂ and peak flow were well within normal limits. When I further shared the possibility of VCD per his past health records he responded that this could very well be his problem and would definitely explain why the results of his pulmonary function tests were previously normal. He immediately discontinued the Epi-pen and scheduled him for a follow-up appointment to discuss his recommendation to have him further evaluated by an ENT doctor to rule out VCD.

In conclusion, within several weeks of my conversation with the doctor this young man was referred to an ENT specialist at Children’s Medical Center and his ultimate diagnosis and treatment was, in fact, for VCD. He is no longer being treated for asthma. He proceeded to transfer to a Charter School to get caught up academically but returned to our school the following semester and now attends on a regular basis.

I have been the nurse at the same school for several years. One student that particularly stands out came to our school as a second grader. We quickly noticed a change in his behavior and were not sure whether it was due to a new environment or if there were some underlying medical issues. This particular child was extremely angry and would express his anger by throwing objects, shutting down, or lashing out at other classmates or even his teacher. Throughout the course of the year, I developed a relationship with the student because he was constantly in trouble. He responded well to me and if he needed a break or was misbehaving in class the teacher would call me to come and get him. He would have his “cool-down” time in the clinic.

As I began to see the student in the office several times a day for behavioral issues, I began to look at his records. As far as his medical history was concerned, mom had stated he had “no known medical concerns” and no medications were listed. However, this student had told his teacher he was on medication. I called and spoke with mom about the medication. She had reported he was on a medication for attention deficit disorder,

WHEN AN RN MADE THE DIFFERENCE...STORIES FROM RISD CLINICS

and one to help stabilize his mood—both of which he received before school each day. I asked mom if he took it consistently everyday and mom reported that she leaves before the children. She was leaving this responsibility to the eldest sibling who was only in 6th grade. Hearing this concerned me in many ways. How can we expect a child to be successful in school and life if he is not receiving his medication properly? I suggested to mom that she bring the medications to school and I would administer them as the physician had ordered. Mom told me she would “think about it”. After several incidents and meeting with mom, she signed a release for me to speak with her son’s physician. I spoke with the physician and explained my concerns that mom was being non-compliant with administering his medications as ordered. I explained the behaviors being exhibited at school and the physician agreed to speak with mom regarding the medications. Needless to say, the physician called me several days later and reported that the student would now be taking the medications at school.

We noticed such a difference in this child. It was so rewarding to see him succeed in his academics. As the school nurse I wear many hats: counselor, social worker, medical provider, investigator, advocate, etc. This student is no longer at my school and we often wonder how he is doing in his new school. Although there were times he took several hours out of my day I had to be his advocate. For some of these students the nurse is their only advocate.

I have a little girl in Kindergarten born with Cloacal Anomaly . Because of her anomaly, she has a G-tube, a stoma, is a post kidney transplant (therefore immunocompromised), and requires a vesicostomy catheterization twice a day at school. I have many goals for this little girl, but ultimately, I want to make her as independent as possible in her care and minimize the amount of missed class time. To date, we have worked on good hand washing each time she comes in which is essential for her to keep well. I found “extra small” gloves and she has learned to glove (wants to be like me), clean her naval, put the jelly on, and wipe her belly after the catheterization. Sometimes she wants to assist in cleaning up the urinal and large syringe. Next week, she has another surgery to fix the tract that leads to the bladder so that hopefully with time, she will be able to do her own cath. We closely monitor her fluid intake during the day which is essential for her new kidney and to keep her anti-rejection medication levels in the appropriate range. Weekly blood levels are done and she faces so many challenges. While some days we work VERY hard for her cooperation in her care, for the most part she maintains a positive attitude and does actively participate in all we have to do during her school day.

I noticed that one of our asthmatic students was having more frequent episodes of problems with his asthma. He was having several episodes each month with wheezing and shortness of breath. His peak flow numbers during an episode were in general, gradually getting worse. His parents had a nebulizer at home and an inhaler for emergency use. This medication would give him relief, but rescue treatment was all that was prescribed by his regular doctor at the time. I asked if the doctor had ever suggested seeing an asthma specialist, or had ever mentioned using a controller medication which is given every day to either help reduce and prevent inflammation in the lungs, and/ or to provide longer acting bronchodilator effects than the shorter acting, emergency use inhalers. She replied that she had not. I did teaching to try to explain how this would probably be very beneficial for her child, and hopefully decrease the frequency with which he needed his rescue inhaler. However, no changes were made in his treatment plan, and I continued to see him in the clinic with episodes of coughing, wheezing and shortness of breath.

