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School-Based Nursing Services In Louisiana Schools

A Resource Handbook for School Nurses and School Administrators

Department of Education
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Brian Bagdan, RN
Independent School Nurse Consultant Facilitator

Sharon Ball, RN
District School Nurse
Central Community School System

Sylvia Brown, RN, CSN
St. Landry Parish School Nurse
Louisiana School Nurse Organization, President

Rene' L. Crosby- Lewis RN, BSN, CSN
Natchitoches Parish School Nurse
Louisiana School Nurse Organization, Past-President

Karla Donewar, MBA, RRT-NPS
Director, Ventilator Assisted Care Program
Children's Hospital

Susan Dupont, RN
District School Health Administrator
Cameron Parish School Board

Lydia F. Duval RN, MSN
School Health and Health Science Facilitator
St. Mary Parish

Ginger Hughes, RN, BSN
School Nurse Coordinator
Bossier Parish Schools

Toni Hutchinson, RN, MSN
Special Education Nurse
Terrebonne Parish School District

Cynthia Spence RN, BSN
Nurse Coordinator
Terrebonne Parish School District

Alida Wyler, RN, BSN
Health Services Director
Jefferson Parish School System

Daphne Walker, RN, MSN
Health Services Administrator
Algiers Charter Schools Association

Janice Fruge, Education Consultant
Division of Consolidated Programming
Office of Student Programs
Louisiana Department of Education

Foreword

"School nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy and learning." (National Association of School Nurses)

In a single day, the school nurse may be called upon to employ skills in assessment, first aid, counseling, health education, specialized health treatments, case management, and public health inspection. As growing numbers of children with complex health needs enter school, local education agencies must strive to provide a diverse and appropriate range of health services.

This resource handbook (here after referred to as School Nursing Handbook or handbook) is intended to enhance the educational process by providing guidance to school nurses, school administrators, teachers, other staff members, and parents on the health care needs of children. The manual incorporates federal and state laws and regulations, as well as current research and information within medical and nursing literature.

This handbook is offered in three parts. Part I provides school administrators and school nursing staff with an overview of the legislation that regulates nursing services in the schools and establishes the guidelines for implementing these services. Part II is written specifically for the registered nurse, and when appropriate, other health professionals, to use as a competency based guide for training, as required in the Nursing Practice Act. Part III includes a glossary of terms, sample forms, required forms, information on the Medicaid cost recovery process and a resource bibliography.

Part I:

POLICIES AND GUIDELINES

FOR

SCHOOL ADMINISTRATION

This first part of the School Nursing Handbook provides school administrators and school nursing staff with an overview of the legislation that regulates nursing services in the schools and establishes the guidelines for implementing these services. This section contains:

- Delegation of nursing intervention and provides practical guidelines in the delegation decision-making process
- Legislation, guidelines, and implementation process for Medication Administration in Louisiana public schools
- Legislation, guidelines, and implementation process for Non-complex Health Procedures in Louisiana public schools
- Legislation, guidelines, and implementation process for Clean Intermittent Catheterization in Louisiana public schools
- Legislation, guidelines, and implementation process for Diabetes Management and Treatment in Louisiana public schools
- Louisiana Laws – Revised Statutes and Rules

Introduction

In 1990 the Louisiana Legislature enacted R.S. 17:435, Act 1048 to provide training of school employees to perform clean intermittent catheterization of students. Following this legislation, in 1991 the Louisiana Legislature enacted R.S. 17:436, Act 760, amended by Act 469 of 1992, Act 752 of 1995, Act 804 of 1997, Act 802 of 2008, and Act 414 of 2009 to provide for training of school employees to perform additional noncomplex health procedures, and related matters. The intent of the legislation is to ensure the health and safety of students who require noncomplex health procedures while in the school setting through appropriate assessment, training, and supervision by a school-employed licensed medical physician or registered nurse, in cooperation with other licensed health professionals to provide coordination of services.

In 1993 the Louisiana Legislature enacted R.S. 17:436.1, Act 87, and subsequent amendments (Act 752 of 1995, Act 636 of 2001, and Act 145 of 2009) which mandate that prior to requiring local school board employees to administer prescribed medications to a student, certain training, documentation and rights of the employee, the student and his/her parents must be met.

In 2012, the Louisiana Legislature enacted R.S. 17:436.3, Act 858 to provide for the development of Diabetes Management and Treatment Plans and the provision of care by certain school personnel and R.S. 17:436.1 (K), Act 624 to require public school governing authorities to adopt a policy allowing school nurses and trained school employees to administer auto-injectable epinephrine under certain circumstances. Administration of these medications is discussed separately.

Although both clean intermittent catheterization and diabetes management can be considered noncomplex health procedures, they are addressed separately within this policy section due to the existing separate and distinct legislation.

School Nurse Licensure and Certification

R.S. 17:28 requires each Local Education Agency (LEA) to employ at a minimum, one school nurse to provide health care services for its students. Louisiana school nurses are registered nurses, licensed by the Louisiana State Board of Nursing (LSBN) and certified by the State Board of Elementary and Secondary Education/Department of Education.

Title 28, Part CXXXX (Part CLVII. Bulletin 135—) sets forth the certification requirements for the school nurse. An individual must have an official authorization from the state to provide services to children in a Louisiana school setting. An ancillary certificate allows a qualified person who is not a certified teacher to provide such services. The holder of an ancillary certificate is authorized to perform only those services that are specifically stated on the certificate in the school system of Louisiana.

There are three types of state certification for school nurses:

1. **Type C School Nurse—valid for three years.**

   Eligibility requirements:
   a. current Louisiana licensure as a registered professional nurse; and
   b. minimum of <u>two</u> years experience as a registered nurse.

   Renewal Guidelines. May be renewed once for a three year period, upon presentation of a copy of current Louisiana licensure as a registered professional nurse and upon request of Louisiana employing authority.

2. **Type B School Nurse—valid for five years.**

   Eligibility requirements:
   a. current Louisiana licensure as a registered professional nurse; and
   b. three years of experience as a type C school nurse.

   Renewal Guidelines. May be renewed once for a five year period, upon presentation of a copy of current Louisiana licensure as a registered professional nurse and upon request of Louisiana employing authority.

3. **Type A School Nurse—valid for five years.**

   Eligibility requirements:
   a. current Louisiana licensure as a registered professional nurse;
   b. baccalaureate degree in nursing or a health-related field from a regionally accredited college or university; and
   c. five years experience as a certified type B school nurse.

   Renewal Guidelines. May be renewed once for a five year period, upon presentation of a copy of current Louisiana licensure as a registered professional nurse and upon request of Louisiana employing authority.

Delegation of Nursing Interventions

Louisiana State Board of Nursing *http://www.lsbn.state.la.us/documents/delegation/narrunlic.pdf*

Unlicensed Nursing Personnel

The Louisiana State Board of Nursing has the legal responsibility to regulate the practice of nursing and to provide guidance regarding the delegation of nursing interventions by the registered nurse to other competent nursing personnel. The provision of accessible and affordable quality healthcare necessitates the appropriate utilization of all healthcare personnel, which, in turn, requires the promulgation of statutory and administrative mandates, as well as the adoption of practical guidelines to direct the process for making delegatory decisions.

The authority to delegate varies from state-to-state. In Louisiana, R.S. 37:913(14)(f) provides that registered nursing includes delegating nursing interventions to qualified nursing personnel in accordance with criteria established by the Board of Nursing. LAC 46:XLVII.3703 sets the standards for the implementation of the statutory mandate. The term "delegating nursing interventions" is defined and criteria are provided for all delegatory activities, for delegation to licensed practical nurses, (here after reference to as LPN) and for delegation to unlicensed nursing personnel.

The registered nurse who delegates nursing interventions retains the responsibility and accountability to assure that the delegated intervention is performed in accordance with established standards of practice, policies and procedures. Appropriate assessment, planning, implementation and evaluation are integral activities in the fulfillment of the registered nurse's responsibility and accountability.

Decision-Making Process:

The Decision Tree for Delegation of Certain Tasks to Unlicensed Nursing Personnel, graphically represents practical guidelines to direct the registered nurse (RN) in the delegation decision-making process. Concurrent reference to the above-cited statutory and administrative mandates is essential to the appropriate utilization of this tool.

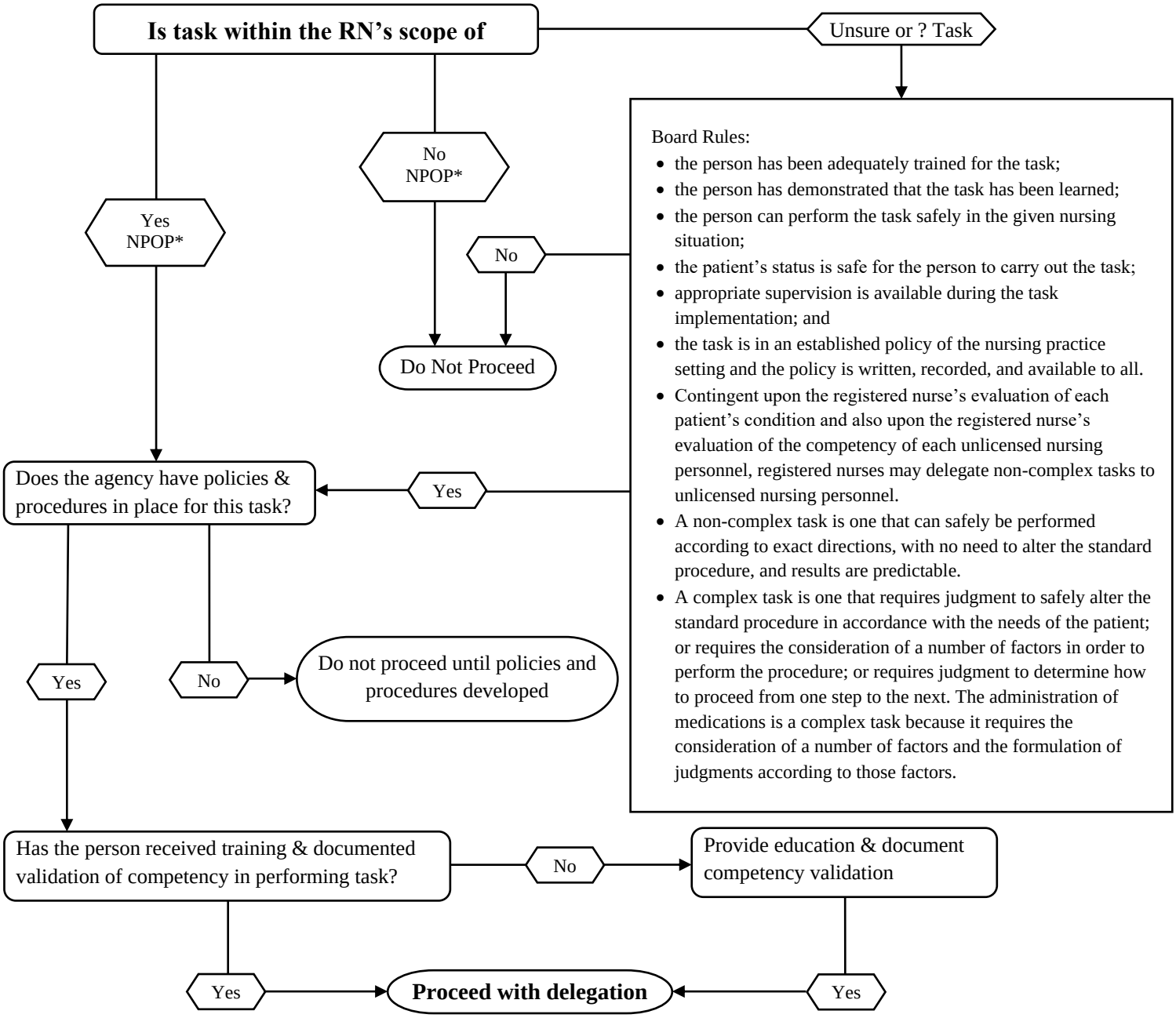
As one moves through the "Tree," the following questions must be answered:

1. ***Is the task within the RN's scope of practice?*** Refer to the Louisiana Nurse Practice Act [R.S. 37:913(14)(f)], the administrative rules on nursing practice (LAC 46:XLVII.3703) and various interpretations of the statute, and the rules by the Board of Nursing (declaratory statements and opinions). If the task is not within the RN's scope of practice, do not proceed with delegation.
2. ***Does the delegation of this task meet the requirements of the administrative rules on delegation?*** Evaluate in accordance with the Board's rules on delegation. If the task and situation do not meet the criteria set in the rules, do not proceed with delegation.
3. ***Does the agency have policies and procedures in place for this task?*** Identify appropriate officially adopted policies and procedures. If these are absent, do not proceed until policies

and procedures are developed and duly promulgated.

4. ***Has the unlicensed person received training and documented validation of competency in performing task?*** Determine whether or not the task was included in the unlicensed person's education program, or learned later in a workshop or in-service program. If not, do not proceed until the required education has been provided and there is documentation of the competency validation.
5. ***If all of the above questions were answered with a definite "yes," proceed with delegation.*** Questionable situations should be referred to the Board of Nursing for interpretation of the application of the statute and rules.

Decision Tree for Delegation of Certain Tasks to Unlicensed Nursing Personnel



NPOP – Nurse Practice Opinion http://www.lsbn.state.la.us/opinions/npoparchive.asp

Licensed Practical Nurses

The Louisiana State Board of Nursing has the legal responsibility to regulate the practice of nursing and to provide guidance regarding the delegation of nursing interventions by the registered nurse to other competent nursing personnel. The provision of accessible and affordable quality healthcare necessitates the appropriate utilization of all healthcare personnel, which, in turn, requires the promulgation of statutory and administrative mandates, as well as the adoption of practical guidelines to direct the process for making delegatory decisions.

The authority to delegate varies from state-to-state. In Louisiana, R.S. 37:913(14)(f) provides that registered nursing includes delegating nursing interventions to qualified nursing personnel in accordance with criteria established by the Board of Nursing. LAC 46:XLVII.3703 sets the standards for the implementation of the statutory mandate. The term "delegating nursing interventions" is defined and criteria are provided for all delegatory activities, for delegation to licensed practical nurses and for delegation to unlicensed nursing personnel.

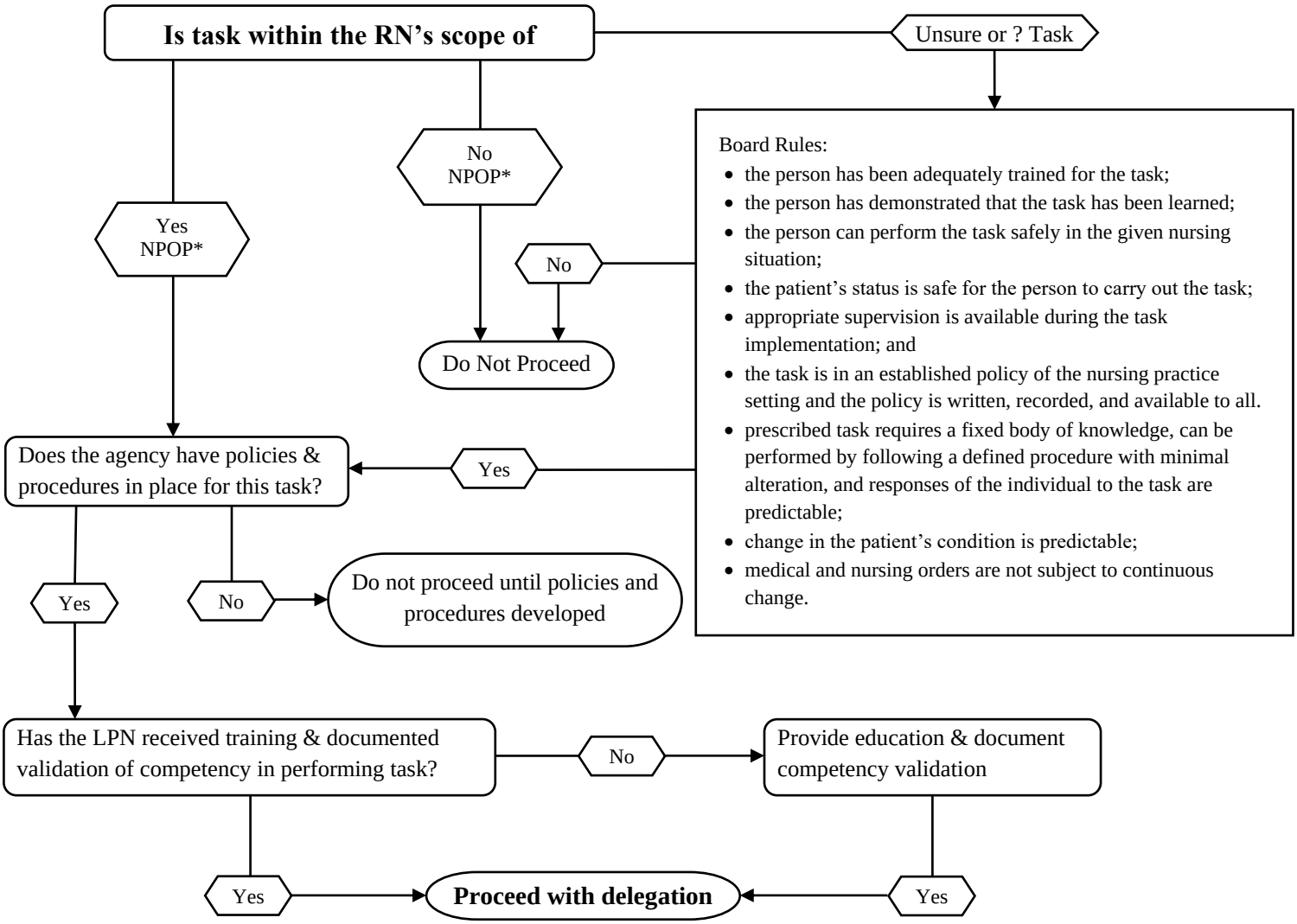
The registered nurse who delegates nursing interventions retains the responsibility and accountability to assure that the delegated intervention is performed in accordance with established standards of practice, policies and procedures. Appropriate assessment, planning, implementation and evaluation are integral activities in the fulfillment of the registered nurse's responsibility and accountability.

Decision-Making Process:
The Decision Tree for Delegation of Certain Tasks to Licensed Practical Nurses graphically represents practical guidelines to direct the registered nurse in the delegation decision-making process. Concurrent reference to the above-cited statutory and administrative mandates is essential to the appropriate utilization of this tool. As one moves through the "Tree," the following questions must be answered:

1. ***Is the task within the RN's scope of practice?*** Refer to the Louisiana Nurse Practice Act [R.S. 37:913 (14)(f)], the administrative rules on nursing practice (LAC 46:XLVII.3703) and various interpretations of the statute and the rules by the Board of Nursing (declaratory statements and opinions). If the task is not within the RN's scope of practice, do not proceed with delegation.
2. ***Does the delegation of this task meet the requirements of the administrative rules on delegation?*** Evaluate in accordance with the Board's rules on delegation. If the task and situation do not meet the criteria set in the rules, do not proceed with delegation.
3. ***Does the agency have policies and procedures in place for this task?*** Identify appropriate officially adopted policies and procedures. If these are absent, do not proceed until policies and procedures are developed and duly promulgated.
4. ***Has the LPN received training and documented validation of competency in performing task?*** Determine whether or not the task was included in the LPN's curriculum preparing the individual for licensure, or learned later in an approved continuing education offering. If not, do not proceed until the required education has been provided and there is documentation of the competency validation.

5. ***If all of the above questions were answered with a definite "yes," proceed with delegation.*** Questionable situations should be referred to the Board of Nursing for interpretation of the application of the statute and rules.

Decision Tree for Delegation of Certain Tasks to Licensed Practical Nurse



**** NPOP - Nurse Practice Opinion*** http://www.lsbn.state.la.us/opinions/npoparchive.asp

Nursing Considerations for Out of State Travel

Licensing requirements and nurse practice acts vary from state-to-state. When a student with medical needs travels on an out-of-state school trip, the school nurses should consider the following factors before any decisions regarding student care can be made:

1. Some states, including Louisiana, offer exemptions for licensed nurses who meet certain criteria. A careful review of the Board of Nursing requirements of the state to be visited should be conducted to determine if exemptions are granted for nurses who are licensed in other states.

2. Some states offer temporary licenses to provide temporary nursing care. If a temporary license is required, the application and appropriate fees (if applicable) must be submitted well in advance of the planned travel and confirmation that said temporary license has been granted and received by the Louisiana nurse.

3. Nurses must not hold themselves out as a nurse licensed to practice in the state they are traveling to, unless of course they hold an active, current license in that state.

4. Nurses should be familiar with any requirements in the state they are traveling to regarding acts of delegation to unlicensed personnel.

The school nurse is bound by the Louisiana State Board of Nursing scope of practice and the school district's administrative policies while providing care or *delegating care* for a student traveling in another state.

Policy for the Administration of Medication in Louisiana Public Schools

Requirements for the Implementation of R.S. 17:436.1& R.S. 17:436.3

Introduction

Local education agencies in Louisiana are required by federal and state legislation to provide a free and appropriate education for all students with disabilities identified according to state and federal statutes. One aspect of these laws is a requirement that, when necessary for the child to be able to benefit from his/her education, certain specific health or related services must be provided. These services are to be written in the child's Individualized Healthcare Plan (IHP), and/or Individualized Education Program (IEP). One of those related services, which is sometimes required to allow a student to participate equally in the educational setting, is administration of medication. R.S. 17:436.1, Act 87 of the 1993 Regular Session of the Louisiana Legislature and subsequent amendments, and R.S. 17:436.3, Act 858 of the 2012 Regular Session of the Louisiana Legislature mandates that prior to local school board employees administering prescribed medications to a student, certain training, documentation and rights of the employee, the student and his/her parent or other legal guardian (herein referred to as parent/guardian must be met. These requirements are based upon R.S. 17:436.1, R.S 17:436.3 and related statutes.

In accordance with the Louisiana Revised Statutes 49:950 et. seq., the Administrative Procedures Act, notice is hereby given that the State Board of Elementary and Secondary Education adopted the Administration of Medication Policy developed by the State Board of Elementary and Secondary Education and the Louisiana State Board of Nursing and printed below.

Title 28: Education

Part I. Board of Elementary and Secondary Education

Chapter 11. Bulletins, Regulations and State Plans

Section 1129. Administration of Medication Policy

Section 1130, Diabetes Management and Treatment

Summary of R.S. 17:436.1 Act 87 of 1993 Session of the Louisiana Legislature and subsequent amendments and R.S 17:436.3 Act 858 of the 2012 Session of the Louisiana Legislature:

Written Orders, Appropriate Containers, Labels, and Information

A. Medication shall not be administered to any student without an order from a Louisiana, <u>or adjacent state</u>, licensed physician, dentist or other prescriber authorized in the state of Louisiana and it shall include the following information:
   1. The student's name
   2. The name and signature of the physician/dentist
   3. Physician/dentist's business address, office phone number and emergency phone numbers
   4. The name, frequency and time of the medication
   5. The route and dosage of medication

6. A written statement of the desired effects and the child specific potential adverse effects

B. Medication shall be provided to the school by the parent/guardian in the container that meets acceptable pharmaceutical standards and shall include the following information:
   1. Name of pharmacy
   2. Address and telephone number of pharmacy
   3. Prescription number
   4. Date dispensed
   5. Name of student
   6. Clear directions for use, which match the written prescription, including the route, frequency and other as indicated
   7. Drug name and strength
   8. Last name and initial of pharmacist
   9. Cautionary auxiliary labels, if applicable
   10. Physician or dentist's name

C. Labels of prepackaged medications, when dispensed, shall contain the following information in addition to the regular pharmacy label:
   1. Drug name
   2. Dosage form
   3. Strength
   4. Quantity
   5. Name of manufacturer and/or distributor
   6. Manufacturer's lot or batch number

Philosophy

R.S. 17:436.1, Act 87 of 1993 and R.S. 17:436.3, Act 858 of 2012, require that the State Board of Elementary and Secondary Education and the Louisiana State Board of Nursing formulate and adopt a joint policy on the administration of medications for local school systems that require unlicensed personnel to perform those functions.

Each city and parish school board shall establish guidelines based upon the joint policies.

Any waiver, deletions, additions, amendments, or alterations to the joint policies shall be approved by both Boards.

Definitions and Clarification

Auto-injectable epinephrine means a medical device for the immediate self- administration of epinephrine by a person at risk for anaphylaxis.
Glucagon is a hormone that raises the level of glucose in the blood. Glucagon, given by injection, is used to treat severe hypoglycemia.