Approximately 10 % of our student population is reported to have asthma most years at our school. On average at any given time there are about 15 inhalers in the clinic. As I kept these numbers in mind, and particularly the needs of this student, I selected as one of my goals for that school year to have an informational presentation for our parents by professionals from the medical community about current treatments available for asthma. I

WHEN AN RN MADE THE DIFFERENCE...STORIES FROM RISD CLINICS

arranged for a representative from Children's Medical Center's asthma program to give a presentation at our school about asthma, its symptoms, and treatments. Students were invited to participate in their own informational activity that evening as well. I was very happy to learn that this family planned to attend the open house going on that same evening, and that they would try to attend the presentation as well. I made special efforts to find them at the open house to remind them of the presentation. All of the teaching that I had done was reinforced, and it was like a light bulb went off for mom. She asked me if she thought her child would benefit from the controller medications they referred to in the presentation. Yes! Yes! The student was seen by an asthma specialist, and was not seen in the clinic again for problems with asthma for the remainder of the school year!

"TJ" came to my school as a second grader in August 2009. He had been at another RISD school the previous year and had many behavior issues due to ADHD. TJ is very impulsive and has trouble functioning when he is not on his medicine. His medicine was prescribed twice a day, but mom would not give it to him in the morning because he came to school on the daycare bus and ate breakfast here. TJ would be so disruptive that the principal would have to escort him out of the class. On many occasions his mother had to come pick him up because he was out of control. We finally convinced mom to bring me the morning dose and I would administer it after breakfast. I would call mom two weeks prior to needing more medicine so she could set up the next appointment with the doctor. TJ didn't like having to come take his medicine after breakfast and would usually "put up a fight." I found out that he liked to draw so I bought a sketch pad. Every morning that he came in without issues, he could draw for a few minutes (which gave his medicine time to kick in). TJ began to trust me and often came to the clinic for a "cool down."

There were only a few people that could help him calm down when he got upset. He had a very good relationship with the special education teacher. When she wasn't available he would come to me. Well, this year his favorite special education teacher transferred to another school. That change really threw him for a loop. Mom had also found a new doctor that was closer to home but she hadn't gotten the prescription for his medicine. The first few weeks of school didn't go well and TJ spent most of his time in the office in trouble. Finally mom brought in the medicine, but the doctor had only prescribed it once a day to be taken after lunch. I questioned the doctor on it only being once a day and they said just to give it once a day whatever time he needed it. TJ would really struggle in the mornings but in the afternoons it was like he was a different child. After mom was presented with his behavior charts she decided to go back to the previous physician. Since getting back on his medications twice a day TJ is doing wonderful. He is rarely in the office in trouble and he comes to the clinic without issues. Best of all he is able to stay in class and get the most out of his education.

A teacher came into the clinic to discuss a student that requested to go to the restroom every 30 minutes to an hour throughout the day. She felt the student appeared genuine in his request and she didn't feel that he was attention seeking or simply trying to get out of class. She was concerned that the student was missing out on valuable instruction time and was disturbing the other students' learning process by interrupting the instruction to request additional bathroom breaks.

I called the parent and suggested that the student see a physician to rule out a medical cause for the frequent restroom breaks. The parent questioned me about what the causes of frequent restroom breaks might be and I explained that "frequency and urgency" can be a sign of a bladder infection or problems with the kidneys including infections. I also explained that one of the early signs of diabetes can be frequency and excessive thirst. The parent confirmed that she thought that the student "just drinks a lot of water" but further understood that this could be a sign of a disease process.

WHEN AN RN MADE THE DIFFERENCE...STORIES FROM RISD CLINICS

The parent explained that she did not have medical insurance and would have a hard time being able to afford taking him to the doctor for a diagnosis, so I obtained an appointment for the student to be seen at a free clinic and informed the parent.

The student was taken to the clinic and both a bladder infection and diabetes were diagnosed. The student was given oral medications for the bladder infection and was placed on a modified diet and exercise program for the diabetes. At the appointment, the parent explained that she also experienced similar symptoms. The physician ran tests and was able to diagnose the parent with diabetes as well. She started oral medications for diabetes and started a diet and exercise program as well.

The student is now able to sit in class without taking additional bathroom breaks outside of the planned ones for the students. The other students are no longer disturbed by this behavior. The teacher also reports that he is not struggling in class and his grades have improved.

One day a parent brought in anxiety medication for a student who was having anxiety related issues in the classroom. The father requested I administer the medicine at the beginning of the school day, as the student was frequently forgetting to take it at home. Even though medications administered first thing in the morning can be difficult to coordinate with high school students, I agreed, having the best interest of the student in mind. For a while the student was not coming on his own to take the medicine, and everyday I had to call for him from class.