Glucose tablets are special products that deliver a pre-measured amount of pure glucose. They are a quick-acting form of glucose used to counteract hypoglycemia.
Inhaler means a medical device that delivers a metered dose of medication to alleviate the symptoms of asthma.
Insulin pens are pen-like devices used to inject insulin into the body.
Insulin pump is a computerized device that is programmed to deliver small, steady doses of insulin throughout the day. The insulin is delivered through a system of plastic tubing (infusion set).
TUSE is a trained unlicensed school employee who has successfully completed the required training to assist the school nurse in the administration of nursing care.
UDCA is a trained unlicensed diabetes care assistant who is a school employee who has completed six hours of required training to assist with the management and treatment of children with diabetes.

Implementation Guidelines for the Administration of Medications:

General Guidelines

- During the period when the medication is administered, the person administering medication shall be relieved of all other duties. This requirement does not include the required 45 minute observation period following the administration of medication referenced below. The local school systems shall determine how to implement this requirement.

- Except in the case of trained unlicensed diabetes care assistants (UDCAs) administering diabetes medications or in life threatening situations, trained unlicensed school employees may not administer injectable medications.

- All medications shall be stored in a secured locked area or locked drawer with limited access except by authorized personnel.

- Except in the case of trained UDCAs administering diabetes medications, only oral, pre-measured inhalants, topical ointment for diaper rash, and emergency medications shall be administered at school by unlicensed personnel.

- Each student shall be observed by a school employee for a period of 45 minutes following the administration of medication. This observation may occur during instruction time.

- Any trained unlicensed school employee shall have the right to request another school employee to be present as a witness while he/she is administering the medication. After making such a request the employee shall not be required to administer the medication without such a witness.
- Once trained, an employee may not decline to perform such service at the time indicated except for reasons noted in writing by the licensed medical physician or the RN. The reason for such exemptions shall be documented and certified by the licensed medical physician or the RN within seventy-two hours of the request for the exemption.

- School medication orders shall be limited to medications which cannot be administered before or after school hours.

- Administration of medication for a student with diabetes by unlicensed personnel may be conducted on a volunteer basis only.

- An UDCA is a school employee who is not a healthcare professional, who is willing to complete training requirements, and is determined competent by the school nurse to provide diabetes care and treatment.

- The use of unlicensed diabetes care assistants is optional. Schools shall not be required to utilize UDCAs.

- The Diabetes Management and Treatment Plan shall be kept on file in the school in which the student is enrolled and shall include
    - an evaluation of the student's level of understanding of his/her condition and his/her ability to manage his diabetes
    - the diabetes-related services the student may receive or self-administer at school
    - a timetable, including dosage instructions of any diabetes medications to be administered
    - the signature of the student (if appropriate), parent/legal guardian, and the physician or authorized prescriber

Guidelines for the Teacher

- The classroom teacher, who is not otherwise previously contractually required, shall not be assigned to administer medications to students. A teacher may request in writing to volunteer to administer medications to his/her own students. The administration of medications shall not be a condition of employment of teachers employed subsequent to July 1, 1994.

- No school employee shall be liable for civil damages or subject to disciplinary action under professional licensing regulation or school disciplinary policies as a result of the activities of an UDCA. A school employee shall not be subject to any penalty or disciplinary action for refusing to volunteer or serve as an unlicensed diabetes care assistant.

Guidelines for the Principal

- The Principal shall designate at least two employees to receive training and administer medications in each school.

- If a school chooses to use UDCAs to provide care for students with diabetes at school or during a school–related activity, the school principal may supervise the UDCA for diabetes **management care**. The school RN shall supervise the **administration of medication**.

- For the management and treatment of student with diabetes, the principal, in conjunction with the school RN, may:
    - seek school employees who are willing to be trained to serve as the UDCA
    - ensure the school has at least one UDCA if the school has a full-time nurse, or at least UDCAs if the school has no full-time nurse
    - require the school to develop carbohydrate count standard guides for those students who eat school provided-lunches
    - supervise the implementation of the school policies for diabetes management and treatment and for the administration of medications in the schools to ensure the safety, health, and welfare of the students
    - ensure appropriate supervision of the UDCA

Guidelines for the School Nurse

- The school nurse, in collaboration with the principal, shall supervise the implementation of the school policies for the administration of medications in schools to insure the safety, health and welfare of the students.

- The school nurse shall be responsible for implementing and/or supervising the Diabetes Management and Treatment Plan for students on campus, during school-related activities, and during school-sponsored transportation of the student.

- The school nurse must be given not less than five school days to develop the Individualized Healthcare Plan (IHP) and shall implement the IHP within 10 school days upon receipt of the treatment plan from the parent.

- If a school chooses to use UDCAs to provide care for students with diabetes at school or during a school–related activity, the school nurse must be available by phone for immediate access to the school.

- The school nurse shall be responsible for the training of non-medical personnel who have been designated by each principal to administer medications in each school. The training shall be at least six hours and include, but not be limited to, the following provisions:
    - Proper procedures for administration of medications including controlled substances
    - Storage and disposal of medications
    - Appropriate and correct record keeping
    - Appropriate actions when unusual circumstances <u>or</u> medication reactions occur
    - Appropriate use of resources

- For the student with diabetes, the school RN or other healthcare professional with expertise in caring for persons with diabetes, in accordance with their authorized scope of practice, shall be responsible for the training and competency evaluation of non-medical personnel

who have volunteered to serve as a diabetes care assistant. The training for UDCAs shall be at least six hours and shall include but not be limited to the following provisions:

- recognize the signs and symptoms of hyperglycemia and hypoglycemia
- understand the details of the treatment plan and when to contact the school RN for additional directions
- understand the proper action to take if the blood glucose levels are outside the target ranges specified in the Diabetes Management and Treatment Plan
- perform finger sticks to check blood glucose levels, check urine ketone levels, properly record the results and notify the school RN
- administration of medication as ordered by physician in accordance with school policies, procedures, and Diabetes Management and Treatment Plan
- recognize complications which require emergency assistance
- understand carbohydrate counting, recommended schedules and food intake for meals and snacks
- understand the effect of physical activity on blood glucose levels
- review of school district policies related to confidentiality and blood borne pathogens

Guidelines for the Parent/Guardian

- The parent/guardian who wishes medication administered to his/her student shall provide the following:
  - A letter of request and authorization that contains the following information:
    - Name of student
    - Clear instructions
    - RX number, if any
    - Current date
    - Name, dosage, frequency, and route of medication
    - Name of physician or dentist, or other prescriber authorized in the state of Louisiana
    - Printed name and signature of parent/guardian
    - Emergency phone number of parent/guardian
    - Statement granting or withholding release of medical information
  - Written orders for all medications to be given at school, including annual renewals at the beginning of the school year.
  - A prescription for all medications to be administered at school, including medications that might ordinarily be available over-the-counter.
  - A list of all medications that the student is currently receiving at home and school, if that listing is not a violation of confidentiality or contrary to the request of the parent/guardian or student.
  - A list of names and telephone numbers of persons to be notified in case of medication emergency in addition to the parent/guardian and licensed prescriber.
  - Arrangements for the safe delivery of the medication to and from school in the original labeled container as dispensed by the pharmacist; the medication shall be delivered by a responsible adult. If the medication is not properly labeled or does not match the physician's order exactly, it will not be administered.

- Unit dose packaging shall be used whenever possible.

- All aerosol medications shall be delivered to the school in pre-measured dosage.

- No more than a 35 school day supply of medication shall be kept at school.

- Except in the case of emergency medication, the initial dose of a medication shall be administered by the student's parent/guardian outside the school jurisdiction with sufficient time for observation for adverse reaction.

- The parent/guardian shall also work with those personnel designated to administer medication as follows:
  - Cooperate in counting the medication with the designated school personnel who receive it and sign a drug receipt form.
  - Cooperate with school staff to provide for safe, appropriate administration of medications to students, such as positioning, and suggestions for liquids or foods to be given with the medication.
  - Assist in the development of the emergency plan for each student.
  - Comply with written and verbal communication regarding school policies.
  - Grant permission for school RN/physician consultation.
  - Remove or give permission to destroy unused, contaminated, discontinued, or out-of-date medications according to the school guidelines. Disposal of expired medications shall be done per local school district policy.

- For the student with diabetes, the parent/guardian must:
  - annually submit a copy of the student's Diabetes Management and Treatment Plan to the principal of the school.
  - provide written consent to implementation of the Diabetes Management and Treatment Plan.
  - provide written calculation of carbohydrates in meals when lunch is provided from home.
  - provide necessary supplies and equipment as indicated in the Diabetes Management and Treatment Plan.
  - work with appropriate school personnel in the development of the IHP and provision of care for the student until the IHP and Diabetes Management and Treatment Plan can be implemented.

Guidelines for the Unlicensed Diabetes Care Assistant

- An unlicensed diabetes care assistant may provide diabetes care to a student only in accordance with the student's Diabetes Management and Treatment Plan.

- An unlicensed diabetes care assistant may provide diabetes care to a student by:
  - checking and recording blood glucose and ketone levels.

- responding to blood glucose and ketone levels.
- administering emergency treatment as prescribed in the student's diabetes treatment plan or IHP.
- following carbohydrate counting guidelines established by the local school district.
- following medication administration protocols established by the local school district.

- UDCAs must participate in at least six hours of diabetes management and treatment instruction, demonstrate at least five return demonstrations of 100% skill competency and perform an annual skill competency demonstration.

- The UDCA must be monitored by the school RN for compliance of treatment plan and skill level.

Guidelines for Self Administration of Medications by Student

- The governing authority of each public elementary and secondary school shall permit the self-administration of medications by a student with asthma or diabetes or the use of auto-injectable epinephrine by a student at- risk of anaphylaxis, provided that the student's parent/guardian provides the school in which the student is enrolled with the following documentation:

  - Written authorization for the student to carry and self-administer such prescribed medications.
  - Written certification from a licensed medical physician or other authorized prescriber that the student:
    - Has diabetes, asthma or is at risk of having anaphylaxis.
    - Has received instruction in the proper method of self-administration of the student's prescribed medications to treat asthma, diabetes or anaphylaxis.

  - A written treatment plan from the student's licensed medical physician or other authorized prescriber for managing diabetes, asthma or anaphylactic episodes. The treatment plan must be signed by the student, the student's parent or other legal guardian, and the student's licensed medical physician or other authorized prescriber and shall also contain the following information:
    - The name, purpose, and prescribed dosage of the medications to be self-administered.
    - The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered.
    - The length of time for which the medications are prescribed.
  - Any other documentation required by the governing authority of the public elementary or secondary school.

- Documentation related to the administration of medication shall be kept on file in the office of the school RN or other designated school official.

- The governing authority of the public elementary and secondary school shall inform the parent/legal guardian of the student in writing that the school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat diabetes, asthma or anaphylaxis. The parent/ legal guardian of the student shall sign a statement acknowledging that the school shall incur no liability and that the parent or other legal guardian shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma, diabetes or anaphylaxis.

- A student who has been granted permission to self-administer medication shall be allowed to carry and store with the school RN or other designated school official an inhaler, auto-injectable epinephrine, or the diabetes medication delivery system, at all times.

- Permission for the self-administration of asthma or diabetes medications, use of auto-injectable epinephrine by a student shall be effective only for the school year in which permission is granted. Permission for self-administration of asthma or diabetes medications, and/or the use of auto-injectable epinephrine by a student shall be granted each subsequent school year, provided all of the requirements stated above are fulfilled.

- Upon obtaining permission to self-administer asthma or diabetes medication and/or auto-injectable epinephrine pursuant to this section, a student shall be permitted to possess and self-administer such prescribed medication at any time while on school property or while attending a school-sponsored activity.

- A student who uses any medication permitted in a manner other than as prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student's immediate access to such prescribed medication.

- Students with diabetes shall be permitted to attend to the self-management, administration of medications, treatment and documentation as outlined in his/her Diabetes Management and Treatment Plan on file at the school in which the student is enrolled.

Student Confidentiality

All student information shall be kept confidential.

Authority Note: ACT 87 of R.S. 1993 (R.S. 17:436.1)
(15:17/28/94, Louisiana Register, Notice of Intent, 12/94 Rule, 3/94, Vol. 221, Page 260)

Amendments of 1995 are underlined and effective April 30, 1996.
Authority Note: Act 87 of R.S. 1993 (R.S. 12:436.1)
Historical Note: L.R. 22

Note: Act 636 of 2001 amendment provides for an order from "any other authorized prescriber authorized in the state of Louisiana to prescribe medications or devices and . . .

Guidelines for the Administration of Specific Medications

Administration of Diastat®

Purpose: Students with certain seizure disorders may require Diastat® to terminate these seizures and decrease the chance for brain damage which may be associated with the seizure activity. Rectal Diazepam (herein known as Diastat®) is a rescue drug used in seizure emergencies such as prolonged seizures or cluster seizures. Diastat® is a non-sterile gel formulation of diazepam in a rectal delivery system and is available in pre-dosed syringes. Diastat® is Federal Drug Administration (herein after referred to as FDA) approved for persons with epilepsy who are on stable regimens of anticonvulsants and who require intermittent use of rectal diazepam gel to control acute repetitive seizures, prolonged seizures or cluster seizures. Diastat® administration in the school setting will be in accordance with FDA-approved criteria. Students on Diastat® are also on seizure precautions. This is a life threatening condition.

Protocol: The certified school-employed registered nurse (herein referred to as school RN), in accordance with R.S.17.28 relative to school nurses, R.S.17:436 relative to performing non-complex health procedures in public schools, R.S.17:436.1 relative to medication administration in the schools, the Louisiana State Board of Elementary and Secondary Education (herein known as BESE) & Louisiana State Board of Nursing (herein known as LSBN) may delegate to trained, unlicensed employees the administration of rectal Diastat® in certain emergency situations. The nursing care must be based on the school RN's assessment of the school environment, the clinical acuity of the student, and the overall complexity of the student's healthcare problems. The school RN retains the accountability for the total nursing care of the student and determines the appropriateness of delegation based on his/her assessment of each individual student/situation. While this protocol may require alteration or revision to meet the needs of the individual student, it is sound and can be used to assist the school RN in developing Individualized Healthcare Plans for students with epilepsy for whom Diastat® has been prescribed. This protocol identifies criteria mandated by policy or law and other criteria, which are not mandatory, but recommended. This protocol is based on the Louisiana State Board of Nursing's *"Declaratory Statement Regarding the Registered School Nurse Delegating to Trained Unlicensed School Employees the Administration of Rectal Diastat® in Certain Emergency Situations (March 2005)."*

In order for Diastat® to be given in the school setting, the protocol shall be in compliance with the joint policy and the statutes listed above. Louisiana laws, state policies, and Louisiana State Board of Nursing written opinions, require that the following conditions be met:

A. This protocol defines the responsibility and accountability of the BESE-certified, school RN, trained personnel, parents, and school staff regarding the administration of Diastat®.
B. A detailed order from a physician in Louisiana or an adjacent state, or from a practitioner licensed to prescribe controlled substances in the state of Louisiana, is received by the school RN and placed in the student's school file.
C. There is on file a signed parent/guardian request and consent for administration of Diastat® at school by the BESE-certified school RN, or by a trained licensed practical nurse (LPN), or a trained unlicensed school employee (herein known as TUSE), supervised by the school RN.

D. The school RN has assessed the health status of the student and determined if administration of Diastat® can be safely administered in the school setting in accordance with the rules and regulations of the LSBN and the FDA-approved criteria.
E. The school RN has developed the Individualized Healthcare Plan *(IHP).*
F. The school RN has determined the level of care required for the safety of the student.
G. There is documentation that the first administration of Diastat® for a specific student has been outside the school setting (such as a hospital, home, or by Emergency Medical Service). This will enable the school RN and TUSE to confidently identify the student's seizure for which Diastat® has been prescribed, and to anticipate what may occur after its administration.
H. There is documentation that Diastat® has been used at least once in the past 12 months. If Diastat® has not been needed during this time period, based on what is known concerning recurrence rates, the likelihood of a seizure emergency requiring Diastat® is low.
I. The school RN then does her own evaluation and can make professional judgment whether to follow the order in accordance with the Board of Nursing's Legal Standards of Nursing Practice, Standard 7.
J. The school RN who administers Diastat® in the school setting can accept Primary Care Physician (PCP) orders outside the FDA dosing after an assessment is completed, communication with the PCP is established and the school RN feels it is safe and appropriate for the student in the school setting. The school RN in collaboration with the PCP and parent/guardian will then develop a detailed plan of care, emergency plan and IHP.

The Physician's order for Diastat®

The physician's Diastat® order must be consistent with FDA-approved criteria and the labeling on the Diastat® package provided by the student's family.

The school RN must receive detailed physician's Diastat® order which includes, but is not limited to, the following:

1. The dose of Diastat® prescribed.
2. The specific description of the seizure for which Diastat® is prescribed.
3. The specific time to administer Diastat®. The order must state a specific time after seizure onset, or within a certain period of time, or after a specified number of seizures occurring over a specific time interval (for example, after a seizure of 5 minutes duration, or within 5 minutes of seizure, or after 2nd seizure occurring within an hour).
4. The frequency of Diastat® administration at home and at school shall be in accordance with the FDA-approved labeling, and should not be administered more than one time every five-day period, and not more than five times per month. This information must be obtained from the parent/guardian.
5. Documentation from the prescribing practitioner that the student has previously received Diastat® without adverse effects prior to its use in the school setting.
6. The date and time that Diastat® was administered within the past 12 months.
7. A list of other medications prescribed for the student.

Responsibilities of parents or guardians necessary for Diastat® administration in school settings:

1. Parents/guardians must request and give written consent for administration of Diastat® in school settings by nurses or trained unlicensed school employees.
2. Parents/guardians must provide documented information throughout the school year concerning any and all uses of Diastat® outside school settings, to ensure that Diastat® administration in the school setting is in accordance with FDA-approved criteria.
3. Parents/guardians must understand that after administration of Diastat® outside the school, students cannot be sent or brought to school until they have returned to their baseline functioning as identified in the Individualized Healthcare Plan (IHP).
4. Parents/guardians will be reminded of the social issues (loss of privacy) involved.
5. Parents/guardians will be informed and understand that 911 may be called for any convulsive seizure whether or not Diastat® has been administered.
6. Parents/guardians will remain responsible for emergency transportation; students will not be permitted to use school or public transportation unless baseline functioning has been met after use of Diastat®.

Development of the Individualized Healthcare Plan (IHP) for Administration of Diastat® in the school setting

The school RN must:

1. Review the detailed physician's order (see above) and medical records.
2. Receive from the parent/guardian a request and authorization for administration of Diastat® and release of medical information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Federal Educational Rights and Privacy Act (FERPA).
3. Schedule a conference with the parent/guardian, review medical records, history and all prescribed orders, and the label on the medication.
4. Develop the IHP using the required form, and in accordance with LSBN, including nursing diagnoses, student goals, interventions, outcomes/evaluations, and appropriate attachments relative to emergency, transportation, seizure management plan, medication administration record, and other appropriate forms.
5. Assess the school environment and the clinical acuity of the student, including the overall complexity of the student's healthcare.
6. Determine if certain nursing interventions may be delegated to a trained licensed or unlicensed school employee. Determine the skills required and competency of licensed or unlicensed personnel administering Diastat®.
7. Plan for appropriate personnel at all times on field trips, summer school, to relieve the assigned caregiver for breaks, lunch or when absent.
8. When delegation is appropriate, plan for the training of at least two full-time trained unlicensed school employees (TUSEs).

The IHP should include, but is not limited to, the following:

1. The specific factors that precipitate seizure activity in the child, provided by the prescribing physician.
2. Documentation of the dose and frequency of Diastat® administration.
3. A student specific plan identifying steps to implement before, during and following Diastat® administration.
4. Plans/requirements for transportation and field trips.
5. Decision/orders relative to participation or restriction of physical activity.
6. Provision for protection of privacy of the student.
7. School site for storage of medication, person responsible for checking the expiration date and replenishment of medication.
8. Identification of the name and credentials of the caregiver.
9. Attachments to the IHP for documentation:
    - Record of seizure date, time, duration, description (Seizure log/flow Chart)
    - Medication Administration Record (MAR)
    - Emergency plan
    - Transportation plan
    - Seizure management plan
    - Universal precautions
    - Notification letter and documents to be delivered to EMS
    - Letter/report of seizure to the prescriber per prescriber's request on doctor's order form
    - When delegation is appropriate, plan for the training of at least two full-time trained unlicensed school employees (TUSE)

Delegation:

The school RN may delegate administration of Diastat® to a trained unlicensed school employee (TUSE) only if the following requirements have been met:

1. The school RN has assessed the school environment and the clinical acuity of the student, including the overall complexity of the student's healthcare problems and has developed the IHP.
2. The school RN has determined that according to the LSBN rules and regulations, delegation of Diastat® is safe and appropriate for the specific student in the school setting.
3. The environment, student condition, and the competency of the TUSE meet the LSBN criteria for delegation of nursing functions.
4. The school TUSE has the capability to communicate with the school RN for supervision and assistance at all times.
5. If the school RN delegates to the TUSE, then two full-time qualified unlicensed school personnel must be identified and trained in student specific procedures.
6. The school RN remains responsible for the total nursing care of the student, decision making regarding delegation and the use of Diastat®.

Training:

Successful completion of training for administration of Diastat® means that the licensed or trained unlicensed school employee must demonstrate, at a minimum, documented proficiency in the following:

1. General training in recognizing seizures.
2. Documented proficiency of basic first aid for seizures.
3. The delegating school RN must conduct student specific training, including the procedures provided by the manufacturer, before the TUSE can administer Diastat®.
4. At least two full-time TUSEs must be trained in the procedure for the students prescribed Diastat®.
5. Documented understanding of the student specific parameters for use of Diastat® in the school setting.
6. Documented proficiency in procedures necessary after administration of Diastat® in the school setting.
7. Documented proficiency in standard procedures and universal precautions.
8. Understanding that administration of Diastat® must be reported to the school RN immediately after its use.
9. Reviewing of procedure must be updated every 3 months, as well as when there are any changes in the Diastat® order.
10. Attendance is required at other trainings such as CPR, Back Care/Body Mechanics, as deemed necessary by the school RN.
11. The delegating school RN must document, and maintain documentation that the TUSE has successfully completed student specific training in Diastat® administration.

NOTE*: Training skills for the trained unlicensed school employees and checklists for documenting competency are provided in Part II of this document.*

Administration of Epinephrine

General Information: R.S. 17:436.1(K), Act 624 of the 2012 Regular Session of the Louisiana Legislature mandates local school systems to adopt a policy authorizing a school nurse or trained school employee to administer auto-injectable epinephrine to a student who the school nurse or trained school employee, in good faith, professionally believes is having an anaphylactic reaction, whether or not such a student has a prescription for epinephrine. Additionally, Act 624 gives each public elementary and secondary school the option to maintain a supply of auto-injectable epinephrine at the school.

Specific Requirements*:*

1. Each school shall include the policy required by this regulation in its Student Handbook and post such policy on the school's website, if it has one.
2. The policy shall be disclosed to any parent/guardian who notifies the school in which the student is enrolled, in writing, that the student has an allergy or other condition which puts him at risk of anaphylaxis.
3. At least one employee at each school must receive training from a school RN or a licensed medical physician (MD) in the administration of auto-injectable epinephrine**.**

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Implementation Considerations:

1. A licensed physician *may* prescribe epinephrine auto injectors in the name of the local school system or the individual school to be maintained for use when deemed necessary.
2. The school RN or trained employee *may* administer the auto-injectable epinephrine to respond to a student's anaphylactic reaction, under a standing protocol from a physician licensed to practice medicine in the state.
3. Each public elementary and secondary school *may* maintain a supply of auto-injectable epinephrine at the school in a locked, secure, and easily accessible location.
4. Training should include:
   - Proper procedures for administration of epinephrine
   - Storage and disposal of medications
   - Appropriate and correct record keeping or documentation
   - Appropriate actions when unusual circumstances <u>or</u> medication reactions occur
   - Appropriate use of resources

NOTE: Training skills for the trained unlicensed school employees and checklists for documenting competency are provided in Part II of this document.

Administration of Medications for Diabetes

General Information*:* R.S. 17:436.3, Act 858 of the 2012 Regular Session of the Louisiana Legislature provides for the utilization of trained unlicensed diabetes care assistants in the management and treatment of students with diabetes. The use of UDCAs in the educational setting is optional. An UDCA is a volunteer who is willing to complete training and is determined competent by the school nurse to provide care and treatment for students with diabetes.

Specific Requirements:

1. Any public elementary or secondary school student who seeks care for his diabetes while at school or participating in a school-related activity shall submit a Diabetes Management and Treatment Plan on an annual basis.
2. The Diabetes Management and Treatment Plan shall be submitted annually to the principal and/or the school RN.
3. The Diabetes Management and Treatment Plan must include a timetable, including dosage instructions of any diabetes medications to be administered to the student or self-administered by the student.
4. UDCAs may provide diabetes care to a student only in accordance with the student's Diabetes Management and Treatment Plan.
5. The school RN must assess the stability of the student's diabetes both at home and in the school prior to the development of the IHP and assignment of diabetes care assistants.
6. The school RN will be given not less than five school days to develop the IHP and shall implement the IHP within 10 school days upon receipt of the Diabetes Management and Treatment Plan.
7. UDCA shall serve directly under the supervision of a school RN for medication administration.
8. A school RN must be available by phone for immediate access to the school.
9. The use of unlicensed diabetes care assistants for treatment/care requires parental/guardian authorization.
10. Protocols for administration of medication for the treatment of diabetes shall be consistent with Title 28, Part CLVII, Bulletin 135—Health and Safety, §305.
11. UDCAs must be monitored by the school RN for compliance of treatment plan and skill level.
12. The school RN shall be responsible for the training and competency evaluation of non-medical personnel who have volunteered to serve as an UDCA.
13. UDCAs are required to:
    - participate in six hours of training
    - demonstrate 100% skill competency a minimum of (5) times consent to an annual skill competency assessment
14. Documentation of instruction, competency evaluation, and ongoing supervision shall be conducted by the school RN.

Implementation Considerations for Trained UDCAs

1. A minimum of six hours of training must be provided in accordance with the schedule below. This training is specific to the management and treatment of students with diabetes and does not substitute for the training required for administration of other medications.
    - Level 1 shall be 1 hour and include an overview of diabetes, recognizing the signs and symptoms of hyperglycemia and hypoglycemia, and emergency contacts.
    - Level 2 shall be 1 hour and include an expanded overview of diabetes (types), blood glucose monitoring, ketone testing, balancing insulin/medication with physical activity and nutrition, overview of devices/equipment, impact of hypoglycemia or hyperglycemia on learning, diabetes management plan, IEPs, IHPs.
    - Level 3 shall be 4 hours and include all of the content of level 1 & 2, general training on diabetes care tasks, student specific training (each student's symptoms and treatment for hypoglycemia and hyperglycemia), specific parameters on when to perform the task, when not to do so, and when to ask for help, basic carbohydrate counting and step by step instruction on administration of medication as ordered by the physician in accordance with school district policies.

2. The parent/guardian shall be responsible for all care related to the student's Diabetes Management and Treatment Plan until all authorized physicians' orders, parent authorization, and all medical supplies deemed necessary to care for the student in the school setting have been received by the school RN.
3. No physician, school RN, school employee or school district shall be liable for civil damages or subject to disciplinary action under professional licensing regulation or school disciplinary policies as a result of the activities of an UDCA.
4. If a professional licensing board has cause to believe that a licensee within its jurisdiction improperly trained an UDCA or improperly assessed the ability of an UDCA to perform his or her designated functions, then the professional licensing board may bring disciplinary action against the licensee.
5. In performance of their duties, UDCAs shall be exempt from any applicable state law or rule that restricts the activities that may be performed by a person who is not a healthcare professional.

NOTE: Training skills for the trained unlicensed school employees and checklists for documenting competency are provided in Part II of this document.

Policy for Noncomplex Health Procedures

Introduction

Local school districts provide educational services to students who may require noncomplex health procedures such as modified activities of daily living, health maintenance procedures and screening. The Louisiana Legislature passed R.S. 17:436, Act 760 during the regular 1991 legislative session. This act and subsequent amendments mandates training of individuals who will perform these specific noncomplex health procedures. The intent of the act is that the assessment of the health needs and the coordination of services to students requiring noncomplex health procedures is the responsibility of a registered nurse or a licensed medical physician employed by a local school system.

A noncomplex health procedure is a task which can be safely performed, according to exact directions, with no need to alter the standard procedure and which yields predictable results. The school employed registered nurse remains accountable for the total nursing care of the individual. Noncomplex health procedures include: clean intermittent catheterization, screening of growth, vital signs, hearing, vision, and scoliosis; health maintenance procedures**,** such as postural drainage and percussion, oral pharyngeal and tracheostomy suctioning, and gastrostomy feeding; and, modified activities of daily living which require specialized instruction and/or adaptations, such as modified techniques for diapering, bowel/bladder training programs, toileting, oral/dental hygiene, lifting/positioning, and oral feeding.

To ensure timely placement and educational program planning, the student who may need a noncomplex health procedure during the school day will be referred to the school RN and, when appropriate, other licensed health professionals, to implement the procedures for planning, assessment, training and supervision of personnel performing the health procedures. These procedures meet the requirements of the Acts to follow the rules on delegation. The IEP committee should use the health services plan in the development of the educational goals of the student while providing for the coordination of services.

Summary of R.S. 17:436 Act 760 of the 1991 Regular Session of the Louisiana Legislature and subsequent amendments:

A. Three Categories of Noncomplex Health Procedures:
   1. Screenings
   2. Health Maintenance Procedures, and
   3. Modified Activities of Daily Living

B. The Act requires:
   1. The assessment of the health status of a student in his/her educational setting by a registered nurse or licensed medical physician employed by the city or parish school board. Another appropriate certified/licensed health professional employed by a school district may provide additional assessment information.
   2. The determination by the school-employed registered nurse or licensed medical physician and when appropriate, another certifies/licensed health professional that the

procedure is noncomplex and can be safely delegated according to the professional standards of care.

3. The delegation of the performance of noncomplex health procedures in certain situations by the registered nurse and, when appropriate, another certified/licensed health professional employed by the city or parish school system to a properly trained unlicensed school employee.
4. The monitoring of these procedures.
5. That a minimum of four hours of training in the area of noncomplex health procedures be provided by the school employed registered nurse, licensed medical physician, or any appropriate certified/licensed health professional to at least two employees for each student requiring a noncomplex health procedure.
6. That each student who requires a noncomplex health procedure while in the educational setting shall have at least two (2) school employees competently trained to perform the delegated procedures for that specific student, when the procedure is to be performed by someone other than the certified/licensed health professional.
7. That a minimum of three satisfactory (100% competency) demonstrations of each procedure to be completed by each trainee.
8. Written documentation of the completion of the training and competency of each trainee in performing noncomplex health procedures is on file.
9. That exemption from performance of noncomplex health procedures by school employees, after training is granted only when reasons for the exemption are approved by a licensed medical physician or registered nurse with, when appropriate, other licensed health professionals, and the reason for the exemption is documented within 72 hours.
10. That the trained employee has the right to request and have a witness to the procedure and once the request has been made, the employee shall not be required to perform procedure without such witness.
11. That a written authorized prescriber's prescription be on file for non- complex health procedures, excluding screenings and activities of daily living. The prescription must be on file for easy access and reference.

Philosophy

These guidelines have been developed to assist licensed professionals in providing training for school personnel who will perform noncomplex health procedures on specific students. The guidelines meet all of the requirements as outlined by R.S. 17:436, Act 760 and the subsequent amendments and can be individualized to meet the unique needs of the trainee and the specific student. The implementation of these guidelines will foster the provision of safe noncomplex health procedures in order to promote the wellbeing of students. The responsibility for appropriate, safe healthcare of the student while in the educational setting remains with the LEA, the licensed/registered professionals and other school employees.

Appropriate training shall be based on the following principles of care:

- The family is the constant in the student's life and should be an integral part of the decision-making regarding the provision of healthcare in the school. Every effort should be made to involve the student in the planning and provision of care.

- The dignity of each individual student is of the utmost importance. Privacy and confidentiality must be ensured.

- Since all students are different, care plans and training should be individualized.

- The involvement of the licensed physician and/or the school RN in assessment, training, and supervision of noncomplex health procedures is required in order to determine if delegation of specific procedures can be accomplished in a safe and appropriate manner.

- The involvement of other licensed health professionals (e.g., Occupational Therapist, Physical Therapist, Respiratory Therapist, etc.) may be appropriate for specific student needs.

Definitions and Clarification

A noncomplex health procedure is a task that can be safely performed, according to exact directions, with no need to alter the standard procedure and which yields predictable results. A noncomplex health procedure may be delegated by a licensed medical physician or registered nurse to other competent, trained unlicensed school personnel in selected situations.

After the initial assessment of the student and the determination of training needs of the school employees the appropriate licensed health professional (e.g., R.N., O.T., P.T., Respiratory Therapist, etc.), is responsible for the training and certification of staff and monitoring of procedures. When the training of staff and monitoring of procedures is the responsibility of a licensed health professional other than the school RN, the professional will participate in the process for certifying individual requests for exemption through written documentation to the school RN or licensed medical physician. The licensed medical physician or registered nurse employed by the city or parish school system, however, retains accountability and is ultimately responsible for the total healthcare of a student.

Once trained, employees are required to perform noncomplex health procedures unless exempted for specific reasons as documented and certified in writing by the appropriate licensed professional, and with written notification of the registered nurse or licensed medical physician employed by the local school system.

The trained employee has the right to ask, and have another school system employee witness present while a procedure is performed. A witness, in this instance, does not necessarily need to be trained in the performance of a noncomplex health procedure. It is suggested that the witness be approved by the parent and used consistently.

Noncomplex health procedures may include, but are not limited, to the following:

Screening

These tasks include the collection of data related to specific health parameters. Data collected are reported to the appropriate licensed health professional for analysis. A medical physician's prescription is not required in order to screen.

Bulletin 135 requires that every school system, during the first semester of the school year, or within 30 days after the admission of any students entering the school late in the session, shall test the sight, including color screening, for all first grade students, and hearing of each and all students under their charge, except those students whose parent or tutor objects to such examination. Such testing shall be conducted by appropriately trained personnel, and shall be completed in accordance with the schedule established by the American Academy of Pediatrics.

Upon the request of a parent, student, school RN, classroom teacher, or other school personnel who has reason to believe that a student has a need to be tested for dyslexia, that student shall be referred to the School Building Level Committee for additional testing. Local school systems may provide for additional training for school RNs to aid in identifying dyslexic students. Refer to §1123 in *Bulletin 741—Louisiana Handbook for School Administrators.*

The local school system shall keep a record of such examination, shall be required to follow-up on the deficiencies within 60 days, and shall notify in writing the parent or tutor of every student found to have any defect of sight or hearing.

Screening may include:

- Growth screening (e.g., height, weight) - The accurate recording of the student's measure of height and weight, and sometimes, the head circumference. It is important to conduct the screening regularly to detect any unusual change in the student's growth curve, which may indicate a change in the general health of the student.

- Vital signs (e.g., pulse, respiration) - The measurements of pulse rate, respiration rate and body temperature. Abnormalities may be clues to disease.

- Hearing

- screening - The procedure used to identify a student with possible hearing impairment. A school employee shall refer a student to the school RN for a health assessment when the student requires a noncomplex health procedure while in the educational setting and/or when signs or symptoms of hearing problems are observed. The school RN shall include hearing screening in the assessment of the health status of the student and refer for further evaluation when indicated.

- Vision screening - The procedure used to identify a student with vision difficulty, refer for further evaluation and treatment as soon as possible. Vision screening includes testing for visual acuity, muscle imbalance and other problems. Screening is conducted by methods

appropriate for the age and abilities of the student. A school employee shall refer a student to the school RN for a health assessment when the student exhibits any signs of vision problems. The registered nurse shall include vision screening in the assessment of the student's health.

- Scoliosis or Spinal screening - An assessment of the back for indications and evidence of asymmetry or abnormality. A school employee shall refer a student to the school RN for a health assessment, including screening for scoliosis when poor posture, protruding shoulder blades, uneven shoulder heights, and/or noticeable rounding of the back is observed. The school RN includes scoliosis/spinal screening in the assessment of the health status of the student.

Health Maintenance Procedures

These are procedures which require a licensed medical physician's prescription and must be monitored by the school RN. They may include, but are not limited to the following:

- Postural drainage/percussion - The use of positioning and tapping to assist in the movement of secretions from specific parts of the bronchi and lungs into the trachea for removal from the body.

- Tracheostomy suctioning - The mechanical removal of secretions from the trachea through a tube inserted into the surgical opening made through the neck into the trachea to establish and open airway.

- Oral pharyngeal suctioning - The mechanical removal of secretions from the mouth and throat. Suctioning may be required when the student is unable to clear his own airway.

- Gastrostomy feeding - The administration of food and fluids through a tube placed through an opening made by a surgical incision through the abdominal wall into the stomach.

Modified Activities of Daily Living

These are activities that require specialized instruction and/or adaptations. They generally do not require a medical physician's prescription. The determination for the need of a prescription and/or modification will be made by the school RN and, when appropriate, another licensed health professional.

Modified activities of daily living are part of a student's daily routine. They include but are not limited to the following:

- Modified techniques for diapering - Procedures that may be required when the student has conditions such as, but not limited to, brittle bones, extreme stiffness or scissoring of the legs, low or floppy muscle tone, post surgical conditions, etc.

- Bowel/bladder training programs - Procedures are individually designed to assist the student to overcome incontinence. This training may be required when the student has a condition such as spina bifida or has suffered a spinal cord injury, leaving the student with the loss of sensation of the body parts and the ability to control the sphincter muscles of the bowel and bladder. The purpose of bowel/bladder training is to establish or reestablish the time, place, and method of urine and stool elimination thereby minimizing complications from poor bowel and bladder habits, fostering independence, and promoting acceptance by peers. Ultimately the procedures will be implemented primarily in the home setting by the student and the family, and supported at school. This procedure requires a doctor's prescription.

- Modified toileting - Procedures required when a student requires assistance with bowel or bladder evacuation that is not routine, for example, when the student has a physical handicap. The long range goal of modified toileting may be for the student to recognize the need and to control the elimination of the urine and feces.

- Modified oral/dental hygiene - The maintenance of the mouth, teeth and gums by cleaning and/or massaging the structures.

- Modified lifting/positioning - Special procedures that may be performed when a student requires assistance to maximize the use of body parts, maintain adequate mobility, provide tactile stimulation and/or to improve the respiratory and circulatory status.

- Modified oral feeding - Techniques for oral feeding to assist a student who is able to take nourishment by mouth, but shows evidence of change in the oral motor, swallowing, positioning, and/or sensory abilities.

Implementation Guidelines for Noncomplex Health Procedures:

General Provisions

Timely referral

Assessment

- Assessment of the health status of the student
- Assessment, when appropriate, by other licensed health professionals
- Monitoring the procedures
    - Healthcare plan; written by the school RN
    - Treatment plan; written by the other school-employed licensed healthcare professionals when appropriate
    - Individualized Health Services Plan; the combined plan agreed upon by the registered nurse, other licensed healthcare professionals, parent and the designated educational staff. The staff and training needs will be identified by the team.
    - Support and supervision of training by appropriate professionals
        - Review daily logs and progress notes

    - Observation of the school employee performing procedure
    - Observation of student response to procedure and progress
  - Routine monitoring for compliance in the implementation of Act 760 for procedural safeguards and due process according to regulations of the Louisiana Department of Education.

- Training of at least two school employees
  - Four (4) hours of general training for basic information
  - Student specific training for each procedure as indicated
  - Documentation of training
    - Basic procedural guidelines in Section II modified to meet the specific student needs
    - Three consecutive demonstrations with 100% accuracy

- Witness to the procedure if requested
  - Any employee may request another school employee to be present as a witness
  - while he/she is performing the procedure
  - After making such a request the employee shall not be required to perform the procedure without such witness

- Exemption for performance of the procedure with documentation by the health professional
  - Once trained, an employee may not decline to perform the procedure at the time indicated except as exempted for reasons noted in writing by the licensed medical physician or the registered nurse.
  - The reason for such exemptions shall be documented and certified by the licensed medical physician or the registered nurse within seventy-two hours of the request for the exemption.

Implementation of Noncomplex Health Procedure Components:

A. Timely referral

The school employee receiving notification of the admission of a student who may require noncomplex health procedures while in the educational setting shall immediately notify the school RN employed by the city or parish school system, the school principal and/or, other designated responsible educational authority. Noncomplex health procedures include, but are not limited to, the screening of a specific student for growth, vital signs, hearing, vision, and scoliosis; health maintenance procedures such as postural drainage, percussion, tracheostomy and oral pharyngeal suctioning, and gastrostomy feeding; activities of daily living which must be modified such as toileting/diapering, bowel/bladder training, toilet training, oral/dental hygiene, lifting/positioning and oral feeding.

B. Assessment

1. The school RN shall assess the health status of the student, secure and interpret medical information, including:
   a) Any prescription or recommendations from the licensed medical physician. If there

is a prescription it should include:

- Name of the child
- Name of the procedure or medication. (Note: does not change the rules for the administration of medication. This is not in the category of a noncomplex task.
- Reason for the procedure or medication
- Dosage
- Method of administration
- Frequency and time of procedure

- Duration of the order, not to exceed the school year
- Special instructions
- Other relevant instructions
- Date of the order
- Signature of the licensed medical physician or other licensed prescriber in the state of Louisiana

b) Medical records, when applicable:

- The birth history
- Hospital discharge summaries
- Current medical status
- Diagnosis
- Prognosis
- Consultations
- Immunizations

c) Educational records when applicable to include:

- Pupil appraisal/assessment
- Individualized Family Service Plan (IFSP)
- Individualized Education Plan (IEP)
- Individualized Transition Plan (ITP)

d) Family records/anecdotal when appropriate

2. The school RN shall make a nursing assessment to determine:

a) The need for an assessment by other certified/licensed health professionals

b) The need for noncomplex health procedures in consultation with other appropriate certified/licensed professionals

c) That according to the Louisiana Legal Standards of Nursing Practice and the Administrative Rules on the Delegation of Nursing Functions, the procedure can be safely performed, the results are predictable, and can be delegated to someone other than a registered nurse following documented training.

3. In consultation with other certified/licensed health professionals, when appropriate, the level of care needed; the competencies required by individuals performing the procedure.

C. Planning

The school RN shall write a Healthcare Plan (HCP), which includes the following: (the list is not inclusive and all areas listed may not be appropriate for each student.)

1. Health needs
   a) Diagnosis and description of the condition
   b) Procedures and equipment needed
   c) Treatment and side effects
   d) Maintenance of skin integrity
   e) Infection control
   f) Safety issues
   g) Nutrition and fluid requirements
   h) Level of activity
   i) Precautions and/or restrictions

2. Emergency Plan:
   a) Warning signs and symptoms of problems/distress
   b) Parameters, intervention, emergency reaction time
   c) Emergency contacts: Family, friends, agencies, physicians, etc.
   d) Natural disaster plan

3. Communication: Ongoing exchange of health information:
   a) Multidisciplinary Evaluation Team
   b) Student's family and caregiver
   c) School personnel and consultants
   d) Community resources, work place

4. Student/family concerns and consideration:
   a) Present level of functioning and potential
   b) Attitudes and preferences

5. School absence:
   a) Reduced vitality
   b) Time factors influencing absence
   c) Program accommodations

6. Environment:
   a) Accessibility

b) Temperature control
c) Allergens
d) Environmental hazards
e) Availability of hot and cold running water
f) Electrical needs and hazards
g) Storage areas
h) Privacy needs/area
i) Infection control routine

7. Personnel/student considerations:
   a) Need for supplemental support services
   b) Need for consultation with other certified/licensed health professionals
   c) Immunizations

8. Orientation and technical assistance:
   a) Direct care personnel
   b) Supplemental support service personnel
   c) Administrators and school faculty
   d) Classmates and schoolmates
   e) PTA, community, job site

9. Consideration for entry or change in setting:
   a) Safety and comfort
   b) Hygiene
   c) Equipment operation maintenance, etc.
   d) All items included under environment

10. Transportation:
    a) Accessibility
    b) Security of the student
    c) Security of the equipment
    d) Temperature control
    e) Trained personnel
    f) Emergency plan

11. Information for documentation and monitoring of the noncomplex health procedures:
    a) Date and time, length of time for procedure
    b) Student specific typical patterns or responses to healthcare procedures
    c) Student's toleration of procedure
    d) Student specific warning signs and symptoms

e) Condition of skin

f) Body position and associated activity

g) Other

h) Signature of the caregiver, appropriate staff

i) Requirement of the Health Services Plan

j) Student's highest level of independence in performance of procedure

12. Another health professional shall, when appropriate, make an assessment to determine:
    a) That in accordance with the legal standards of practice of the certified/licensed health professional whose expertise is required, the procedure can be safely delegated.
    b) The competencies needed by the individuals providing the noncomplex health procedure.
    c) The requirements of the Health Services Plan.

D. Monitoring of the Procedures

1. Noncomplex health procedures required by the student will be identified in the assessment of the student by the school RN and, when appropriate, another health professional. A noncomplex health procedure is a procedure that can be safely delegated to someone other than a licensed health professional.

2. The school RN and other licensed health professionals shall follow their own standard of practice in writing an individualized plan for the care and treatment of the student. The plans shall be implemented, evaluated and changed to meet the health needs of the student, according to the plan.

3. The Individualized Healthcare Plan (IHP):
    a) This plan is written to coordinate the health services required by the student. The Individualized Healthcare Plan form must be completed for each student who requires noncomplex health procedures including screening, health maintenance procedures, and modified activities of daily living. School employees who perform noncomplex health procedures on students in the school setting must be trained and supervised by the appropriate certified/licensed health professional in coordination with a registered nurse employed by the local school system. Specialized health procedures in the area of modified activities of daily living may not require a physician's prescription; however, due to the modifications or adaptations that must be made for what is generally considered "routine," special training and monitoring is required for those individuals performing the procedures.

       Activities of daily living that may require modification include toileting, diapering, bowel/bladder training programs, oral/dental hygiene, oral feeding, and lifting and positioning. Procedures in the area of health maintenance require a prescription from a medical physician or other authorized, licensed prescriber in the state of

Louisiana. They may include, but are not limited to, the following: postural drainage, percussion, tracheostomy and oral pharyngeal suctioning, and gastrostomy feeding. A student may be identified as requiring screening for growth, hearing, vision, vital signs, or scoliosis at the time of admission to the educational setting or as a result of the student's health assessment by the school RN.

b) The IHP is developed for the student after the school RN has completed a health assessment, written a nursing care and treatment plan and determined that one or more noncomplex health procedure(s) is/are required for the student while he/she is in the educational setting. An assessment of the student and a written care/treatment plan may also be required by another certified/licensed health professional in order to complete the IHP.

c) The Individualized Healthcare Plan (IHP) form must be updated, at a minimum, on an annual basis for all students regardless of the educational program (regular education, special education, vocational, migrant, etc.). The plan may be revised at any time to meet the individual needs of the student, or the instructional staff.

4. For students enrolled in education programs, the following procedures must be followed:
   a) The IHP must be developed and agreed upon by the school RN, the student's teachers, and parent(s) or legal guardian, the school administrator, other appropriate personnel, and when appropriate, the student.

   b) The IHP becomes a part of the student's educational plan.

   c) The IHP must be confidentially maintained as part of the student's permanent educational record.

   d) The healthcare needs/alerts must be documented in the student's educational plan.

   e) The IHP must address the student's ability to participate in the performance of the noncomplex health procedure. Behavioral objectives should be written and instruction provided in accordance with the needs and abilities of the student.

4. Support and Supervision:
   a) Support of the employee
      - Emotional
      - Open communication with family, school staff
      - Environmental – (the trainee is provided with the proper area to do the task, has supplies, water and proper equipment)

   b) Ongoing supervision by the school RN: Having determined that in accordance with the Louisiana Legal Standards of Nursing, and the Administrative Rules on the Delegation of Nursing Functions, the procedure can be safely performed, the results are predictable and the procedure can be delegated to someone other than a

registered nurse, following documented training, the school RN shall:

- Interpret physician's orders.
- Schedule, complete and document regular observations and contact with the trainee.
- Evaluate and manage problems identified during routine observation and upon request.
- Initiate the Individualized Healthcare Plan and update as needed, at least annually.

c) Ongoing supervision, when appropriate by another certified/licensed health professional: Having determined that in accordance with the legal standards of practice of the additional certified/licensed health professional whose expertise is required, the procedure can be safely delegated, the certified/licensed health professional shall:

- Interpret appropriate physician's orders.
- Schedule, complete and document regular observations and contact with the trainee.
- Evaluate and manage problems identified during routine observations and upon request.
- Complete the appropriate section of the IHP and update as needed, at least annually.

d) Compliance with regulations for procedural safeguards and due process procedures in the implementation of Act 760 will be monitored periodically according to the State Department of Education guidelines.