Whenever the student was called to the clinic, I initiated conversation with the him to find about his school and treatment. With the passage of time he felt more comfortable and started to discuss his daily concerns and problems. He informed me that he was still having trouble dealing with his anxiety thought that his medicine was not working. He also told me that he hadn't been able to share all that stuff with his father and other family members. Being a student advocate, I contacted the student's father and discussed the student's concerns with him and the effects of treatment. A few days later the father took his son to see the pediatrician and based on student's health concerns, he was diagnosed with ADD and got new medication as per his new diagnosis. After receiving ADD treatment, he started to come punctually at his own to take his medicine and his grades improved.

This entire incident has changed his life and now he can see his successful future. Contrary to before, he is now planning to go to college and I am helping him with his scholarship application and financial aid stuff. I personally feel that in this particular student's case, I made a real difference and changed someone's life forever.

A young man of 15 had a total change of personality. The year before, he had been a quiet student, dressed daily in business attire and very talented in playing his violin. A good, steady student, no problems presented, never seen in the clinic. All of this changed at the beginning of the 2010-2011 school year. The student's dress changed from button-down shirts to black t shirts with satanic messages, he wore all black and his dress became extreme.

In the first week of school he came to the clinic complaining of dizziness and weakness. He had not eaten breakfast. His vital signs were a little bit off Temp 98.6, Pulse 105, Pulse ox 99% and B/P 140/82, but nothing bad enough to give alarm. I called mom to see if anything might be going on at home. After talking with her, the nurse discovered that the student had been the target of several episodes of bullying and had gone to the ER three times during the long weekend with no physical problems found.

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I did some investigation about the complaints of bullying and informed the principals. That situation was settled. However, during the discussion with the student it was revealed that he was hearing voices that he knew weren't real, but he couldn't stop them and he was experiencing suicidal thoughts.

I worked with this student and continue to do so to get him proper mental health care. Mental Health care is difficult to get and is expensive. Mom did have Medicaid and I helped her find a mental health care provider who would take her son as a patient. We found a psychiatrist fairly soon who started the student on medications, but it was much harder to find a therapist as there was a long wait.

This student was in special education for a learning disability and I notified the head of special ed learning disability and the counselor of the newer developments with this student. I sent all the teachers a list of warning signs of suicide, I explained the situation that the student was facing and what accommodations might be helpful. I consulted with the intervention specialist who this student refused to talk with. I called the diagnostician several times asking him to evaluate this student because the change of status.

I worked with the psychiatrist on getting the right combination of medications to keep this student on task, by my observations. This student was also very sensitive and would misunderstand comments from teachers. For example, a teacher told him, "I'm going to let you make up the work you missed." He took this as a criticism that he wasn't doing his work and she thought he was just faking an illness. I have spent quite a bit of time with him on identifying his perceptions vs. what was actually said. I have provided him with an alternative place to finish work, take exams etc. where it will be quiet, but someone is watching out for his safety.

There is still a long way to go with this student and in a few weeks he will finally get to see a therapist, but I truly believe if I hadn't intervened this student would have fallen through the cracks. He was quiet, and his complaints vague. He didn't cause trouble in class and didn't know how to get his needs met or cope with his feelings. There were few and unknown resources available to him.

THE FUTURE OF SCHOOL HEALTH SERVICES

Future school health issues that will impact the services provided to our students and their families are:

- ▶ A depressed economy resulting in families unable to afford and provide appropriate health interventions and nutritious and healthy meals. This exacerbates the need for professional registered nurses in the school setting to find accommodations, health resources, and provide appropriate nursing interventions.
- ▶ Increase in the number of infectious diseases such as influenza, TB, pertussis, measles and other communicable diseases, due to a mobile population from highly endemic areas entering our school system, waning immunities, and infectious agents that are resistant to current treatments.
- ▶ A focus on disaster and emergency preparedness.
- ▶ An awareness and response to drug abuse trends in the community, such as prescription drug "pharm" parties, K2, and spice.
- ▶ Mental Health and Behavioral conditions manifestations.

- ▶ Partnerships with State and community health initiatives to reduce the health risk of obesity and the risk of heart disease, diabetes, asthma.
- ▶ Continuing need to educate parents regarding health care needs and resources to become informed consumers of health care.
- ▶ Increased use of technology to assist students to remain at school during instruction (insulin pumps, pump tube feedings, nebulizer treatments, pulse oximetry and telemedicine), and to enhance student and staff education of health conditions.
- ▶ Educational achievement that will be tied to the provision of comprehensive and quality health services based on evidence-based practice.



Where all students learn, grow, and succeed.