E. Recommendations for Training Related to Act 760 and Subsequent Amendments

1. Contents for General Training: Four (4) hours of basic information is required by all school employees designated to perform noncomplex health procedures on students.

a) This training includes:

- Review of Act 760 and 469, the Louisiana statutes for the practice of nursing and other health professions, relevant laws, court cases and parish guidelines.
- Emergencies, liability issues, an explanation of who is responsible for performing procedures, etc.
- Infection Control/Universal Precautions
- General review of body mechanics
- Psychological issues including privacy and confidentiality, developing and fostering independence, role of the family, attitudes and preferences of the student, and improving the level of comfort for the student and trainee
- Exchange of information to and from school, among school personnel and consultants

b) Procedures to follow before training for student specific procedures occur.

Policy for Clean Intermittent Catheterization of Students

Requirements for the Implementation of R.S. 17:435

Introduction

Local education agencies in Louisiana are required by federal and state legislation to provide a free and appropriate education for all students with disabilities identified according to state and federal statutes. One aspect of these laws is a requirement that, when necessary for the child to be able to benefit from his/her education, certain specific health or related services must be provided. These services are to be written in the child's Individualized Healthcare Plan (IHP), and/or Individualized Education Program (IEP). One of those related services, which is sometimes required to allow a student to participate equally in the educational setting, is clean intermittent catheterization (CIC). R.S. 17:435, Act 1048 of the 1990 Regular Session of the Louisiana Legislature mandates that prior to requiring local school system employees to perform the catheterization of a student, certain training, documentation and rights of the employee, the student and his/her parents/guardians must be met. These requirements are based upon R.S. 17:435 and related statutes.

Summary of R.S. 17:435 Act 1048 of the 1990 Regular Session of the Louisiana Legislature and subsequent amendments:

A. Provides:
   1. An appropriate level of training for proficiency of local school system employees, other than licensed medical physicians and registered nurses, in performing clean intermittent catheterization (CIC) for students in the educational setting.
   2. That catheterization of a student is performed only:
      a) When a Louisiana authorized prescriber's prescription is written specifically for the student; and,
      b) When the employee has the right to request and have present a witness to the procedure. After making the request, the employee shall not be required to catheterize the student without a witness.

B. Prohibits:
   1. Catheterization by non-licensed school employees for continuous bladder drainage.
   2. Catheterization by non-licensed school employees to obtain urine for diagnostic procedures.
   3. Teachers in regular education from being required to perform health procedures.

C. Requires:
   1. That a licensed medical physician or a registered nurse be employed by a local school system to:
      a) Place on file a physician or other authorized Louisiana prescriber's prescription for catheterization of the student.
      b) Assess the health status of the specific student in his or her educational setting.

c) Determine that the catheterization of the student can be delegated and safely performed in the educational setting by someone other than a licensed medical physician or school RN, following documented approved training.

2. A licensed medical physician or a school RN to:
   a) Train at a minimum two (2) employees to catheterize each student as prescribed by the physician.
   b) Provide at least eight (8) hours of training for the employees.
   c) Observe the employees performing the catheterization a minimum of five (5) times.
   d) Document one hundred percent (100%) successful completion of these catheterizations.
   e) Provide standard forms documenting the employee's training signed by the licensed medical physician or school RN and the trainee.
   f) Document in writing and place in the school office files, reasons why the school employee cannot catheterize the student. This documentation must be made within seventy-two (72) hours after the need for the exemption has been made.
   g) Document supervision of the employees' performance.

Philosophy

These guidelines have been developed to assist licensed professionals in providing training for personnel who will perform CIC. The guidelines meet all of the components as outlined by R.S. 17:435 and can be individualized to meet the unique needs of the trainee and the specific student. The implementation of these guidelines will foster the provision of a safe catheterization procedure.

Appropriate training shall be based on the following principles of care:

- No students are the same and all care plans and training shall be individualized.
- The dignity of each individual student is of the utmost importance. Privacy and confidentiality must be ensured. Every effort should be made to involve the student in the planning and provision of care.
- The family is the constant in the student's life and should be an integral part of decision-making regarding the provision of healthcare in the school.
- The involvement of the licensed physician and/or the school RN in assessment, training, and supervision is required to determine if delegation of specific procedures can be accomplished in a safe and appropriate manner.

Definitions and Clarifications

Clean intermittent catheterization (CIC) is the procedure by which a catheter (a tube) is inserted through the urethra into the bladder for the purpose of emptying the bladder of urine. It is necessary to empty the bladder at routine intervals to prevent infection and overstretching of the bladder.

CIC is necessary for different reasons. One reason is that the bladder is sometimes paralyzed causing the student to wet even when the bladder is not full. Another reason is that the sphincter

muscle (muscle that holds urine in) may be paralyzed. Typically, one can hold urine in by tightening this muscle. If the sphincter is paralyzed, the student cannot tighten this muscle and urine will leak out. A third reason is that the bladder and sphincter muscle may not be coordinated; this causes the bladder to retain urine and overflow back into the kidneys. If urine remains in the bladder for long periods of time or backs up into the kidneys, this can cause infection and lead to kidney damage. Students who require CIC may include those with a diagnosis such a spina bifida or neurogenic bladder.

Implementation Guidelines for Assessment, Planning and Training

Pre-Entry Planning for a Student Requiring Catheterization

A. Timely referral
   The school employee receiving notification of the admission of a student who will require catheterization while in the educational setting shall immediately notify the school principal, the school RN and the Special Education Supervisor.

B. The school RN will:
   1. Secure and interpret medical information, including:
      a. The prescription from the medical physician licensed in Louisiana or an adjacent state or any other authorized prescriber authorized in the state of Louisiana to prescribe medications or devices to catheterize the student which states at a minimum:
         - Frequency and/or times of catheterization
         - Size and type of catheter
         - Permission to use crede' maneuver
         - Date of the order
         - Signature of the licensed medical physician

      b. Medical records when applicable:
         - The birth history
         - Hospital discharge summaries
         - Current medical status
         - Diagnosis
         - Prognosis
         - Consultations
         - Immunizations

   2. Make a nursing assessment to determine:
      a. The current health status.
      b. The level of care needed.
      c. That according to the Louisiana Legal Standards of Nursing Practice, the procedure could be safely performed, the results are predictable and could be delegated to someone other than a school RN following documented training.

3. Write a healthcare plan, considering the following guidelines: (The list is not complete and all areas listed may not be appropriate for each student.)
   a. Health Needs
      - Diagnosis and description of condition
      - Treatment/side effects
      - Special nutritional or fluid requirements
      - Medication/side effects

   b. Emergency Plan
      - Warning signs and symptoms
      - Parameters, intervention, emergency reaction time
      - Emergency contacts
      - Natural disasters

   c. Communication: Ongoing exchange of health information
      - Multidisciplinary Evaluation Team
      - Student's family or caregiver
      - School personnel
      - Community resources

Recommendations for Training Related to R.S. 17:435

Eight hours of training is required. The training should include both general training, which may be given in a group setting and a minimum of two (2) hours of training related to the specific student. Following the eight (8) hours of training, the trainee must complete, with supervision, a minimum of five (5) catheterizations with 100% accuracy.

A. Contents for General Training
   1. Review of Louisiana R.S. 17:435, relevant federal laws, court cases and parish guidelines
   2. General review of the anatomy
   3. Reasons why catheterization is needed. (build on normal anatomy)
   4. Psychosocial issues
      a) Privacy and confidentiality.
      b) Developing and fostering independence
      c) Role of the family
      d) Attitudes and preferences of student
      e) Improving students' level of comfort
      f) Employee comfort
   5. Prescriptions
   6. Logistics. (where to perform, equipment storage, cleaning, etc.)
   7. What equipment is needed.
   8. Exchange of information. (to and from school)
   9. General ways of integrating the student into the process/IEP
   10. Documentation and supervision

11. Individualized Healthcare Plan
12. Universal precautions
13. General warning signs and symptoms and emergencies
14. Training video
15. Demonstration of procedure on training doll. (small groups)
16. Return demonstration on training doll. (small groups)
17. Evaluation

B. Child Specific Training (two hours minimum)

This training should include parents, two trainees and the supervising school RN or physician and, as appropriate, the student. A regular education teacher is exempt unless she or he volunteers.

1. General Student Information
   a) Prescription
   b) Diagnosis
   c) Reason for catheterization
   d) Developmental levels
   e) Present level of involvement in own care
   f) Other pertinent information. (i.e., medication, sensation, positioning, pressure relief, fluid intake.)
2. Specific Student Information
   a) Student attitude and preference
   b) Logistics
   c) Ongoing exchange of information
   d) Hygiene and conditions
   e) Warning signs and symptoms
   f) Emergency (who and when to call)
   g) Documentation and personnel supervision
   h) Problem management
   i) Other information noted in the Individualized Healthcare Plans
3. Catheterization Procedures.
   a) Trainer demonstrations on the training doll.
   b) Trainee demonstration on the training doll.
   c) Trainee observation of the trainer or the parent performing the student's catheterization.
   d) Schedule of mandated observations.

Support and Supervision

Support: The school RN should maintain open communication with the trainee, family and school staff. The trainee must be provided with a proper area to perform the task and be given the appropriate supplies to complete the task safely and efficiently.

Ongoing Supervision: In accordance with the Louisiana Legal Standards of Nursing Practice, the school RN shall:

1. Interpret changes in the physician's orders
2. Schedule, complete, and document regular observations and contact with the trainee
3. Evaluate and manage problems identified during routine observations and upon request

Consideration for the IEP and/or the Individualized Healthcare Plan (IHP)

The IEP and/or the IHP shall contain at a minimum the following information related to health.

A. General Considerations Section
   1. Description of student health status/concerns
   2. Impact on educational program

B. Comment Section
   1. Level of care needed
   2. Emergency plans
   3. Special considerations
      a) Environment
         - Privacy
         - Hygiene

      b) Equipment
         - Supply
         - Management

      c) Current health records

      d) Student/Family concerns and considerations
         - Present level of function and potential in healthcare

      e) School Absence
         - Reduced vitality
         - Time factors influencing absence
         - Program accommodations

      f) Environment
         - Accessibility
         - Temperature control
         - Allergens
         - Environmental hazards

- Availability of hot and cold running water
- Electrical requirements
- Storage area
- Private area to complete procedures

g) Personnel/Student Considerations
- Need for supplemental/related services
- Need for diet care personnel
  - License required
  - Training and supervision required

h) Orientation and Technical Assistance
- Direct care personnel
- Supplemental/related service personnel
- Administrators
- Classmates
- Schoolmates
- PTA/community

i) Considerations for entry or change in setting
- Safety
- Hygiene
- Equipment
- Personnel resources

j) Transportation
- Accessibility
- Security of student
- Security of equipment
- Temperature control
- Trained personnel
- Emergency plan

Policy for Diabetes Management and Treatment

Requirements for the Implementation of R.S. 17:436.3

Introduction

Schools have a responsibility to ensure a safe learning environment for all children. Young students with diabetes require assistance with their diabetes care while many middle and high school students can manage their own diabetes with independence. Each student is different, thus education on the management and treatment of children with diabetes is an ongoing effort. Effective diabetes management at school can promote a healthy, productive learning environment for a student with diabetes, reduce the number of absences of students with diabetes, reduce classroom disruptions and disturbance, and help ensure an effective response in case of an emergency.

R.S. 17:436.3, Act 858 of the 2012 Regular Session of the Louisiana Legislature provides school systems with the options of utilizing unlicensed trained diabetes care assistants (UDCA) in the provision of diabetes management and treatment services for school-age children.

Summary of R.S. 17.436.3 Act 858 of the 2012 Regular Session of the Louisiana Legislature

A. Provides:

1. For the development and implementation of Diabetes Management and Treatment Plans
2. For the provision of care by certain school personnel
3. For the duties and responsibilities of the school principal and other school personnel
4. Voluntary UDCAs, their duties, function, and training
5. For student self-monitoring and treatment
6. Exemption from any applicable state law or rule that restricts the activities that may be performed by a person who is not a healthcare professional

B. Requires:

1. The development of a Diabetes Management and Treatment Plan by a physician licensed in Louisiana or adjacent state, or other authorized health care prescriber licensed in Louisiana.
2. The plan must be submitted annually to the school principal or designated person.
3. The plan to contain specific components:
   a) an evaluation of the student's level of understanding of his condition
   b) the services the student may receive or self administer
   c) a timetable, including dosage instructions
   d) the signature of the student, parent or legal guardian and the physician responsible for the treatment
4. The school RN to provide care to a student with diabetes, or assist a student with the self-care of his diabetes in accordance with the diabetes management and treatment plan.

Philosophy

These guidelines have been developed to assist licensed professionals in providing training for school personnel who will assist in the care of students with diabetes. The guidelines meet all of the requirements as outlined by R.S. 17:436.3 and can be individualized to meet the unique needs of the trainee and the specific student. The implementation of these guidelines will foster the provision of safe diabetes management.

Appropriate training shall be based on the following principles of care:

- No students are the same and all care plans and training shall be individualized.
- The dignity of each individual student is of the utmost importance. Privacy and confidentiality must be ensured. Every effort should be made to involve the student in the planning and provision of care.
- The family is the constant in the student's life and should be an integral part of decision-making regarding the provision of healthcare in the school.
- The involvement of the licensed physician and/or the school RN in assessment, training, and supervision is required to determine if delegation of specific procedures can be accomplished in a safe and appropriate manner.

Implementation Guidelines for Diabetes Management and Treatments

- Diabetes management and treatment shall be provided to a student during the school day and any school-related activity. School-related activities include, but are not limited, to extra curricular activities and sports.
- With written permission from a student's parent/guardian, a school may provide a school employee with responsibility for supervision of a student with diabetes during an off-campus activity with an information sheet that provides the following:
  - the identity of the student
  - a description of potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies; and
  - the telephone number of the person(s) to be contacted in case of emergency.
- A Diabetes Management and Treatment Plan must include an evaluation of the student's level of understanding of his condition, the services to be received at school, a timetable of diabetic medications, and the signatures of the student, parent/guardian and physician responsible for the diabetes treatment.
- The school RN shall not be given less than 5 days to assess the health status of the student and the stability of the student's diabetes both at home and in the school prior to developing the IHP.
- The diabetes plan shall be implemented within 10 school days upon receipt of the diabetes treatment plan.
- A written authorized prescriber's prescription must be on file. The prescription must be filed for easy access and reference.
- The use of UDCAs is optional. Schools shall not be required to utilize UDCAs.

- During the specific time spent on management and/or treatment of the student with diabetes, the UDCA shall be relieved of all other duties.

Recommendations for Training for Diabetes Management

- A minimum of six hours of training in the area of diabetes management instruction must be provided for UDCAs by the school RN or another healthcare professional with expertise in caring for persons with diabetes. Training should occur at the beginning of each school year or offered when an enrolled student is first diagnosed with diabetes.

- There are three levels of training. Level 1 and Level 2 are designed for all school personnel who have responsibility for the student with diabetes throughout the school day (P.E. teachers, classroom teachers, lunchroom staff, coaches, bus drivers, etc). Level 3 training is student specific and is only for those individuals who volunteer to serve as UDCAs. This level of training is student specific and, because it includes administration of medication, it is outlined separately in this manual.

- The school RN or a certified diabetes educator shall develop the instruction, provide the training, and evaluate the competency of the trainee. Ongoing supervision should occur throughout the school year.

- The training must include both general training, which may be given in a group setting and training related to the specific student.
  - Level 1 shall be 1 hour and include an overview of diabetes, recognizing the signs and symptoms of hyperglycemia and hypoglycemia, and emergency contacts
  - Level 2 shall be 1 hour and include an expanded overview of diabetes (types), blood glucose monitoring, ketone testing, balancing insulin/medication with physical activity and nutrition, overview of devices/equipment, impact of hypoglycemia or hyperglycemia on learning, diabetes management plan, IEPs, IHPs
  - Level 3 shall be 4 hours and shall include all of the information in Levels 1 & 2, shall be student specific, and shall include administration of medication

NOTE: Training skills for the trained unlicensed school employee/unlicensed diabetes care assistant and checklists for documenting competency are provided in Part II of this document.

Louisiana Law – Revised Statutes and Rules

Administration of Medication
R.S. 17:436.1

Acts 1993, No. 87, §1;
Acts 1995, No. 752, §1;
Acts 2001, No. 636, §1;
Acts 2009, No. 145, §1, eff. June 25, 2009.

§436.1. *Administration of medication; definition; conditions; restrictions*

A. As used in this Section, the term "medication" shall include all prescription and nonprescription drugs.

B. No city or parish school board shall require any employee other than a registered nurse or licensed medical physician to administer medication until all the following conditions have been met:

(1) The city or parish school board has promulgated guidelines based upon a policy set by the State Board of Elementary and Secondary Education and the Louisiana State Board of Nursing which specifically establishes the procedure to be followed for the administration of medication at each school and which at a minimum provides that:
   (a) No medication shall be administered to any student without an order from a licensed physician or dentist who is licensed to practice medicine or dentistry in the state of Louisiana or an adjacent state or any other authorized prescriber authorized in the state of Louisiana to prescribe medications or devices and a letter of request and authorization from the student's parent or guardian.
   (b) No medication shall be administered to any student unless it is provided to the school in a container that meets acceptable pharmaceutical standards.
   (c) Both the letter from the parent or guardian and the medication container shall contain clear instructions identifying the student's name, RX number if any, date, frequency, name of the medication, dosage, route, and physician's, dentist's, or other authorized prescriber's name.

(2) At least two employees at each school have received not less than six hours of training in the administration of medication, including general and child specific training, from a registered nurse, a licensed medical physician, or both.

(3) A registered nurse and/or licensed medical physician employed by a city or parish school board has assessed the health status of the specific child in his specific educational setting and has determined that, according to the legal standards of the respective licensed health professional when performing such procedure, the administration of medication can be safely performed by and delegated to someone who has received documented training with documented competence other than a licensed health professional.

(4) A registered nurse and/or a licensed medical physician employed by a city or parish school board has reviewed the physician's, dentist's, or other authorized prescriber's order and the parent or guardian's request that the medication be administered and has determined that the administration of medication can be safely performed by and delegated to someone who has received documented training with documented competence other than a licensed health professional.

C. Individuals who are required to administer medication and have been trained according to the provisions of this Section may not decline to perform such service at the time indicated except as exempted for reasons as noted in writing by the licensed medical physician or the registered nurse. The reasons for such exemptions shall be documented and certified by the licensed medical physician or the registered nurse within seventy-two hours of the request for the exemption.

D. Any employee shall have the right to request that another school board employee be present while he is administering the medication to a student to serve as a witness. After making such a request the employee shall not be required to administer the medicine without such a witness.

E. In the absence of the training program as provided in this Section, no city or parish school board shall require any employee other than a registered nurse and/or licensed medical physician to administer medication.

F. Nothing contained in this Section shall be interpreted in such a manner as to relieve a city or parish school board of its duty and obligation to staff all schools with certified nurses.

G. For the purposes of this Section, the terms city or parish school board shall include all governing authorities of public elementary and secondary schools.

H. For the purposes of this Section, the term "authorized prescriber" means a person licensed, registered, or otherwise authorized by the appropriate licensing board to prescribe drugs in the course of professional practice.

I. Notwithstanding any other provisions of this Section, in a school system which is unable after a diligent attempt to employ a full-time registered nurse, a registered nurse shall be employed part time as necessary to provide the services required by this Section. In such a case, the nurse shall be compensated on an hourly basis in an amount which is equal to the average amount paid hourly for a nurse with similar experience in hospitals located within the region of the school district.

J. (1) Notwithstanding any provision of law or any rule, regulation, or policy to the contrary, the governing authority of each public elementary and secondary school shall permit the self-administration of medications by a student with asthma or the use of auto-injectable epinephrine by a student at risk of anaphylaxis, provided that the student's parent or other legal guardian provides the school in which the student is enrolled with the following documentation:

(a) Written authorization for the student to carry and self-administer such prescribed medications.

(b) Written certification from a licensed medical physician or other authorized prescriber that the student:

(i) Has asthma or is at risk of having anaphylaxis.

(ii) Has received instruction in the proper method of self-administration of the student's prescribed medications to treat asthma or anaphylaxis.

(c) A written treatment plan from the student's licensed medical physician or other authorized prescriber for managing asthma or anaphylactic episodes. The treatment plan must be signed by the student, the student's parent or other legal guardian, and the student's licensed medical physician or other authorized prescriber and shall also contain the following information:

(i) The name, purpose, and prescribed dosage of the medications to be self-administered.

(ii) The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered.

(iii) The length of time for which the medications are prescribed.

(d) Any other documentation required by the governing authority of the public elementary or secondary school.

(2) The documentation required by Paragraph (1) of this Subsection shall be kept on file in the office of the school RN or other designated school official.

(3) The governing authority of the public elementary and secondary school shall inform the parent or other legal guardian of the student in writing that the school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat asthma or anaphylaxis. The parent or other legal guardian of the student shall sign a statement acknowledging that the school shall incur no liability and that the parent or other legal guardian shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma or anaphylaxis.

(4) For the purposes of this Subsection:

(a) "Auto-injectable epinephrine" means a medical device for the immediate self-administration of epinephrine by a person at risk for anaphylaxis.

(b) "Inhaler" means a medical device that delivers a metered dose of medication to alleviate the symptoms of asthma.

(5) A student who has been granted permission to self-administer medication pursuant to this Subsection shall be allowed to carry and store with the school RN or other designated school official an inhaler or auto-injectable epinephrine, or both, at all times.

(6) Permission for the self-administration of asthma medications or use of auto-injectable epinephrine by a student shall be effective only for the school year in which permission is granted. Permission for self-administration of asthma medications or the use of auto-injectable epinephrine by a student shall be granted each subsequent school year, provided all of the requirements of this Subsection are fulfilled.

(7) Upon obtaining permission to self-administer asthma medication or to use auto-injectable epinephrine pursuant to this Subsection, a student shall be permitted to possess and self-administer such prescribed medication at any time while on school property or while attending

a school sponsored activity.

(8) A student who uses any medication permitted pursuant to this Subsection in a manner other than as prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student's immediate access to such prescribed medication.

K. (1) Notwithstanding any provision of law or any rule, regulation, or policy to the contrary, the governing authority of each public elementary and secondary school shall adopt a policy authorizing a school RN or trained school employee to administer auto-injectable epinephrine, as defined in Subparagraph (J)(4)(a) of this Section, to a student who the school RN or trained school employee, in good faith, professionally believes is having an anaphylactic reaction, whether or not such student has a prescription for epinephrine. At least one employee at each school shall receive training from a registered nurse or a licensed medical physician in the administration of auto injectable epinephrine. The school RN or trained employee may administer the auto-injectable epinephrine to respond to a student's anaphylactic reaction, under a standing protocol from a physician licensed to practice medicine in the state.

(2) Each public elementary and secondary school may maintain a supply of auto-injectable epinephrine at the school in a locked, secure, and easily accessible location. A licensed physician may prescribe epinephrine auto injectors in the name of the school system or the individual school to be **maintained for use when deemed necessary pursuant to the provisions of this Subsection.**

(3) Each school shall include the policy required by this Subsection in its student handbook and post such policy on the school's website, if it has one. Such policy shall also be disclosed to any parent or other legal guardian who notifies the school in which the student is enrolled, in writing, that the student has an allergy or other condition which puts him at risk of anaphylaxis.

Rule (LAC 28:I.929)

(http://www.doa.louisiana.gov/osr/reg/apr96/9604_022.pdf)

Board of Elementary and Secondary
Education Medication Policy (LAC 28:I.929)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the State Board of Elementary and Secondary Education has amended the Administration of Medication Policy developed by the State Board of Elementary and Secondary Education and the State Board of Nursing. This amendment to the Administrative Code is printed below:

Title 28
EDUCATION
Part I. Board of Elementary and Secondary Education
Chapter 9. Bulletins, Regulations and State Plans (Currently Chapter 11)

§929. Administration of Medication Policy (Currently §1129)

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B. Written Orders, Appropriate Containers, Labels, and Information

1. Medication shall not be administered to any student without an order from a Louisiana, or adjacent state, licensed physician or dentist and it shall include the following information:

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E. Teacher. The classroom teacher who is not otherwise previously contractually required shall not be assigned to administer medications to students. A teacher may request in writing to volunteer to administer medications to his/her own students. The administration of medications shall not be a condition of employment of teachers employed subsequent to July 1, 1994. A regular education teacher who is assigned an exceptional child shall not be required to administer medications.

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AUTHORITY NOTE: Promulgated in accordance with Act 87 of R. S. 1993 (R.S. 17:436.1).
HISTORICAL NOTE: Amended by the Board of Elementary and Secondary Education, LR 22: (April 1996).

Diabetes Management and Treatment
R.S. 17:436.3

Students with diabetes; management and treatment plans; provision of care; unlicensed diabetes care assistants; student self-monitoring and treatment

A. (1) Beginning with the 2012-2013 school year, a Diabetes Management and Treatment Plan shall be submitted by each student with diabetes enrolled in a public or nonpublic elementary or secondary school who seeks care for his diabetes while at school or while participating in a school-related activity and shall be updated on an annual basis. Such plan shall be developed by the physician or other licensed health care provider recognized by the Centers for Medicare and Medicaid Services who is selected by the parent or guardian to be responsible for such student's diabetes treatment and a current copy of such plan shall be kept on file at the school in which the student is enrolled.

(2) A student's Diabetes Management and Treatment Plan shall contain:

(a) An evaluation of the student's level of understanding of his condition and his ability to manage his diabetes.

(b) The diabetes-related healthcare services the student may receive or self-administer at school or during a school-related activity.

(c) A timetable, including dosage instructions, of any diabetes medications to be administered to the student or self-administered by the student.

(d) The signature of the student, the student's parent or legal guardian, and the physician responsible for the student's diabetes treatment.

(3) The parent or legal guardian of a student with diabetes shall annually submit a copy of the student's Diabetes Management and Treatment Plan to the principal of the school in which the student is enrolled. The plan shall be reviewed by the appropriate school personnel:

(a) Prior to or within five days after the beginning of each school year.

(b) Upon enrollment, if the student enrolls in the school after the beginning of the school year.

(c) As soon as practicable following the student's receipt of a diagnosis of diabetes.

B. (1) The school RN shall provide care to a student with diabetes, or assist a student with the self-care of his diabetes, in accordance with the student's Diabetes Management and Treatment Plan. If a school has no school RN assigned to the school on a full-time basis, or the school RN is unavailable, an unlicensed diabetes care assistant may provide care to a student with diabetes, or assist a student with the self-care of his diabetes, as provided in this Section.

(2) Each school may adopt a policy to ensure that a school RN, or at least one unlicensed diabetes care assistant, shall be present and available to provide care to a student with diabetes during the regular school day or during school-related activities, in accordance with the student's Diabetes Management and Treatment Plan.

C. (1) For purposes of this Section, "unlicensed diabetes care assistant" means a school employee who volunteers to be trained in accordance with this Section.

(2) The principal of the school, in consultation with the school RN if one is available, may:

(a) Seek school employees who are not healthcare professionals and who are willing to be trained to serve as unlicensed diabetes care assistants and provide care to students with diabetes pursuant to the provisions of this Section. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as an unlicensed diabetes care assistant.

(b) Make efforts to ensure that the school has at least one unlicensed diabetes care assistant, if the school has a full-time nurse, or at least three unlicensed diabetes care assistants if the school has no full-time nurse.

(3) An unlicensed diabetes care assistant shall serve under the supervision of the school RN or the school principal.

(4) An unlicensed diabetes care assistant, in accordance with the Diabetes Management and Treatment Plan on file for a student, may provide diabetes care to a student, or assist a student in the self-care of his diabetes, including but not limited to:

(a) Checking and recording blood glucose and ketone levels.

(b) Responding to blood glucose levels outside of the target range established for a student.

(c) Administering glucagon and other emergency treatments as prescribed in a student's Diabetes Management and Treatment Plan.

(d) Administering, or assisting a student in administering, insulin through the insulin delivery system prescribed in the student's Diabetes Management and Treatment Plan.

(e) Administering oral diabetes medications to a student as prescribed in the student's Diabetes Management and Treatment Plan.

(f) Assisting a student to follow the instructions in his diabetes management and treatment plan relative to meals, snacks, and physical activity.

(5) (a) An unlicensed diabetes care assistant may provide diabetes care to a student only in accordance with the student's Diabetes Management and Treatment Plan, and then only if the student's parent or legal guardian signs an agreement authorizing such care by the unlicensed diabetes care assistant and such agreement is on file with the school.

(b) An unlicensed diabetes care assistant shall exercise reasonable judgment in deciding whether to contact a healthcare professional in the event of a medical emergency involving a student with diabetes.

(c) In the performance of his duties as provided in this Section, an unlicensed diabetes care assistant who assists a student in compliance with a student's diabetes management and treatment plan as provided in this Section shall be exempt from any applicable state law or rule that restricts the activities that may be performed by a person who is not a healthcare professional.

(d) An unlicensed diabetes care assistant shall be immune from any liability for any act or omission to act related to the provision of care to a student with diabetes, or assisting a student with the self-care of his diabetes.

(6) The State Board of Elementary and Secondary Education and the Louisiana State Board of Nursing jointly shall promulgate rules and regulations specifying methods and a curriculum for the training of unlicensed diabetes care assistants in accordance with the Administrative Procedure Act. The rules and regulations shall utilize the guidelines as required by this Section and by the latest National Diabetes Education Program, "Helping the Student with Diabetes Succeed: A Guide for School Personnel". In developing such rules and regulations, the boards shall include the following in the rule-making process:
(i) The Department of Health and Hospitals.
(ii) The American Diabetes Association.
(iii) The Juvenile Diabetes Research Foundation International.
(iv) The American Association of Diabetes Educators.

(7) Training for an unlicensed diabetes care assistant may be provided by a healthcare professional with expertise in caring for persons with diabetes or by the school RN and shall include:
(a) Recognizing the symptoms of hypoglycemia and hyperglycemia.
(b) Understanding the details of a student's Diabetes Management and Treatment Plan.
(c) Understanding the proper action to take if a student's blood glucose levels are outside the target ranges specified in his diabetes management and treatment plan.
(d) Performing finger sticks to check blood glucose levels, checking urine ketone levels, and properly recording the results.
(e) Properly administering glucagon and insulin and properly recording the results.
(f) Recognizing complications which require emergency assistance.
(g) Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if a student's schedule is disrupted.

D. In accordance with a student's Diabetes Management and Treatment Plan, a school shall permit the student to attend to the self-management and care of his diabetes, which may include the following activities:
(a) Performing blood glucose level checks.
(b) Self-administration of insulin through the insulin delivery system specified in the student's Diabetes Management and Treatment Plan.
(c) Treatment of hypoglycemia and hyperglycemia as specified in the student's Diabetes Management and Treatment Plan.
(d) Possessing on the student's person, at any time, such supplies or equipment as are necessary to monitor and care for the student's diabetes.
(e) Otherwise attending to the management and care of the student's diabetes in the classroom, in any 1 area of the school or school grounds, or at any school-related activity.

E. With written permission from a student's parent or legal guardian, a school may provide a school employee with responsibility for providing transportation for a student with diabetes, or supervising a student with diabetes during an off-campus activity, with an information sheet that provides the following information:

(a) The identity of the student with diabetes.

(b) A description of potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies.

(c) The telephone number of the person to be contacted in case of an emergency involving the student with diabetes.

F. No physician, nurse, school employee, school, or school district shall be liable for civil damages or subject to disciplinary action under professional licensing regulations or school disciplinary policies as a result of the activities authorized by this Section.

RULE

Title 28
EDUCATION

Part CLVII. Bulletin 135—Health and Safety

NOTE: This rule was developed in coordination with the Louisiana State Board of Nursing (LSBN). Any waivers, deletions, additions, amendments, or alterations to this policy shall be approved by both BESE and LSBN.

Chapter 3. Health

§307. Diabetes Management and Treatment

A. Diabetes Treatment Plans

1. Any public elementary or secondary school student who seeks care for his diabetes while at school or participating in a school related activity shall submit a Diabetes Management and Treatment Plan on an annual basis.
2. Such plan shall be developed by a physician licensed in Louisiana or adjacent state, or other authorized healthcare prescriber licensed in Louisiana who is selected by the parent or guardian to be responsible for such student's diabetes treatment.
3. The diabetes management plan shall be kept on file in the school in which the child is enrolled and shall include:
   a. a detailed evaluation of the student's level of understanding of his condition and his ability to manage his diabetes;
   b. the diabetes-related healthcare services the student may receive or self-administer at school or during a school-related activity;
   c. a timetable, including dosage instructions, of any diabetes medications to be administered to the student or self-administered by the student; and
   d. the signature of the student (if age appropriate), the student's parent or legal guardian, and the physician or other authorized healthcare prescriber responsible for the student's diabetes treatment.
4. The plan shall be submitted annually to the principal or appropriately designated school personnel:
   a. prior to or within five school days after the beginning of each school year;
   b. upon enrollment, if the student enrolls in the school after the beginning of the school year;
   c. as soon as practicable following the student's receipt of a diagnosis of diabetes; or

d. as warranted by changes in the student's medical condition;

5. The school RN will be given not less than five school days to develop the Individualized Healthcare Plan (IHP) and shall implement the IHP within 10 school days upon receipt of the diabetes treatment plan.

   a. The school RN must assess the stability of the student's diabetes for the school setting prior to the development of the IHP in order to provide continuity of care in the school setting.

6. The parent or legal guardian shall be responsible for all care related to the student's Diabetes Management and Treatment Plan until all authorized physicians' orders, parent authorization, and all medical supplies deemed necessary to care for the student in the school setting have been received by the school RN.

7. The school RN shall be responsible for implementing and/or supervising the Diabetes Management and Treatment Plan for the student on campus, during school related activities, and during school related transportation of the student for the current year.

B. Provision of Care – General Information

1. Upon receipt of the Diabetes Management and Treatment Plan, the school RN shall conduct a nursing assessment of the student in his educational environment and develop the IHP.

2. The school RN or the trained unlicensed diabetes care assistant authorized by the school RN shall provide care to a student with diabetes, or assist a student with the self-care of his diabetes, in accordance with the student's Diabetes Management and Treatment Plan and IHP.

3. Diabetes management and treatment shall be provided to a student with diabetes during the school day and any school related activity. School related activities include but are not limited to extracurricular activities and sports.

4. No physician, nurse, school employee, school, or school district shall be liable for civil damages or subject to disciplinary action under professional licensing regulation or school disciplinary policies as a result of the activities of an unlicensed diabetes care assistant. Exception: If a professional licensing board has cause to believe that a licensee, within its jurisdiction, improperly trained an unlicensed diabetes care assistant or improperly assessed the ability of an unlicensed diabetes care assistant to perform his or her designated functions, then the professional licensing board may bring disciplinary action against the licensee.

5. With written permission from a student's parent or legal guardian, a school may provide a school employee with responsibility for providing transportation or supervision of a student with diabetes during an off-campus activity with an information sheet that provides the following information:

   a. the identity of the student;

b. a description of potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies; and

c. the telephone number of the person(s) to be contacted in case of an emergency.

C. Unlicensed Diabetes Care Assistants-- General Information

1. The school RN may utilize a trained unlicensed diabetes care assistant in the treatment and care of a student with diabetes.

2. An unlicensed diabetes care assistant is defined as a school employee who is not a healthcare professional, who is willing to complete training requirements established by this rule, and is determined competent by the school RN to provide care and treatment to students with diabetes.

3. A school employee shall not be subject to any penalty or disciplinary action for refusing to volunteer or serve as an unlicensed diabetes care assistant.

4. If a school chooses to use unlicensed diabetes care assistants to provide care for students with diabetes at school or during a school-related activity, all of the rules of this section shall be followed.

5. Supervision requirements for unlicensed diabetes care assistants shall be as follows:

   a. unlicensed diabetes care assistants may serve under the supervision of the school RN or school principal for diabetes management care.

   b. unlicensed diabetes care assistants shall serve under the supervision of a school RN for medication administration.

      i. where a school RN is not physically present, he or she must be available by phone for immediate access to the school.

6. Protocols for administration of medication for the treatment of diabetes shall be consistent with Bulletin 135, §305.

D. Role of Unlicensed Diabetes Care Assistants

1. An unlicensed diabetes care assistant may provide diabetes care to a student only in accordance with the student's Diabetes Management and Treatment Plan.

   a. the student's parent or legal guardian must sign an agreement authorizing such care.

   b. the agreement must be on file with the school.

2. An unlicensed diabetes care assistant, in accordance with the Diabetes Management and Treatment Plan on file for a student, may provide diabetes care to a student, or assist a student in the self-care of his diabetes by:

a. checking and recording blood glucose and ketone levels;

b. responding to blood glucose and ketone levels;

c. administering emergency treatment as prescribed in the student's Diabetes treatment plan and/or IHP;

d. following carbohydrate counting guidelines established by the school district or school; and

e. following medication administration protocols established by the school district or school.

3. Methods for training unlicensed diabetes care assistants include:

   a. at least six hours of diabetes management and treatment instruction;

   b. at least five return demonstrations of 100% skill competency; and

   c. annual skill competency demonstration.

4. The unlicensed diabetes care assistant must be monitored by the school RN for compliance of treatment plan and skill level.

5. The unlicensed diabetes care assistant must notify the school RN of any changes in the status of the student.

6. During the specific time spent on management and/or treatment of the student with diabetes, the unlicensed diabetes care assistant shall be relieved of all other duties.

7. In performance of their duties, unlicensed diabetes care assistants shall be exempt from any applicable state law or rule that restricts the activities that may be performed by a person who is not a healthcare professional.

E. The Role of the School RN

1. The school RN, in collaboration with the principal, shall supervise the implementation of the school policies for diabetes management and treatment and for the administration of medications in the schools to ensure the safety, health, and welfare of the students.

2. The school RN or other healthcare professional with expertise in caring for persons with diabetes, in accordance with their authorized scope of practice, shall be responsible for the training and competency evaluation of non-medical personnel who have volunteered to serve as a diabetes care assistant.

3. The curriculum for training the unlicensed diabetes care assistants shall include, but not be limited to the following topics:

   a. Recognize the signs and symptoms of hyperglycemia and hypoglycemia.

   b. Understand the details of the student's diabetes management treatment plan and when to contact the school RN for additional directions on how to treat the student's change in condition.

c. Understand the proper action to take if student's blood glucose levels are outside the target ranges specified in his Diabetes Management and Treatment Plan.

d. Perform finger sticks to check blood glucose levels, check urine ketones levels, properly record the results, and notify the school RN.

e. Administration of medication as ordered by physician, other authorized healthcare prescriber in accordance with school policies, procedures and the student's diabetes management treatment plan.

f. Recognize complications which require emergency assistance.

g. Understand carbohydrate counting, the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if a student's schedule is disrupted during school or any school related activity.

h. Review of school or school district policies related to confidentiality and blood borne pathogens.

F. The Role of the Student with Diabetes in Self Care

1. In accordance with a student's Diabetes Management and Treatment Plan the school shall permit the student to attend to the self-management, administration of medications, treatment and documentation as outlined in his diabetes management plan.

H. The Role of the Principal

1. In consultation with the school RN, if one is available, the principal may:

a. receive Diabetes Management and Treatment Plan.

b. seek school employee who is willing to be trained to serve as the unlicensed diabetes care assistant.

c. ensure the school has at least one unlicensed diabetes care assistant, if the school has a full time nurse, or at least three unlicensed diabetes care assistants if the school has no full time nurse.

d. require the school to develop carbohydrate count standard guides for those students who eat school provided lunches.

e. supervise the implementation of the school policies for diabetes management and treatment and for the administration of medications in the schools to ensure the safety, health, and welfare of the students.

f. ensure appropriate supervision of the unlicensed diabetes care assistant.

I. The Role of the Parent/Legal Guardian

1. Annually submit a copy of the student's Diabetes Management and Treatment Plan to the principal of the school in which in student is enrolled.

2. Give consent to implementation of the Diabetes Management and Treatment Plan.
3. Work with appropriate school personnel in development of the Individualized Healthcare Plan and provision of care for the student until the Individualized Healthcare Plan and Diabetes Management and Treatment Plan can be implemented.
4. Provide written calculation of carbohydrates in meals when lunch is provided from home.
5. Provide necessary supplies and equipment to deliver Diabetes Management and Treatment Plan.
6. Follow protocols for administration of medication consistent with Bulletin - 135, §305.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:436.3.
HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education and the Louisiana State Board of Nursing, LR 39, amended LR39

Noncomplex Health Procedures

R.S. 17:436

Acts 1991, No. 760, §1, eff. July 19, 1991;
Acts 1992, No. 469, §1;
Acts 1995, No. 752, §1;
Acts 1997, No. 804, §1;
Acts 2008, No. 802, §1;
Acts 2009, No. 414, §1

§436. Performing noncomplex health procedures; definitions; conditions; restrictions; safety equipment, materials, and supplies

A. As used in this Section, the term "noncomplex health procedure" shall mean a task which is safely performed according to exact directions, with no need to alter the standard procedure, and which yields predictable results. It shall include the following:

(1) Modified activities of daily living which require special instruction such as toileting/diapering, bowel/bladder training, toilet training, oral/dental hygiene, lifting/positioning, and oral feeding.

(2) Health maintenance procedures such as postural drainage, percussion, tracheostomy suctioning, and gastrostomy feeding and monitoring of these procedures.

(3) Screenings such as growth, vital signs, hearing, vision, and scoliosis.

B. No city or parish school board shall require any employee other than a registered nurse, licensed medical physician, or an appropriate licensed health professional to perform noncomplex health procedures until all the following conditions have been met:

(1) A registered nurse or a licensed medical physician and, when appropriate, another licensed health professional employed by a city or parish school board, has assessed the health status of the specific child in his specific educational setting and has determined that, according to the legal standards of the respective licensed health professional performing such procedure, the procedure can be safely performed, the results are predictable, and the procedure can be delegated to someone other than a licensed health professional following documented training.

(2) The registered nurse or the licensed medical physician and, when appropriate, another licensed health professional shall train, in his or her area of expertise, at least two such employees to perform noncomplex health procedures on the specific child in his educational setting. The employees shall be given not less than four hours of training in the area of noncomplex health procedures.

(3)(a) Following the training provided for in Paragraph (2), no noncomplex health procedure, except screenings and activities of daily living such as toileting/diapering, toilet training, oral/dental hygiene, oral feeding, lifting, and positioning may be performed unless prescribed in writing by a physician licensed to practice medicine in the state of Louisiana or an adjacent state.

(b) The employee, other than the registered nurse, licensed medical physician, or appropriate licensed health professional shall be required to complete, under the direct supervision or coordination of a registered nurse, a minimum of three satisfactory demonstrations. Upon satisfactory completion of these noncomplex

health procedures, the registered nurse, licensed medical physician, or appropriate licensed health professional and the trainee shall sign a standard form indicating that the trainee has attained the prescribed level of competency. A copy of this form shall be kept on file by the school system.

(4) Individuals who are required to perform noncomplex health procedures and have been trained according to the provisions of this Section, may not decline to perform such service at the time indicated except as exempted for reasons as noted by the licensed medical physician or registered nurse. The reasons for such exemption shall be documented and certified by the licensed medical physician or a registered nurse within seventy-two hours.

(5) Any employee shall have the right to request that another school board employee be present while he or she is performing noncomplex health procedures for a student, to serve as a witness to the procedure. After making such a request, the employee shall not be required to perform noncomplex health procedures without such a witness.

C. For the purposes of this Section, "employee" means any appropriate member of the education staff.

D. Each city and parish school board shall provide the necessary safety equipment, materials, and supplies to each employee who performs noncomplex health procedures as provided in this Section. Such safety equipment, materials, and supplies shall include but shall not be limited to gloves, anti-bacterial soaps and wipes, paper towels, and masks.

E. Notwithstanding any provision of law or any rule, regulation, or policy to the contrary, no employee other than a registered nurse, licensed medical physician, an appropriate licensed health professional, or hired and trained unlicensed nursing personnel or unlicensed assistive personnel as defined by the Louisiana State Board of Nursing shall be required to perform a tracheostomy suctioning procedure on any child in an educational setting. However, nothing in this Section shall prohibit an employee who volunteers to perform such procedure and who complies with the training and demonstration requirements as provided in Paragraphs (B)(2) and (3) of this Section from being allowed to perform such procedure on a child in an educational setting.

F. For purposes of this Section, "appropriate licensed health professional" shall include a licensed practical nurse.

Catheterization

R.S. 17:435

Acts 1990, No. 1048, §1, eff. July 27, 1990

§435. Administering catheters; conditions; restrictions

A. No city or parish school board shall require any employee other than a registered nurse or licensed medical physician to catheterize any student until all of the following conditions have been met:

(1) A registered nurse or licensed medical physician, employed by a city or parish school board, has assessed the health status of the specific child in his specific educational setting. The registered nurse has determined that according to the Louisiana Legal Standards of Nursing Practice the procedure could be safely performed, the results are predictable and could be delegated to someone other than a registered nurse following documented training.

(2) The registered nurse or licensed medical physician shall train at least two employees to catheterize the specific child in his educational setting. The employees shall be given not less than eight hours of training in the area of catheterization of students.

(3) Following the training provided for in Paragraph (2), no catheterization may be performed unless prescribed in writing by a licensed medical physician. The employee, other than the registered nurse or licensed medical physician, shall be required to complete, under the direct supervision of a registered nurse, a minimum of five catheterizations. Upon one hundred percent successful completion of these catheterizations, the registered nurse or licensed medical physician and the trainee shall sign a standard form indicating that the trainee has attained the prescribed level of competency. A copy of this form shall be kept on file by the school system.

(4) Individuals who are required to perform catheterizations and have been trained according to the provisions of this Section, may not decline to perform such service except as exempted by a licensed medical physician or a registered nurse. The reasons for such exemption shall be documented and certified by the licensed medical physician or a registered nurse within seventy-two hours.

(5) Any employee shall have the right to request that another school board employee be present while catheterizing the student, to serve as a witness to the procedure. After making such a request, the employee shall not be required to catheterize a student without such a witness.

B. The provisions of this Section shall be restricted to those students who have had intermittent catheterization prescribed as a treatment for urinary or neurologic dysfunction and not for continuous bladder drainage or to obtain urine specimens for diagnostic purposes. No employee shall be requested to catheterize any student for continuous bladder drainage or to obtain urine specimens for diagnostic purposes.

Part II:

PROCEDURES, TRAINING SKILLS, CHECKLISTS & DOCUMENTATION

Introduction

Part II of *School-Based Nursing Services in Louisiana Schools* contains Clinical Procedures, Training, Skills-Checklists and Documentation guidelines to ensure that legislation is met and procedures are carried out in a safe manner. This part is written specifically for the registered nurse, and when appropriate, other licensed health professionals, to use as a competency-based guide for training, as required in the Nurse Practice Act. Medical and nursing procedures are based on standards of care. A positive mark by each item on the checklist for the procedure is used by the professional to indicate that the standard of care is the same, whether performed by a registered nurse or by the school employee.

Each of the procedures may be modified or tailored by the registered nurse, or the appropriate licensed health professional, to the individual needs of the student, thus becoming the "standard procedure" for the individual. The checklists at times will be used with few, if any, changes. Changes to any procedure must be written to document the training that has occurred, and will serve as a guide for the school employee in performing the procedure. The physician, registered nurse, and when appropriate, another licensed health professional is responsible for training the school employee to meet the standard of care.

The procedures listed in the law may be considered non-complex only when the criteria are met. Any non-complex health procedure can become complex as the condition of the student changes. The appropriate licensed health professional, in accordance with their own professional practice act, will make the decision for delegation of procedures and the requirements for the training and supervision of school employees.

Part II includes nursing procedures, guidelines and information needed to provide the training, evaluation, and documentation required for unlicensed school personnel. All accompanying forms for training and documentation can be located in Part III of this document.

This section includes:

- *Guidelines for Infection Control and Universal Precautions*
- *Clinical Procedures and Training Guidelines for Administration of Medication*
- *Clinical Procedures and Training Guidelines for Non-Complex Health Procedures*
- *Clinical Procedures and Training Guidelines for Diabetes Management and Treatment*

Guidelines for Infection Control and Universal Precautions

General Information

A. The prevention of the spread of disease is an important component of health services in our schools today. Terms that may be used to describe these procedures are infection control, universal precautions, or disease prevention. Prevention of the spread of disease in the classroom includes the immunization of students and staff according to the guidelines from the Centers for Disease Control (CDC) and/or the Occupational Safety and Health Administration (OSHA).

B. Transmission of disease primarily happens in four ways.
   1. Airborne droplets-such as through coughing, sneezing or talking.
   2. Body fluids/wastes-such as urine, stool, saliva, mucous.
      a. Skin to skin/surface-such as by touching skin with impetigo, ringworm, or from toys, floors, etc.
   3. Blood-such as blood touching broken skin, mucous membranes.

C. Disease can be spread through direct or indirect contact.
   1. Direct – means there is an immediate transfer of the organism which may happen as a result of touching, kissing, intimate contact or the direct projection of droplets into mucous membranes or conjunctivae.
   2. Indirect – means that there is a delay in the transfer of the organism and must be transported to an entry portal such as mucous membranes, breaks in the skin, digestive tract or from objects such as floors, toys, or clothing.

D. Disease transmission may occur more frequently in early intervention, preschool, and special education classes because of the close contact that may be required by school employees for care.

E. Universal precautions and infection control procedures are used for disease prevention of each and every student regardless of their setting or diagnosis. Generally these procedures include:
   1. Proper Hand washing
   2. Proper disposal of waste products
   3. Proper cleaning and disinfecting
   4. Use of disposable exam gloves (protective barriers)

F. Universal precautions are used to protect the caregiver and other students as well as the student requiring the intervention.

G. Proper equipment and supplies for implementation of procedures shall be made available to school employees and students.

H. All school employees shall be taught these procedures with a review and documentation on a periodic basis; at least annually.

Hand washing

A. Hand washing is the single most important factor in the prevention of the spread of disease.

B. Important times to wash hands, but not limited to are:
   1. When arriving and leaving school and work area
   2. Before preparing or eating food
   3. Before preparing or giving medications
   4. Before and after every diaper change or handling equipment or soiled garments
   5. Before and after helping a student with toileting
   6. Before and after you go to the toilet
   7. After coming in contact with either blood and/or body fluids
   8. After coughing, sneezing or blowing your nose
   9. After removing disposable exam gloves

C. It is important to remember to wash the student's hands as well as your own.

D. See procedure for Proper Hand Washing Technique on page 70.

Protective Barriers

A. Gloves provide a barrier which helps reduce the risk of coming in direct contact with body secretions/fluids or blood. This in turn helps reduce the risk in the spread of infection from student-to student and student-to caregiver.

B. Disposable exam gloves are recommended for use in the school setting.

C. Gloves must be disposed of after each use (contact) and not be reused.

D. Important times to wear gloves, but not limited to:
   1. When changing diapers/catheterizing
   2. When changing dressings or sanitary napkins
   3. When providing mouth, nose or tracheal care
   4. When caregiver has broken skin (cuts) on hands
   5. When cleaning up blood, bodily secretions or soiled supplies/equipment or surfaces

E. Other protective barriers include: aprons/gowns, masks, and eyewear. These must be made available to staff for some situations when the potential risk of coming in contact with blood or body secretions/fluids is present.

F. When providing CPR or mouth-to-mouth resuscitation a disposable mask with a one-way valve shall be used.

Cleaning/Disinfecting

A. Cleaning and disinfecting are important parts of infection control. This includes all surfaces, toys, equipment, and basically anything that comes in contact or has the potential to come in contact, with an individual.

B. Examples of areas that require cleaning are:

floors/carpets	diapering areas
toys	window ledges
door knobs & doors	all equipment
toilets, potty chairs	waste receptacles
tables/counters	

C. Bleach solution is an inexpensive solution for environmental disinfecting, but must be mixed daily and used where there is good air circulation.

D. An agent other than bleach should be used for hand washing.

E. Check with the school janitorial service to see what solutions are available and determine if recommendations need to be made. Chemical disinfectants, detergents or germicidal hand washing products that are safe for hospitals and are registered by the U.S. Environmental Protection Agency should be suitable for a school setting.

F. Spills of blood and body fluids must be cleaned up immediately. Procedures to be followed include use of gloves, clean up spills with a paper towel or absorbent material, use of a bleach solution or other recommended disinfectant to wash the area well, disposal of gloves, soiled towels and other materials in double-sealed plastic bags and proper hand washing.

Disposal of Waste According to OSHA Guidelines

A. All contaminated supplies must be placed in plastic bags and sealed – This bag should then be placed in another plastic bag and sealed – referred to as double-bagging.

B. Bodily wastes such as urine, feces, vomitus, or mucous must be disposed of in the toilet.

C. Dirty disposable diapers must be placed in plastic-lined receptacles and double-bagged at the end of the day or when full. The receptacle must have a lid. Cloth diapers are not recommended for use in a daycare/school setting.

D. Sharp objects such as needles must be disposed of in accordance with the Louisiana Office of Public Health and OSHA Guidelines.

Procedure for Proper Hand Washing

Purpose: To reduce the number of microorganisms on the hands.

Equipment:
1) Liquid soap dispenser (preferred to bar soap)
2) Paper towels (preferred to cloth towels)
3) Hand lotion in a dispenser
4) Covered waste receptacle with disposable plastic liner

PROCEDURES FOR HANDWASHING

Essential Steps	Key Points and Precautions
1. Remove all jewelry before performing a procedure.	Jewelry should not be worn when working with students who require repeated physical contact and care. Microorganisms can become lodged in settings or stones of rings and rings/jewelry may scratch or otherwise injure the student.
2. Apply liquid soap and lather well.	Warm water, combined with soap, makes better suds than cold water. Hot water removes protective oils and will dry skin. Running water is necessary to carry away dirt and debris. Liquid soap is preferred to bar soap.
3. Wet hands with lukewarm, running water.	
4. Wash hands, using a circular motion and friction for 20 seconds.	Include front and back surface of hands, between fingers and knuckles, around nails and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
5. Rinse hands well under warm, running water.	Hold hands under the water so that water drains from wrist area to fingertip.
6. Dry hands well with paper towels and discard towels immediately.	
7. Apply lotion as desired	Because of frequent hand washing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter one's system. Lotion helps keep skin soft and reduces chapping.

Handwashing Checklist

[ ] Initial [ ] Review

Person Trained: _____Position: _____

	Demo Date	Return Demonstration Dates			
A. ***States the name and purpose of the procedure*** 1. Describes briefly how disease is spread 2. States reason for not wearing rings in this setting					
B. ***Identifies supplies*** 1. Liquid soap in dispenser (preferred to bar soap)					
2. Paper towels (preferred to cloth towels)					
3. Hand lotion dispenser					
4. Covered waste receptacle with disposable plastic liners					
C. ***Steps*** 1. Removes all jewelry from hands and wrist.					
2. Pushes sleeves above elbows.					
3. Wets hands with luke warm, running water/					
4. Applies liquid soap and lathers well.					
5. Washes all surfaces at least 20 seconds, including:					
a) Fronts and backs of hands					
b) Wrists					
c) Between fingers and knuckles					
d) Under fingernails					
6. Rinses well, under warm running water.					
7. Dries hands gently and well with paper towels					
8. Turns off faucet with paper towels and discards towels					
9. Uses lotion as desired and states reason for preventing dry skin					

Commnets: _____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Clinical Procedures & Training Guidelines for Administration of Medications

Medication Procedures and Skills Checklists

Prior to requiring local school system employees to administer prescribed medications to a student, certain training, documentation and rights of the employee, the student and his/her parent/guardian must be met.

The school RN shall be responsible for the training of non-medical personnel who have been designated by each principal to administer medications in each school. The training shall be at least six hours and include, but not be limited to, the following provisions:

- Proper procedures for administration of medications including controlled substances
- Storage and disposal of medications
- Appropriate and correct record keeping
- Appropriate actions when unusual circumstances or medication reactions occur
- Appropriate use of resources

The following guidelines, procedures and skill checklists provide the school RN with a standard methodology for training unlicensed school employees and documenting competency. Each skill checklist, with the exception of those related to diabetes care and Clean Intermittent Catheterization (CIC), requires successful completion of a minimum of **three** out of five demonstrations with 100% competency. Training for CIC and diabetes care requires five demonstrations with 100% competency.

A. Guidelines

- For those who must have medication administered which cannot be administered at home before and/or after school hours.

B. Purpose

- To provide prescription or over the counter (OTC) medication to students requiring medication administration during school hours.

C. When to administer medication

- As prescribed by the student's licensed medical care provider.

D. Problems resulting from medication administration

- Side effects from the medication
- No response to the medication
- Choking, local reactions to injections and/or topical
- Medication errors

E. Equipment/Supplies

- Medication
- Soap and water/ hand sanitizer
- Oral medication
  - Medicine cups
  - Water and water cups
- Injectable medications
  - Gloves

    - Alcohol swabs
    - Syringe
    - Sharps container
- Topical
    - Gloves
    - Applicator
    - Wipes to cleanse area if needed
- Documentation Logs

Epinephrine
Epi-pens

[ ] Initial [ ] Review

Emergency Medication Auto-Injector Skills Checklist

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration Dates					
1. Washes hands							
2. Retrieves student's medication and medication log							
3. Checks the 6 rights 3 times before giving medication							
4. Removes safety cap Place tip on lateral thigh, holding injector in fist without thumb over the end of injector							
5. Presses auto-injector against thigh until mechanism activates, and holds in place for10 seconds. May be injected through clothing Rubs area for several seconds to improve circulation							
6. Prepares second dose if ordered							
7. Follows the emergency procedure. Call 911, parent, and your school RN							
8. Documents on student's medication log							

Comments: _____

Overall Rating: _____**PASS** *Successful completion of a minimum of **three** demonstrations with 100% accuracy*

_____**FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Inhalers [ ] Initial [ ] Review

Medication Inhaler Skills Checklist

Person Trained: _____ Position_____

	Demo Date	Return Demonstration					
1. Washes hands							
2. Retrieves student's medication & medication log							
3. Checks the 6 rights 3 times before giving medication							
4. Removes cap from inhaler.							
5. Stands up, feet slightly apart, or sits up straight.							
6. Shakes inhaler for approximately two seconds.							
7. Positions inhaler upright.							
8. Primes inhaler one time into the air. If spacer is used, attaches spacer.							
9. Inhales and exhales slowly one time.							
10. Holds mouthpiece 1-2 inches from mouth or place mouthpiece of inhaler or spacer between lips, and closes mouth around mouthpiece. ,							
11. Presses the inhaler & inhale slowly & deeply over 3-5 sec							
12. Holds breath as long as possible – up to 10 seconds to allow medication to settle as deeply as possible into air passages. Exhales							
13. Wait approximately 1-2 minutes, repeat the process. This technique should allow delivery of medicine into air passages opened by first puff.							
14. If using spacer and student is unable to hold his/her breath, has the student breath in and out through the spacer, 3-5 times							
15. Documents on student's medication log							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of **three** demonstrations with 100% accuracy*

____**FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Nebulizers [ ] Initial [ ] Review

Medication Nebulizer Skills Checklist

Person Trained: _____ Position:_____

	Demo Date	Return Demonstration Dates					
1. Cleans top of area where medication will be administered.							
2. Washes hands.							
3. Retrieves students Medication log.							
4. Checks the 6 Rights 3 times before giving treatment							
5. With power "OFF", places the prescribed medication in the nebulizer							
6. Attaches one end of the air tubing to the compressor air outlet and other end of tubing to the nebulizer							
7. Attaches mouthpiece or mask to the nebulizer							
8. Turns "ON" Administer treatment as instructed							
9. Turns "OFF" when treatment is completed							
10. Disconnects nebulizer tubing, mouthpiece/mask							
11. Clean equipment and store as instructed							
12. Document the treatment in student's medication log							

Comments: _____

Overall Rating _____**PASS** *Successful completion of a minimum of **three** demonstrations with 100% accuracy*

_____**FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Topical Medication [ ] Initial [ ] Review

Topical Medications for Students with Diaper Rash Skills Checklist

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration Dates					
1. Clean top of area where medication will be administered.							
2. Washes hands.							
3. Retrieves student's medication & medication administration log.							
4. Identifies student by name, school ID, birthdate, etc.							
5. Obtains appropriate equipment.							
6. Unlocks medication storage area & obtains medication.							
7 Checks the 6 rights 3 times before giving medication							
8. Explains procedure, provides privacy and helps individual undress if necessary							
9. Puts on gloves and cleans the area if necessary							
10. Administers medication using gloves or applicator							
11 Apples dressing if necessary							
12. Returns medication to locked storage area							
13. Removes gloves, disposes of equipment and washes hands							
14. Documents administration in student's medication log							

Comments: _____

Overall Rating _____**PASS** *Successful completion of a minimum of **three** demonstrations with100% accuracy*

_____**FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Oral Medication [ ] Initial [ ] Review

Oral Medication Skills Checklist

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration Dates					
1. Cleans top of area where medication will be administered							
2. Washes hands							
3. Retrieves students Medication & medication administration log							
4. Identifies student by name, school ID, birth date, etc.							
5. Obtains appropriate equipment							
6. Unlocks medication storage area & obtain medication							
7. *1st check: Check medication label according to the 6 Rights of Medication Administration							
8. Shakes medication well, if liquid							
9. *2nd check: using the 6 Rights of Medication Administration							
10 Removes cap and place open side up on counter							
11. Places thumbnail on correct dosage line, if liquid medication							
12. If liquid medication, places medication cup on flat surface. At eye level, pours correct dosage. Places pills in medicine cup							
13. Wipes top of bottle, if liquid, and replaces cap							
14. Do 3rd check of label using the 6 rights of Medication Administration							
15. Administers medication							
16. Follows all meds with water unless contraindicated, and observes individual swallowing medication							
17. Returns medication to locked storage area							
18. Documents administration of medication in student's medication log							
19. Cleans medication administration area & washes hands							

Comments: _____

Overall Rating _____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

_____**FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Diastat® Administration and Skills Checklist

The certified school employed RN, in accordance with *R.S.17.28* relative to school RNs, *R.S.17:436* relative to performing non-complex health procedures in public schools, *R.S.17:436.1* relative to medication administration in the schools, the Louisiana State Board of Elementary and Secondary Education (herein known as BESE) & Louisiana State Board of Nursing (herein known as LSBN) may delegate to trained, unlicensed employees the administration of rectal Diastat® in certain emergency situations. The nursing care must be based on the RN's assessment of the school environment, the clinical acuity of the student, and the overall complexity of the student's healthcare problems. The school registered nurse (RN) retains the accountability for the total nursing care of the student and determines the appropriateness of delegation based on his/her assessment of each individual student/situation.

Procedure for Administration of Diastat®

1. Administer basic first aid for seizure
   - Prevent injury if the student may fall by easing the student to the floor, place his/her head on a soft surface (folded clothing under student's head) for protection.
   - Position student to clear the airway.
   - Clear the surrounding area of furniture and bystanders.
   - Loosen restrictive clothing.
   - Do not attempt to put anything in the student's mouth.
   - Note the time the seizure began and ended.
   - Call 911, the parent/guardian, and the school RN.
2. Administer Diastat® in accordance with student-specific parameters previously determined by the school RN based on the physician's order and health assessment
   - Loosen clothing, drape.
   - Put on gloves.
   - Remove Diastat® syringe and lubricant packet from packaging.
   - Remove protective tip of syringe.
   - Lubricate tip with the packet of gel included in the Diastat® package.
   - Put student on side and flex student's upper leg forward. Separate the buttocks to expose the rectum.
   - Insert syringe. Rim around rectal tip should be snug against rectal opening.
   - Slowly count 1-2-3 while gently pushing the plunger until it stops.
   - Always count as follows: "one-one thousand, two-one thousand, three-one thousand."
   - Slowly count 1-2-3 before removing the syringe from the rectum.
   - Slowly count 1-2-3 while holding buttocks together to prevent leakage of the medication.
   - Keep student on his/her side and monitor for change in breathing or color.
   - Begin CPR if breathing stops.
   - Dispose of leftover medication in the syringe as per manufacturer protocol.
3. After Diastat® is administered and 911 has been called, document the time of EMS arrival. While waiting for EMS to arrive, follow the written instruction for observation of the student for vital signs, further seizures, choking and/or blueness around the lips and document actions taken for the seizure on the Observation Record.
4. Follow all standard precautions for handling bodily fluids.
5. Complete the Report of Administration of Diastat Form and forward a copy to the School RN. (see form).

6. Complete the Seizure Report Flow Chart (see form), forward a copy to the student's Primary Care Physician (PCP) for review. File original with student's medication papers.

NOTE: This protocol does not contain a recommendation for the use of oxygen, as there is no FDA requirement or recommendation for oxygen when Diastat® is administered. The use of oxygen depends on the characteristics of the seizure, not the use of Diastat®. In individual cases, the RN, upon the prescription of the student's treating physician, may include the use of oxygen in a student's IHP.

Delegation Guidelines for Administration of Diastat®:
The school RN may delegate administration of Diastat® to a trained unlicensed school employee (TUSE) only if the following requirements have been met:

7. The school RN has assessed the school environment, the clinical acuity of the student, including the overall complexity of the student's healthcare problems and has developed the IHP.
8. The school RN has determined that according to the LSBN rules and regulations, delegation of Diastat® is safe and appropriate for the specific student in the school setting.
9. The environment, student condition, and the competency of the TUSE meet the LSBN criteria for delegation of nursing functions.
10. The school TUSE has the capability to communicate with the school RN for supervision and assistance at all times.
11. If the school RN delegates to the TUSE, then two additional full-time qualified unlicensed school personnel must be identified and trained in student specific procedures.
12. The school RN remains responsible for the total nursing care of the student, decision making regarding delegation and the use of Diastat®.

***Supplies and Equipment Needed for Diastat® Administration*:**
The following equipment must be made available where Diastat is administered:

1. Properly labeled medication (Diastat®) with pre-dosed rectal-tip syringe, and the correct dosage.
2. Labeling matching the physician's request.
3. Screen or drape to be used for privacy (to be provided by parent/guardian).
4. Lubricant for tip of syringe, included in packet with Diastat®.
5. Gloves.
6. The RN's phone number and access to a communication device (e.g. phone, walkie talkie, etc.).

Training:
Successful completion of training for administration of Diastat® means that the licensed or trained unlicensed school employee must demonstrate, at a minimum, documented proficiency in the following:

12. General training in recognizing seizures.
13. Documented proficiency of basic first aid for seizures.
14. The delegating school RN must conduct student-specific training, including the procedures provided by the manufacturer, before the TUSE can administer Diastat®.
15. At least two full-time TUSEs must be trained in the procedure for the students prescribed Diastat®.
16. Documented understanding of the student-specific parameters for use of Diastat® in the school setting.

17. Documented proficiency in procedures necessary after administration of Diastat® in the school setting.
18. Documented proficiency in standard procedures and universal precautions.
19. Understanding that administration of Diastat® must be reported to the school RN immediately after its use.
20. Reviewing of procedure must be updated every 3 months, as well as when there are any changes in the Diastat® order.
21. Attendance is required at other trainings such as CPR, Back Care/Body Mechanics, as deemed necessary by the school RN.
22. The delegating school RN must document, and maintain documentation that the TUSE has successfully completed student-specific training in Diastat® administration.

PROCEUDRE FOR DIASTAT®) ADMINISTRATION

Essentials Steps	Key Points and Precautions
1. Call 911, the parent/guardian, and school RN	School personnel can assist with notifications
2. Preparation	
a. Wash hands	Universal precautions
b. Identify student	Ensures correct student
c. Verify physician orders	Using 5 of 6 Rights of Medication administration
d. Gather supplies	*1. Right Medication* *2.Right Dose (Medication is set and locked by pharmacist)* *3. Right Individual* *4. Right Route* *5. Right Time*
1) Properly labeled medication (Diastat®)	
2) Screen or Drape	
3) Lubricant	
4) Gloves	
5) RN's phone number	
2. Procedure	
a. Loosen clothing & drape	Aids in privacy
b. Remove Diastat® syringe and lubricate	
c. Don gloves	Universal precautions
d. Remove protective tip of syringe	Push up with thump and pull to remove cap
e. Lubricate tip of syringe	Ensures smooth procedure
f. Flex student's upper leg forward	Turn student on side facing you
g. Separate the buttocks to expose rectum	
h. Gently insert syringe	Rim around rectal tip should be snug against rectal opening
i. Slowly count 1-2-3 while gently pushing plunger until it stops	**Always count as follows: "one-one thousand, two-one thousand, three-one thousand."**
j. Slowly count 1-2-3 before removing syringe from rectum	
k. Slowly count 1-2-3 while holding buttocks together	Prevents leakage of medication

PROCEDURES FOR DIASTAT® ADMINISTRATION

Essentials Steps	Key Points and Precautions
l. Keep student on side and monitor for changes in breathing and color	Student should always be facing you when monitoring for vital signs, further seizures, choking, and blueness around the lips
m. While waiting for EMS to arrive, follow the written instructions (student specific) for observation	
n. Begin CPR if breathing stops and no pulse is felt	
o. May perform rescue breathing if pulse is present	
p. Documents using correct standards	Document per seizure in Observation Record
q. Dispose of leftover medication in syringe	Dispose in accordance with manufacturer's protocol

Diastat® Skills Checklist [ ] Initial [ ] Review

Student's Name: _____Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration Dates					
Identies student							
Reads Physician Statement							
Verifies medication due and not yet given							
Cleans area and wash hands							
Follows seizure emergency plan including calling 911, principal, and school RN							
Loosens clothing, drapes							
Puts on gloves							
Removes Diastat® syringe and lubricant packet from packaging							
Removes protective tip of syringe							
Lubricate strip with packet of gel included in the Diastat® package							
Flexes student's leg forward and separates the buttocks to expose the rectum							
Inserts syringe, rim around rectal tip should be snug against rectal opening							
Slowly counts 1-2-3 while gently pushing plunger until it stops. **Always count as follows: "one-one thousand, two-one thousand, three-one thousand"**							
Slowly counts 1-2-3 before removing syringe from rectum							
Slowly counts 1-2-3 while holding buttocks together to prevent leakage of medication							
Keeps student on side and monitor for change in breathing or color							
Begins CPR if breathing stops and no pulse is felt							
If after Diastat® is administered and 911 has been called, document the EMS time of arrival							
While waiting for EMS to arrive, follows the written instructions (student-specific) for observation of the student for vital signs, further seizures, choking, and blueness around lips. Documentation per Seizure Observation Record							
Understands Universal Precautions, seizure precautions							

Diastat® Skills Checklist (page 2of 2)

Documents using correct standards							
Communicates any significant changes to school RN.							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Clinical Procedures & Training Guidelines for Non-complex Health Procedures

Non-complex Procedures and Skills Checklists

Prior to requiring local school system employees to perform non-complex procedures to a student, certain training, documentation and rights of the employee, the student and his/her parent/guardian must be met.

The school RN shall be responsible for the training of non-medical personnel who have been designated to administer non-complex procedures. In addition to the four hours of general training, specific training related to the procedures shall be provided and include, but not be limited to, the following provisions:

- General information and purposes
- Proper procedures
- Equipment and supplies
- Appropriate and correct record keeping
- Appropriate actions when unusual circumstances or reactions occur
- Appropriate use of resources

The following guidelines, procedures and skill checklists provide the school RN with a standard methodology for training unlicensed school employees and documenting competency. Each skill checklist requires successful completion of a minimum of three out of five demonstrations with 100% competency. Each of the procedures in this section may be modified or tailored by the registered nurse, or the appropriate licensed health professional, to the individual needs of the student, thus becoming the "standard procedure" for the individual. Changes to the any procedure must be written to document the training that has occurred, and will serve as a guide for the school employee in performing the procedure. The physician, registered nurse, and when appropriate, another licensed health professional is responsible for training the school employee to meet the standard of care.

The non-complex procedures addressed in this section include:

Screening
Vital Signs
Clean Intermittent Catheterization
Gastrostomy Feeding
Suctioning
Go Bag
Tracheostomy Emergency
Dysreflexia Alert
Bowel/Bladder Program (Prescribed)
Diapering
Lifting and Positioning
Oral/Dental Hygiene
Oral Feeding
Modified Toilet Training

Screening

Growth Screening

A. General Guidelines

1. A school employee should refer a student to the school RN for a growth and development screening when:
   a) The student seems unusually large or small for his/her age.
   b) He/she has an extreme change in growth pattern.
   c) There seems to be an unusually great difference between the height and weight.
   d) The student fails to grow heavier and taller.
   e) There is an unusual increase in the student's height or head size.

2. The height and weight should be measured by the school RN during the assessment of the student's health. A growth chart should be maintained. School RNs should refer to American Academy of Pediatrics Height and Weight Growth Chart and guidelines.

B. Growth Screening Purpose

1. To identify the student who is not growing and developing normally.
2. To stimulate interest in self-responsibility for growth and development.
3. To show relationship between good health practices and growth.
4. To create an awareness among school personnel and parents of the relationship of good nutrition to growth.

Hearing Screening

A. General Guidelines

1. A school employee shall refer a student to the school RN for a hearing screening when the following, signs or symptoms of hearing problems are observed.
   a) Delayed speech development
   b) Sudden hearing loss
   c) Turning the head to hear with one ear
   d) The need to face speaker as in lip reading
   e) Painful or draining ear
   f) Low tolerance for loud sounds
   g) Low tolerance for background noises
   h) Increase volume on the television

2. A student should be referred to the school RN for health assessment, when the health history includes:
   a) Prenatal or perinatal exposure to drugs, or to infectious diseases
   b) Hereditary disorders
   c) Following infectious diseases such as meningitis repeated ear, nose or throat infections
   d) Injury by extreme noise
   e) Other conditions

B. Specific Guidelines for Hearing Screening

In compliance with Louisiana Statutes § 17:2112, and 17:391.11, the school RN will conduct the following screening procedures:

1. During the first semester of the school year or within thirty days after the admission of any

students entering the school late in the session, the school RN shall test the hearing of each and all pupils under their charge, except those pupils whose parent or tutor objects to such examination, as provided for in R.S. 17:156. Such testing shall be completed in accordance with the schedule established by the American Academy of Pediatrics. Students may also be tested upon referral or requests of teachers and/or parents. In addition, children should be screened upon evaluation and entrance for a special education program.

2. Screening can only be performed by the certified school RN, speech therapist, audiologist or designated persons under their supervision if volunteers or other school personnel are used.
3. If the student fails any part of the hearing screening, he/she must be screened a second time in two to six weeks after the initial screening.
4. If the student fails the screening a second time, a referral letter is sent to the parents for further evaluation by an audiologist.
5. If impacted ear wax, foreign body in the ear canal, redness to the ear drum/canal, protruding eardrum, or any drainage is noted from the ear, the student should be referred to their Primary Care Physician (PCP) for treatment and follow up.
6. The school RN shall keep a record of all screenings, shall be required to follow up on the deficiencies within sixty days, and shall notify in writing the parent or tutor of every pupil found to have any defect of hearing.
7. Calibration check of audiometer by a qualified facility must be done annually.

C. Purpose

1. To promote a high level of hearing acuity for all students.
2. To minimize the number of students with hearing loss.
3. To provide for individual educational needs of students with permanent hearing impairment.

D. *Personnel*

1. School RN
2. Speech Therapists
3. Additional support personnel designated to assist in the hearing screening process.

E. Equipment

1. Audiometer and earphones
2. Earphone covers
3. Table; 2 chairs; working outlet
4. A quiet location conducive to obtaining reliable results.

PURE TONE TEST PROCEDURE

Essential Steps	Key Points and Precautions
1. Gather equipment: Audiometer and headphones.	Select a room in the quietest part of the building.
2. Determine that the audiometer is in working order prior to beginning screening.	Check audiometer at 50db at all frequencies that are being used for testing.
3. Give careful directions and practice with the student before beginning the screening.	Be sure the student understands that he/she should raise his/her hand as she/he hears the tone and lowers their hand as soon as the tone stops.
4. Place the earphones on each ear with the red earphone on the right ear and the blue earphone on the left.	Earphones should fit snugly and directly over the ears making sure that nothing is interfering with the passage of sound (i.e. hair, earrings, eyeglasses, etc.).
5. Start screening with the right ear.	If student reports greater hearing problems in right ear, begin with left ear.
6. Present 1000 Hz at 40db to determine threshold. If there is no response, re-instruct. If there is a response, proceed as described below.	If the student continues to not respond, rescreen at a later time. When rescreening, if there is still no response to threshold check, he/she is considered to have failed the screening.
7. Move dial to 20db (25db if 18 years and older).	Avoid exaggerated, noisy depression of the tone presentation switch; the student may see or hear this and respond to the sound of the movement rather than the tone.
8. Present tone three times at this level noting student's response or lack of such. Two responses out of three is considered a "pass".	Avoid establishing a rhythm of tone presentation. Avoid looking down at the audiometer and then up at the student every time a tone is presented.
9. Change frequency selector to 2000 Hz and present the tone at 20db (25db). Follow the procedure used for 100Hz and record results.	Do not ask the student during the screening, "Did you hear it?"
10. Change frequency selector to 4000 Hz and again present the tone at 20db (25db) as described above. Record the results.	Do not allow student to chew gum during the screening.
11. Switch audiometer's output to left (right) ear and then repeat steps 7 through 11.	Re-refer within two weeks (for possible congestion), possible third re-check in two weeks for continued signs if congestion then refer
12. Refer for further hearing examination as needed.	student is not responding at the recommended screening level of 20-25 db at any frequency.

Vision Screening

A. General Guidelines

In compliance with Louisiana Statutes §17:2112, 17:391.1, the school RN will conduct the following vision screening procedures:

1. During the first semester of the school year, the school RN shall test the sight, including color screening for all first grade students, and hearing of each and all pupils under their charge, except those pupils whose parent or tutor objects to such examination, as provided for in R.S. 1 7:156. Such testing shall be completed in accordance with the schedule established by the American Academy of Pediatrics. The State Board of Elementary and Secondary Education may convert the age equivalent as provided by the American Academy of Pediatrics schedule to the academic year equivalent which corresponds to that age. Students may also be tested upon referral or requests of teachers and/or parents. In addition, children should be screened upon evaluation and entrance for a special education program.
2. Vision screening tests should include the following:
   a. Optotype-based screening for distance visual acuity repeat l- 2 years (PreK and K every year. Then, 1 st grade and up every two years thereafter, unless problem.)
   b. Color vision deficiency screening (1 st grade).
   c. External scan.
3. Screening can only be performed by the school RN or designated persons under their supervision if volunteers or other school personnel are used. Acuity and color perception are the only screening tests that can be delegated.
4. Prior to screening the school RN should conduct an external scan of both eyes. Visible abnormalities should be referred immediately, even when students pass vision screening. Suspected eye infections must be cleared by a physician before screening ensues.
5. If the student fails any part of the vision screening, he/she must be screened a second time.
6. Rescreening should be done the same day, or no later than 6 months, using the same tool.
7. The school RN shall keep a record of all screenings, shall be required to follow up on the deficiencies within sixty days, and shall notify in writing the parent or tutor of every pupil found to have any defect of sight. R.S. 17:2112

B. Purpose

1. Early detection and treatment of visual problems.
2. To identify students with eye anomalies which affect learning and/or complicate normal daily living.
3. To minimize the number of students with vision loss.
4. To provide for individual educational needs of students with vision impairment.

C. Personnel

1. School RN

2. Designated school personnel or volunteers trained & supervised by a certified school RN

D. Recommended screening equipment, procedures & referral criteria

Note: Vision screening is not diagnostic. Students who fail the initial screening test and the rescreening test must be referred to an eye specialist for a diagnostic examination. Screening will not identify every student who needs eye care, nor will every student who is referred require treatment.

The National Expert Panel to the National Center for Children's Vision and Eye Health (NCCVEH) at Prevent Blindness recommends the following instruments. The school RN can always refer to the manufacturer's manual for instructions that are more detailed or for tools not included.

Distance Visual Acuity:

Ages 3, 4 and 5 years, or until children know letters in random sequence
- LEA SYMBOLS® or HOTV. 10-foot chart or single, surrounded optotypes at 5 feet.

Ages 6 — 18 year olds — (AAP/Bright Future Periodicity: ages 8, 10, 12, and 15)
- Sloan Letters* or LEA NUMBERS@. 10-foot chart. (*Preferred.)

Optotype-based screening has two approaches for both distance and near acuity screenings:

1. Threshold screening: Moving down a full eye chart with several lines until a child can no longer correctly identify the majority of optotypes on a line.

2. Critical line screening: Using only the line that a child should pass according to the child's age. Critical line screening (Donahue et al., 2016):
   - is the age-dependent line a child is expected to pass (e.g., an 8-year-old child should be able to identify the majority of optotypes on the 20/32 line).
   - is an alternative to threshold screening for detecting children with vision problems, and can be administered more quickly than threshold screening.

*Optional screenings:

Near Visual Acuity: Near charts with 16" measuring cord
- Sloan Letters near chart with 16" measuring cord
- LEA Symbols near chart with 16" measuring cord

Steroacuity — All ages — Recommended use of PASS Test 2.

Color Vision Deficiency Screening - PreK or first enterers.

Color Vision Deficiency Screening

Book with pseudoisochromatic plates (Ishihara or equivalent replace book every 7 years as colors desaturate over time) for first grade, and optional for PreK or first time enterers to school.

- Use cotton swab or brush to protect colors

Occluders: 3 -10 years - Adhesive patches
- 2" wide hypoallergenic surgical tape
- Occluder glasses

10 years and older - "Lollypop" or "Mardi Gras mask" occluders
(Hold "Lollypop" occluders with handle toward temple, not chin.)

Instrument-Based Screening:

Ages 1, 2, 3, 4, and 5 years.
May also be used with students aged 6 years and older who cannot participate in optotype-based screening.

Instrument-based screenings are recorded only as "pass" or "fail."

- Welch Allyn@ Spot™ Vision Screener
- Welch Allyn SureSight Screener v.2.25 (this product is no longer manufactured)
- Plusoptix S 12C Vision Screener
- Retinomax (Right Mfg. Co Ltd.- Tokyo, Japan)

EXTERNAL SCAN PROCEDURE

Essential Steps	Key Points and Precautions
1. Through visual inspection of the student's eyes note whether any abnormal conditions are present.	To ensure that the eyes are in good health by observing the appearance of the eyes and eliciting information regarding behaviors and complaints concerning functional use of the eyes. **Appearance Signs**: -Crossed eye or "wall" eye (eye turning in, out, up or down). Eye turn may be continuous or intermittent, particularly whe the child is tired. -Continually watering eyes. -Red-rimmed, encrusted, or swollen eyelids -Cloudiness/haze -Unequal pupil size; should be black, round and equal in shape and size. Iris: should be the same color, size and shape -Drooping eyelid(s). Ptosis, commonly called drooping eyelid, is observed as the sagging of an upper eyelid to touch or partially cover the pupil of the eye. -Sties or infections on eyelids -Presence of white pupil. This can be associated with a rare but serious eye disease. The white pupil may be observed when looking directly at the individual's eyes, or in his/her photograph. -Possible eye injury. Watch for eyes that are reddened, bloodshot, blackened, bruised or swollen, or show evidence or lacerations or abrasions.
2. Refer to physician for the following abnormalities noted: A. Pupils. B. Iris - (colored portion of the eye), C. Eye condition D. Eye movements/alignment E. Eyelids F. Any other abnormal conditions observed should be noted. **NOTE:** Eyes should not "dance" or "roam" and should be looking straight ahead in a primary position. Stereoacuity can be conducted fur further assessment and referral, if necessary, to ensure both eyes work together to see a 3-D object.	**Behavior Signs**: -Body ridged when looking at distant objects. -Clumsiness or decreased coordination -Thrusting head forward or backward while looking at distant objects. -Tilting head to one side most of the time. -Squinting or frowning when trying to focus, rubs eyes frequently. -Excessive blinking -Closing or covering one eye while doing near work, holds objects very close to eyes when reading. **Complaint Signs**: -Headaches, nausea, or dizziness -Blurred or double vision -Burning, scratchy or itchy eyes -Sees blur when looking up after close work or when looking at whiteboard -Unusual sensitivity to light.

GENERAL VISION SCREENING PROCEDURE

Essential Steps	Key Points and Precautions
1. Test each eye separately; right eye first, then left. (While testing, instruct student to keep both eyes open.)	A separate occluder should be used for each student and discarded after use. If a non-disposable occluder is used, it must be cleaned between each use to prevent the possible spread of infection. Or, use of screening glasses, hypoallergenic tape, or adhesive eye patches.
2. To test the right eye; occlude the left eye.	
3. To test the left eye; occlude the right eye.	At 6+ no instruments, unless the child cannot participate (who are non-verbal, developmentally delayed or otherwise unable to perform testing with acuity charts), and then use of photo screening, documentation under care, or referral. Refer to an eye care professional (pediatric ophthalmologist, or ophthalmologist) with experience examining children.
4. Ask student to identify symbols in order, moving across the line from left to right starting at the referral line.	To pass a line, the student must be able to read (correctly identify), with the arch of foot on line, one more than half the symbols on the line. Begin with the referral line for student's age. Show symbols on the 50-foot line, for those under age 4, and the 40-foot line for those age 4, 5 and 6 year old and older 20/32.
5. If first line is read correctly, proceed to the next smaller line and change direction in which symbols are presented. Continue presenting each smaller line of symbols through the 20-foot line, as long as the student can identify one more than half the symbols on the line.	Change direction with each line presented, i.e., follow a "snake" pattern, to make it more difficult for the student to memorize the responses.
6. If the student can read the 20-foot line correctly, record the visual acuity attained as 20/20.	Visual acuity is recorded as a fraction. The numerator represents the distance away from chart and the denominator the line read, i.e. the use of the “Sloan” or “LEA Numbers” proportionally spaced and resemble an inverted triangle wall chart at 10 ft., would be recorded as passing at 20/32,for age 6+.
7. If the student fails to read a line, repeat this line in the reverse order. If the line is failed twice, record the visual acuity as the next higher line, e.g., if the student fails on the 30-foot line, record the acuity as 20/40 assuming that one more than half the symbols on this line have been read correctly.	
8. Screening of first grade for color perception.	Color perception with the use of pseudoisochromatic plates, i.e., Ishihara, or equivalent. Document screening results and inform parents and teachers, no referral.

Referral Criteria:

1. 3 year olds/PreK - Vision in either eye of 20/50 or poorer (or equivalent measurement).

   This means the inability to identify correctly one more than half the symbols on the 50-foot line on the chart at a distance of 20 feet.

2. 4 years and older – Vision in either eye if 20/40 or poorer (or equivalent measurement).

   This means the inability to identify correctly one more than half the symbols on the 40-foot line at a distance of 20 feet.

3. 6 years are older- Missing 3 or more symbols on the 20/32 line with either eye. (or equivalent measurement of your instrument-based screening.

   This means the inability to identify correctly one more than half the symbols on the 32-foot line at a distance of 20 feet.

Scoliosis/Spinal Screening

A. General Guidelines

A school employee shall refer a student to the school RN for a scoliosis screening when these and other signs are observed:

1. Poor posture
2. Uneven pant or shirt length
3. Difficulty in finding clothing which fits properly
4. Protruding shoulder blades
5. Uneven shoulder heights
6. Noticeable rounding of the back or
7. Noticeable sway- back
8. When a member of the student's family is known to have scoliosis

The school RN may include scoliosis/spinal screening in the general assessment of the health status of the student.

B. Scoliosis/Spinal Screening Purpose

The purpose of scoliosis/spinal screening is to screen the spine for the early detection of abnormal spinal deviations or asymmetry:

1. To refer for further evaluation and appropriate intervention.
2. To reduce physical and/or emotional problems that could occur if the curvature becomes pronounced.

Vital Signs

Pulse

A. General Guidelines

1. The baseline pulse rate of a student with certain diseases, especially respiratory and cardiac, and those receiving medication that alter the pulse rate should be recorded so that a change in condition is easily recognized.
2. The pulse is the regular expansion and contraction of an artery produced by each beat of the heart. The pulse is assessed for rate, rhythm and character (includes weak, thread or bounding). Abnormalities in pulse are often signs of disease.
3. The normal resting heart rate varies; for an adult from 50 to 100 beats per minute; 70 to 110 for children 2-10 years of age; 60-90 for a 12 year old.
4. The pulse rate may be counted at the most appropriate point, usually at the wrist.

B. Pulse Rate

1. The purpose of taking the pulse rate is to assess the overall health of a student, especially the cardiovascular system.

C. Equipment –

1. Watch with a second hand

VITAL SIGNS PROCEDURE

Essential Steps	Key points and precautions
1. Wash your hands	Reduces the spread of microorganisms
2. Explain the procedure to the students	Encourages cooperation, reduces anxiety.
3. Position the student a) Lying on his back with his arms across his chest with the palm of the hand down. b) Sitting with his arm bent at the elbow, resting on the chair or you arm, palm down.	This position makes it easy to feel the pulse in the radial artery at the wrist.
4. Place one to three fingers over the pulse point along groove on the thumb side of the under part of the wrist.	The fingertips are more sensitive. Do not use the thumb, as you may feel your own pulse.
5. After locating the pulse, begin counting when the second hand of your watch is on a number and count for one minute.	If you count for less than one minute, you may miss irregularities.
6. Note the rhythm and character (or quality) of the pulse as well as the rate.	
7. Praise the student for his participation cooperation.	
8. Return the student to comfortable position.	
9. Record the rhythm and character on the daily log.	Report any unusual abnormalities or occurrences, such as irregularity, weak, etc

Respirations

A. General Guidelines

1. A student with chronic respiratory or cardiac disorders should be observed to establish a baseline for the rate and depth of rhythm of respirations.
2. To get an accurate rate, respirations are usually counted unobtrusively before or after counting the pulse rate.

B. Measuring Respirations Purpose

- The purpose of measuring respirations is to monitor the conditions and function of the respiratory system through the observation of the movement of the chest and abdominal muscle and breath sounds for rate, depth and regularity.

C. Equipment

- Time device with second hand

PROCEDURE FOR COUNTING RESPIRATIONS

Essential Steps	Key Points and Precautions
1. Preparation a. Position student in a comfortable position.	The arm may be placed so that the pulse can be assessed while observing and counting respirations.
1. Method a) Observe one inspiration and one expiration. b) Begin counting when the second hand of the watch is on a number. Count for one minute.	This is one cycle or one breath. Young children often breathe irregularly.
c) Observe the rise and fall of the chest. d) Record the rate per minute and any unusual observations.	The normal range of respiration for an adult is 14-20 times per minute. Young students breathe more quickly. Signs of respiratory distress may include deep or shallow; irregular respirations, retractions (sinking in) of the tissues of the chest, nasal flaring, wheezing, grunting, change of color (especially around the nose and mouth).

Temperature

A. General Guidelines

1. Body temperature is the difference between the amount of heat the body produces and the amount of heat it loses. Normally the body temperature remains stable around 98 degrees Fahrenheit (37 degrees Celsius); lower in early morning and higher in later evening.
2. Body temperature varies depending upon the route it is taken: Oral – normal range 97.7° to 99.5° F (36.5° to 37.5° C) Rectal – normal range 98.7° to 100° F (37.1° to 38.1° C) Axilla – normal range 96.7° to 98.5° F (35.9° to 36.9° C)
3. In the school setting the temperature may be taken by using an electronic or other type of thermometer. The use of glass thermometers is discouraged. If a glass thermometer is broken, the mercury must be disposed of in accordance with school system guidelines. Record the route and the temperature.
4. Changes in temperature may be due to disease, infection, extended exposure to heat or cold, exercise, age, crying, nutritional intake, and other causes.
5. A change in appearance, activity level, emotional state, feeding pattern, or other indicators may be a sign of an increase or decrease in body temperature.

B. *Purpose*

- To determine if the student has an abnormal temperature.

D. *Equipment*

- Electronic Thermometer with disposal plastic shield or other device, for measuring body temperature

.

PROCEDURE FOR TAKING A TEMPERATURE

Essential Steps	Key Points and Precautions
1. Preparation	
a. Wash your hands.	Prevents spread of microorganisms.
b. Inspect the thermometer for proper functioning.	Prevents inaccurate measurement.
c. Explain the procedure to the student.	Encourages cooperation.
d. Position the student appropriately for comfort and safety according to the method used.	
2. Method	
a. Follow the manufacturer's instructions for the device used.	
b. Praise the student for cooperation.	
c. Remove the thermometer at the appropriate time.	
d. Return the student to the appropriate position.	
e. Wash your hands.	Decreases spread of microorganisms.
f. Record the temperature on the student's chart.	Report abnormal temperatures to appropriate personnel and to parents.

Vital Signs Skills Checklist [ ] Initial [ ] Review

(Pulse Rate, Respiratory Rate, and Temperature)

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
1. States name and purpose for procedure							
2. Identifies supplies:							
a) Time device with second hand.							
b) Thermometer							
3. Steps – Heart Rate							
a) Finds a pulse point on wrist or_____							
b) Counts for one minute.							
c) Logs information.							
4. Steps – Breathing Rate (Respiratory Rate)							
a) Observe rise and fall of student's chest.							
b) Counts movements for 60 seconds.							
c) Logs information.							
5. Steps – Temperature							
a) Uses thermometer per instructions							
b) Removes thermometer as instructed.							
c) Logs information							

Comments:

_____

_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School Nurse Signature Date Employee Signature

Clean Intermittent Catheterization

In 1990 the Louisiana Legislature enacted R.S. 17:435, Act 1048 to provide training of school employees to perform Clean Intermittent Catheterization of students. The intent of this legislation and those that followed in 1991, 1992, 1995, 2008 and 2009 is to ensure the health and safety of students who require non-complex health procedures while in school. Clean Intermittent Catheterization is considered a non-complex health procedure.

General Information

A. Functions of urinary tract system

1. Anatomy of Urinary Tract
   a) KIDNEYS - paired organs, purple brown in color, situated at the back of the abdominal cavity, one on each side of the spinal column. Their function is to excrete urine and help regulate fluids in the body
   b) URETER - 2 tubes that carry urine from the kidney to the bladder; right and left side.
   c) BLADDER - muscular membrane sac, capable of distending and contracting, that holds urine.
   d) URETHRA - a tube that carries urine from the bladder to the outside of the body.
   e) SPHINCTER - a plain muscle at opening of bladder into urethra.
   f) MEATUS - opening to outside of the body from urethra.
2. Normal Bladder Function

   When a normal functioning bladder is full, nerve signals from the bladder causes it to contract and empty. When normal sensation and motor function is present a person can stop the bladder from emptying by voluntarily contracting urinary sphincter muscle and pelvic muscles (i.e., "holding it")
3. Impaired bladder function: (neurogenic bladder)
   a) Neurogenic bladder - a bladder disturbance due to disease or disorders of bladder function. This can be caused by:
      - spinal cord injuries;
      - diseases such as diabetes, multiple sclerosis;
      - birth defects such_ as spina bifida; OR
      - infection such as many repeated urinary tract infection (UTI) and cancer
   b) A person with a neurogenic bladder has limited or no control over emptying the bladder.
   c) Involuntary muscle contractions of the bladder can cause emptying at anytime. The sphincter muscle does not work with the bladder muscle and therefore may cause constant dribble of urine or incomplete emptying of the bladder.
   d) If a bladder fails to empty properly, this provides a worm moist environment for bacteria to grow and cause infection as well as more damage to the bladder muscles from over-distention and a reflux of urine toward the kidneys.
   e) A student with a neurogenic bladder:
      - does not sense bladder fullness;
      - cannot voluntarily control bladder emptying

- has limited, if any, sensation of wetness when the bladder overflows or automatically empties

B. General Guidelines for Catheterization

1. For those:
   a) Who have difficulty emptying the bladder.
   b) With overflow incontinence
   c) With Neurogenic bladder – nerves that stimulate bladder do not function properly – associated with myelodysplasia (spina bifida) and other conditions, such as spinal cord injuries.

2. To prevent UTI and urinary incontinence.

C. Purpose

- (CIC) is a procedure used to empty the bladder.

D. When to perform CIC

- Perform every few hours.

E. Potential Problems Resulting from Catheterization

1. Absence of urine during catheterization
2. Urine which is cloudy in color, foul smelling, or which contains mucous or blood
3. Bleeding from urethral opening
4. Difficulty inserting urinary catheter

F. Equipment/Supplies

1. Lubricant – water soluble – as directed in physician's order
2. Catheter – type & size as indicated in physician's order
3. Cleansing supplies (i.e. Betadine and cotton balls or baby wipes)
4. Container
5. Gloves

PROCEDURE FOR CLEAN INTERMITTENT CATHETERIZATION (CIC)

Essential Steps	Key Points and Precautions
1. Preparation	
a) Wash hands	Universal precautions.
b) Explain procedure to student.	Aids in reducing anxiety, encourages cooperation, and fosters independence
c) Have student perform as much of procedure as possible with supervision as needed.	
d) Gather supplies ▪ Lubricant ▪ Catheter ▪ Cleansing supplies ▪ Container ▪ Gloves	Ensures smooth procedure, saves time. As indicated in physician's order
2. Procedure	
a. Position the student for catheterization	i.e. On the toilet, in wheelchair with hand held urinal, on changing table
b) Arranges equipment	Universal precautions
c) Don clean gloves	
d) Lubricate catheter with prescribed water soluble lubricant and set aside without contaminating catheter	Lubrication reduces irritation to the tissue. (Some catheters are self-lubricating)
e. Clean:	
▪ <u>For females</u> – separate the labia (lips) and hold open with finger. Cleanse, in a direction from the top of the labia toward the rectum. Wash three times, once down each side and once down the middle. Use a clean cotton ball each time.	To reduce risk of introducing bacteria into urinary tract.
▪ <u>For males</u> – clean the penis below the glans at a 45 degree angle. If not circumcised, retract the foreskin. Wash the glans with soapy cotton balls or other agent as prescribed. Begin at the urethral opening; in a circular manner, wash away from the meatus. Repeat twice. Use a clean cotton ball each time you wash the penis.	

Essential Steps	Key Points and Precautions
f. Insert the catheter until there is a good flow of urine then advance another half inch more. Rotate the catheter so that catheter openings have reached all areas of the bladder. Have the student bear down a couple of times while the catheter is in place.	
g. Student specific – if prescribed, gently press on bladder to empty.	
h. When the bladder is completely empty, pinch catheter and withdraw slowly.	
i. Note color and appearance of urine.	
j. Measure urine volume if ordered. Dispose of urine and wash and put away receptacle (if reusable).	Urine should be a clear pale yellow color. Notify parent and school RN if cloudy, foul smelling, or presence of blood noted.
k. Remove gloves and wash hands. Assist student in washing his/her hands.	Universal precautions.
l. Document procedure and amount of urine on procedure log.	

Female Catheterization Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
<u>Information (Verbal Recall)</u>							
1. Defines-Procedure to empty bladder of urine							
2. Completes at _____ o'clock (In emergency complete earlier rather than later.)							
3. Completes where _____. (Consider privacy and access to bathroom.)							
4. Position for catheterization:							
Identifies Equipment:							
1. Type & size of catheter according to physician's orders							
2. Lubricant as ordered							
3. Urine receiving receptacle							
4. Cleaning material as ordered							
Identifies body parts:							
1. Labia Majora							
2. Labia Minora							
3. Meatus							
4. Position of Urethra							
Procedure							
1. Washes hands and gathers equipment							
2. Positions student for catheterization							
3. Arranges equipment for procedure							
4. Puts on clean gloves							
5. Lubricates catheter and places on barrier on clean surface							
6. Cleans:							
a) Prepares cleaning materials							
b) Opens labia minora & majora							
c) Cleans from front of folds to back of meatus							
d) Uses swab only once							
e) Wipes a minimum of 3 times							
7. Grasps catheter about 3 inches from tip							
8. Inserts into urethra until urine begins to flow							
9. Advances ½ inch more							
10. Allows urine to flow by gravity into urine receiving receptacle.							
11. <u>Student Specific:</u> Gently press on bladder to empty (This needs to be prescribed for each student)							
12, Removes catheter slowly when urine stops							
13. Stops and waits until all urine has drained							

Female Catheterization Skills Checklist (page 2 of 2)

14. Dries and dresses							
15. Washes equipment and puts used catheter into designated container.							
16. Reports any problems to parents							

Comments: _____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy.*
____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____ _____

Date School RN Signature Date Employee Signature

Male Catheterization Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
Information (Verbal Recall)							
1. Defines-Procedure to empty bladder of urine							
2. Completes at _____ o'clock (In emergency complete earlier rather than later)							
3. Completes where_____. *(Consider privacy and access to bathroom.)*							
4. Position for catheterization:							
Identifies Equipment:							
1. Type of catheter as ordered							
2. Lubricant as ordered							
3. Urine receiving pan							
4. Cleaning material as ordered							
Identifies body parts:							
1. Scrotum							
2. Foreskin							
3. Meatus							
4. Glans							
Procedure							
1. Washes hands and gathers equipment							
2. Positions student for catheterization							
3. Arranges equipment for procedure							
4. Puts on clean gloves							
5. Lubricates catheter and places on barrier on clean surface							
7. Cleans:							
a) Prepares cleaning materials							
b) Retracts foreskin (if needed)							
c) Holds penis at right angle from body							
d) Pulls penis straight							
e) Cleans meatus and glans							
f) Uses swab only once							
g) Wipes a minimum of 2 times							
8. Grasps catheter about 4 inches from tip							
9. Inserts well-lubricated catheter into penis with consistent pressure (if muscle spasm occurs, stop and proceed slowly). NEVER FORCE A CATHETER.							
10. When urine begins to flow, insert ½ inch more.							
11. Allows urine to flow by gravity into urine receiving receptacle.							

Male Catheterization Skills Checklist (page 2 of 2)

12. Student Specific: Gently press on bladder to empty if prescribed.							
13. Removes catheter slowly when urine stops							
14. Stops and waits until all urine has drained							
15. Dries and dresses							
16. Washes equipment and puts used into designated container.							
17. Reports any problems to parents							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date School RN Signature Date Employee Signature

Gastrostomy Feeding: (Syringe Method)

A. General Guidelines

1. Purpose – A tube feeding is used to provide a student who cannot consume food or liquid by mouth adequate nutrition and fluids to promote and maintain optimal growth and development.
2. Students who require tube feeding may or may not be able to take food by mouth. Check with the student's physician to determine this.
3. This is the student's mealtime. The environment should be conducive to eating and the feeding should take the same amount of time as a good meal eaten by mouth (20-30 minutes).
4. Don't forget to talk to the student during the feeding. Stroking the cheek or giving the student a pacifier may be appropriate.
5. The student may participate in his or her feeding if appropriate. The student may assist or learn to do the procedure independently.
6. Determine the best position for the student to be fed. The student's head should be elevated at least to a 30-45 degree angle throughout and 30 minutes following the feeding.

B. Diet

1. The feeding may be a liquid formula or a pureed diet. Always check the expiration date on formula.

C. Equipment

1. Catheter tip syringe
2. Feeding solution at room temperature
3. Water for flushing the tube
4. Adapter and/or clamp for end of tube.
5. Disposable exam gloves

PROCEDURE FOR GASTROSTOMY FEADING

Essential Skills	Key Points and Precautions
1. **Preparation**	
a) Prepare the student	
b) Wash hand	Students need to be made aware of what to expect. Hand washing is essential to maintain hygiene and prevent the spread of germs.
c) Gather equipment	Organization saves time and prevents the student from being left alone.
d) Position student	Proper positioning facilitates gastric emptying and reduces the risk of regurgitation. Also promotes the student's comfort during feeding.
e) Don gloves	
3. **Method**	
a) Clamp feeding tube and remove cap.	This prevents air from entering the stomach when syringe is removed. Plunger is removed so feeding can be poured into the syringe.
b) Remove plunger from syringe and attach syringe to feeding tube.	Syringe is required to hold feeding.
c) Attach tubing to button (if applicable)	This will leave room for feeding to go up into the syringe without overflowing
d) Pour feeding into syringe until about ½ to ⅔'s full.	Tube must be opened before feeding can begin to flow.
e) Unclamp tube.	The feeding flows by gravity. The higher the syringe is held, the faster the feeding will flow. Lowering the syringe slows the flow. The rate of the flow will be predetermined by the physician or nurse.
f) Elevate feeding above the level of the stomach. Regulate feeding by raising and lowering the syringe.	
g) Before syringe completely empties, add more feeding. Repeat until completed	Pouring in formula before the syringe completely empties will prevent air from entering the stomach
h) Pour prescribed amount of water into syringe to flush feeding tube. This is usually about an ounce.	Water cleans the tube of formula and helps prevent dried particles from obstructing the tube.
i) Before last of water flows in, clamp tube and remove syringe.	This will prevent air from entering the stomach.
j) Clamp/cap tubing or disconnect extension tubing.	This prevents feeding from coming out of the tube. This helps prevent vomiting and/or aspiration
k) Remove gloves and wash hands	Prevents growth of bacteria on equipment.
4. **Post Procedure Care**	
a) Keep student in elevated position for at least 30 minutes after feeding is completed.	
b) Rinse and clean equipment after each feeding and store in clean area. (Disinfect when appropriate.)	
c) Documents on daily record sheet and reports and documents any problems	Provides a record of the care provided

Gastrostomy Feeding Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
Information (Verbal Recall)							
1. Defines – Procedure to feed directly to stomach.							
2. Completes at ___: ____ (time). _____ cc's (Amount) _____ Formula/feeding _____ (Type of feeding)							
3. Feeding to be completed in _____ minutes.							
4. Position for feeding.							
Identifies Equipment: 1. 60 cc catheter tip feeding syringe							
2. Adapter with tubing and clamp							
3. Prescribed diet at room temperature							
4. Bottled or Tap water							
Procedure:							
1. Washes hands thoroughly.							
2. Gathers equipment.							
3. Positions student and dons gloves.							
4. Attaches the adapter (if applicable) to feeding syringe.							
5. Opens safety plug and attaches the adapter (if applicable) with feeding syringe to the feeding tube or button (if applicable).							
6. Pours feeding into syringe until about ½ full.							
7. Elevates the feeding above the level of the stomach. Opens clamp. Allows feeding to go in slowly 20-30 minutes. The higher the syringe is held, the faster the feeding will flow. Lowers syringes if feeding is going too fast.							
8. Refills the syringe before it empties to prevent air from entering stomach.							
9. Flushes with _____ cc's of water when feeding is complete.							
10. After flushing, lowers the syringe below the stomach level to facilitate burping.							
11. Removes the adapter with feeding syringe and snaps safety plug in place.							
12. Keeps the student in a feeding position for at least 30 minutes after completing feeding.							
13. Washes syringe and tubing with soap and warm water and puts in home container.							
14. Removes gloves and wash hands.							
15. Reports any problems to parents.							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Gastrostomy Feeding: Warning Signs and Symptoms

Student's Name: _____Date of Birth: _____Date: _____

Potential Problem	Cause	*Solution
Nausea Vomiting Cramping and/or Diarrhea	1. Too rapid feeding. 2. Feeding too cold.	1. Increase feeding time. 2. Ensure feeding is at room temperature. 3. If problem continues, contact parent.
Redness and Irritation around the stoma	1. Mild soap and water cleansing is not effective. 2. Button has not been rotated during stoma care. 3. Stoma site is not completely dry after stoma care and bath. 4. Spilled formula or milk has not been cleaned from the skin.	1. Rotate button in full circle during every cleaning. 2. Dry stoma site well and leave it exposed to air for 20 to 30 minutes. 3. a) Clean stoma site more frequently. b) Clean stoma site with Q-tip and water. 4. If formula or milk is spilled on skin, clean it off immediately. 5. Consult health team member for instructions on cleaning.
Leakage of stomach contents.	1. Anti-reflux valve is sticking. 2. Anti-reflux valve is broken. 3. Leakage around button.	If stomach contents leak, keep area dry and notify parent.
Feeding adapter dislodged during a feeding.	Student coughs or is active and knocks out adapter.	1. Estimate amount of feeding lost. 2. Re-attach feeding adapter and resume feeding.
Plugging of a button	Occlusion from food and/or medication	1. Flush with _____cc's tap water after administering food and medication. 2. Use liquid medication or well grounded (crushed), or diluted medication.
Dislodged or broken feeding device		Apply gauze and contact parent, school RN or physician immediately. If not available, contact 911.

*Use only as directed by physician.

Chronic Illness Program/VACP at Children's Hospital, New Orleans, LA

Suctioning: Oral pharyngeal Nasal Using Clean Technique

A. General Guidelines

1. A qualified person trained in suctioning must be on site whenever a student requiring suctioning is at school.
2. The student's school program is arranged so that he or she is within easy access to the suctioning equipment.
3. Encourage student to cough to clear airway and possibly eliminate need for suctioning. However, some students may not be able to cough.
4. Avoid unnecessary suctioning to reduce chances of injury and infection. Use a bulb syringe when appropriate, as this is less traumatic.
5. Clean technique may be used for suctioning of the nose, throat and mouth.
6. Suctioning shall be performed:
   a) According to physician's special orders
   b) Upon request of student
   c) When noisy, moist respirations occur
   d) When respiratory distress exists
   e) When mucus is visible in the nose or mouth

B. Purpose of Suctioning

- Purpose - To maintain an open airway by keeping it clear of excessive secretions and to prevent aspiration.

C. Equipment:

1. Suction machine, including collecting bottle, connecting tube, and adapter. This equipment is to be left at school.
2. Resuscitation device, applicable for students with trachs, when ordered
3. Clean disposable suction catheters/device
4. Nonwaxed clean paper cups
5. Supply of clean water (to clear catheter)
6. Disposable exam gloves
7. Clean tissues or gauze pads
8. Plastic lined wastebasket (kept beside machine and used for contaminated materials)

D. Personnel Recommendations:

- The procedure for oropharyngeal and nasal suctioning should be performed by a qualified school RN, physician, or qualified designated school personnel under supervision, as recommended by the qualified professional nurse and agreed upon by the IEP team.

PROCEDURE FOR SUCTIONING: ORAL/PHARYNGEAL NASAL USING CLEAN TECHNIQUE

Essential Steps	Key Points and Precautions
1. Verify at the beginning of each school day that all equipment and supplies are ready for immediate use.	*The preferred procedure is to use a disposable clean catheter. After use, the catheter can be rinsed clean, air-dried and stored in a clean package. A single catheter that is not grossly dirty can be used for a 24-hour period. When using one catheter to suction the mouth and nose, rinse between suctioning. Do not use this catheter for Tracheotomy Suctioning.*
2. Wash hands prior to suctioning unless it is an emergency and you do not have time to wash your hands.	
3. Assemble and prepare equipment in a clean area. Fill paper cup with water. Open catheter package without touching the tip of the catheter.	Saline may be indicated for use when secretions are thick and need to be liquefied. Reduces the risk of contaminating catheter
4. Position student and place tissue or gauze nearby. Explain the procedure to the student.	Positioning is dependent upon student's condition and physician's recommendations. Knowing what to expect encourages cooperation. A student with a shunt should always have head higher than the abdomen.
5. Put gloves on both hands and use one hand to handle the catheter (the clean hand)	Gloves keep catheter and hands clean. They also reduce the possibility of exchange of body fluids.
6. Holding suction connection tubing with "dirty" hand, attach catheter to suction tubing with "sterile" hand. Turn on machine with "dirty" gloved hand.	Handle catheter by not touching the last 3 inches at the tip. Do not allow this portion of the catheter to touch any surfaces outside of the mouth
7. Suction as follows:	Suction loosens secretions and stimulates coughing. When introducing catheter, never cover the vent.
a) Leave the thumb port of the catheter open and introduce the catheter into the mouth or nostril, without suction.	
b) If the gag or cough reflex is stimulated, withdraw catheter slightly	
c) Place "dirty" gloved thumb over vent. With "sterile" gloved hand, gently rotate catheter between thumb and forefinger while slowly withdrawing catheter.	This prevents injury to tissues and prevents vomiting and possible aspiration. If catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissue.
d) Withdraw catheter immediately when student begins to cough.	Catheter acts as foreign object and may interfere with bringing up secretions

PROCEDURES FOR SUCTIONING: ORAL/PHARYNGEAL NASAL USING CLEAN TECHNIQUE

Essential Steps	Key Points and Precautions
e) Each insertion and withdrawal of catheter to suction should last no longer than 10 seconds at a time. **Allow 3 to 5 deep breaths between suctioning.**	Allow time for breathing 3-5 times between suctioning periods. Prolonged suctioning can cause throat spasm, loss of oxygen, and change in heartbeat. Respiration should be quiet and effortless at end of suctioning.
f) Repeat steps (7b) through (f) as needed	
g) Supply deep breaths with resuscitation bag as needed	Use of resuscitation bag provides deep breathing and/or stabilizes disrupted breathing patterns. ***If resuscitation bag is not available, allow student to take deep breaths.***
8. Suction sufficient amount of water through catheter to clean out tubing. Occlude the thumb port of catheter and suck air through catheter to dry it. Wipe exterior of catheter with tissue or gauze and store in clean package for next use. Discard catheter (or send home for cleaning and disinfection) if very dirty and use another clean catheter for future suctioning. Use universal precautions.	
9. Discard paper cup and tissue or gauze.	
10. Remove disposable exam gloves and wash hands.	
11. Put supplies away and make sure equipment is ready for immediate reuse.	
14. Record procedure on log and permanent health record. Document and verbally report any unusual occurrence such as change in color or consistency of secretions, presence of blood or vomiting.	
15. At end of school day or more frequently if needed, use universal precautions to empty contents of suction bottle into toilet. Wash bottle with soap/water	

Suctioning: Nasal and Oral Technique Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
States name and purpose of procedure.							
Identifies Supplies:							
1. Suction machine with tubing.							
2. Catheter							
3. Cup of tap water							
Steps:							
1. Assembles supplies							
2. Washes hands. Puts on gloves.							
3. Turns suction machine on and checks function.							
4. Removes catheter from storage bag being careful not to touch the last 3 inches of catheter.							
5. Attaches catheter to suction tubing.							
6. Without applying suction, inserts catheter into nose and advances until student coughs or obstruction is met.							
7. Applies suction when student coughs and withdraws catheter while rotating catheter.							
8. Puts a few drops of normal saline into nose to thin out secretions (if they are thick).							
9. Repeats suctioning in this order (Steps 6-8) until nose is clear.							
10. Suctions mouth by advancing catheter into mouth without suction.							
11. Applies suction and withdraws catheter while rotating.							
12. Repeats suction in above order (Steps 10-11) until mouth is clear.							
13. Dispose or cleans catheter.							
14. Rinses tubing with tap water.							
15. Disposes of gloves.							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Tracheostomy Suctioning Clean Technique

A. General Guidelines

1. A qualified employee trained in student specific procedures must be on site whenever a student requiring suctioning is at school.
2. No student shall be accepted at school until the "Go Bag" of portable equipment has been checked for content and function by a trained school employee. The Go Bag checklist can be found in Part III.
3. The student's own suction machine is placed so that he or she is within easy access to the suctioning equipment.
4. Encourage student to cough to clear airway and possibly eliminate need for suctioning. However, some students may not be able to cough.
5. Avoid unnecessary suctioning to reduce chances of injury and infection.
6. Sterile technique is used for suctioning to decrease opportunities for infection, and to reduce liability.
7. Suctioning shall be performed:
   a) According to physician's special orders
   b) Upon request of student
   c) When noisy, moist respirations occur
   d) When mucus is visible at trachea opening

B. Purpose of Suctioning

- The purpose is to maintain an open airway by keeping it clear of excessive secretions (mucus).

C. Equipment

1. Student's own suction machine, including tubing (travels with student).
2. Catheter (Kit, In-Line or Sleeve)
3. Sterile saline vials.
4. Cup of tap water.
5. Resuscitator bag.
6. Plastic bag for waste.
7. "GO Bag", portable equipment to be with the student at all times. Contents include:

- Resuscitator Bag
- Portable suction machine
- Suction catheters and sterile gloves
- De Lee suction catheters
- Disposable exam or sterile gloves
- Saline (sterile vials)
- Spare trach tube
- Spare trach ties
- Blunt scissors
- A passive condenser
- Water-soluble lubricant
- Emergency phone numbers
- 3 cc syringe (cuffed trach only)
- Plastic bag for waste disposal
- Tissues, wipes
- One or two bulb syringes
- A Go Bag list

D. Personnel Recommendations

- The procedure for tracheostomy suctioning should be performed by the qualified designated school personnel under supervision of the school RN

PROCEDURE FOR SUCTIONING: TRACHEOSTOMY USING CLEAN TECHNIQUES

Essential Steps	Key Points and Precautions
1. Assemble supplies: a) Student's personal suction machine with b) Tubing c) Catheter d) Saline e) Cup of tap water f) Resuscitator bag (Ambu)	Additional supplies should be with the student at all times in the "Go Bag". Protective eye wear and mask should be worn if splashing of body fluids is likely to occur.
2. Wash hands.	Except in an emergency. (Prepared hand wipes or hand sanitizer can be used if a sink is not available.)
3. Turn the suction machine on and check for function.	Place thumb over the end of the tubing to check for the vacuum.
4. Open package and remove kit.	
5. Open the kit without touching the inside of the kit or its contents and apply disposable exam gloves, or sterile* if ordered and maintaining sterile field.	*If ordered as sterile, then use of sterile gloves and sterile filed will be maintained.
6. Pick up the catheter is being careful not to touch from prescribed number down..	Be careful not to touch from the prescribed number down.
7. Determine which hand will remain your sterile hand and which will become your "non-sterile" hand – typically the non-dominant hand will become the "non-sterile" hand-grasp the suction tubing with the "non-sterile" hand.	
8. Use the resuscitator bag (Ambu) to give 3-5 breaths, if needed.	This is done because air, as well as secretions, is removed during the procedure.
9. Insert the catheter into the trach tube to the prescribed number without the suction being applied.	Decreases amount of air removed during suctioning.
10. Gently advances the catheter to the prescribed number.	If the catheter is advanced too far, the tissue in the trachea can be torn and cause bleeding. The least traumatic technique is to pre-measure the length of tracheostomy tube and introduce the catheter only to that number..
11. Apply suction by putting your thumb on the thumb port.	
12. Remove the catheter straight out from the trach tube over no more than 5-10 seconds.	The straight removal of the catheter avoids possible infection, by not disturbing the bio film from the trach to descend further into the airway and lungs. Once suction is applied, do not stay in the trach tube for more

Essential Steps	Key Points and Precautions
	than 10 seconds. Remember, as secretions are removed, air is also removed.
13. Give 3-5 breaths with the resuscitator bag, if needed, after the catheter has been removed from the trach tube.	This replaces the air that has been removed.
14. Suctioning can be repeated in this order (steps 11-15) until the secretions are removed and the student is clear.	Let the student relax between passages of the catheter.
15. If the secretions are thick, the supervising registered nurse may instruct that sterile saline be placed in the trach tube, followed by extra breaths and then suction.	This will thin the secretions.
16. Once trach secretions are removed, may use same catheter to suction nose and mouth, if needed. (See Nasal and Oral Suctioning.)	The trach should be suctioned first, then the nose, then the mouth. Never reverse the order unless it is an emergency. (See Nasal and Oral Suctioning).
17. Disconnect the catheter from the connecting tubing once suctioning is complete. Wrap the catheter around the gloved hand and pull the glove off inside out. NOTE: The In-Line and Sleeve catheter are reused.	This will contain the used catheter inside the glove. Place in a plastic bag lined covered container for disposal or double bag. If the In-Line and Sleeve catheters are re-used within the 24 hrs, then rinse the sleeve with tap water and maintain for further use with use of universal precautions.
18. Rinse the suction connective tubing with tap water.	
19. Use universal precautions to clean the area as needed, and always at the end of the school day. Empty contents of suction bottle into the toilet and flush. Rinse suction bottle and suction tubing with tap water.	Always use universal precautions when handling any body fluids**.** Note student tolerance, unusual color, odor, consistency, and amount of secretions.
20. Wash hands.	

Tracheostomy Suctioning: Clean Technique Skills Checklist [ ]Initial [ ]Review

Student's Name: _____ Date of Birth: _____
Person Trained_____ Position_____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
1. Verbalizes Universal Precautions							
B. Identifies Supplies: 1. Suction machine with tubing							
2 Catheter							
3. Cup of tap water							
4. Resuscitator bag							
C. Steps:							
1. Assembles supplies							
2. Washes hands							
3. Turns suction machine on and checks for function.							
4. Prepare catheter.							
5. Opens kit without touching inside of the kit or its contents. (in-Line/Sleeve catheters open package) and apply disposable gloves.							
6. Pick up the catheter being careful not to touch the prescribed number down. Does not apply to In-Line/Sleeve.							
7. With the catheter in gloved hand and suction connective tubing in other gloved hand, attach catheter to connective tubing.							
8. Uses resuscitator bag with hand to give 3-5 breaths, if needed.							
9. Inserts catheter into trach tube without suction being applied.							
10. Gently advances the catheter to the prescribed number.							
11. Applies suction by putting thumb on thumb port.							
12. Remove the catheter straight out from the trach tube over not more than 5-10 seconds..							
13. Follow with 3-5 breaths after catheter has been removed from trach tube, if needed.							
14. Repeat suctioning in above order (Steps 9-13) until secretions are removed.							
15. Follows instructions of registered nurse regarding use of sterile saline to thin thick secretions and use of resuscitator.							
16. Suction nose and mouth with same catheter the same way.							

Tracheostomy Suctioning: Sterile Technique Skills Checklist

17. Completes suctioning, disconnects catheter from suction tubing, wraps catheter around gloved hand and pulls glove off inside out and discards. In-Line/Sleeve catheters may be used for 24 hours.							
18. Rinses suctioning tubing with tap water							
19. Uses Universal Precautions							
20. Washes hands							
21. Records procedure							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Ventilator Assisted Care Program/CIP, Children's Hospital, New Orleans, LA

"Go Bag"

A. General Guidelines

1. Mobility is a big part of everyday life.
2. Arrangements can be made for individuals with tracheostomies to get around and still have supplies available for their special needs.
3. These supplies can be organized easily into a tote bag or carrying case which is called a "Go Bag".
4. Everywhere the student goes, the "Go Bag" should go.

B. Purpose

- When a student has a trach tube, suctioning and trach changing may need to be done at any time. A "Go Bag" contains all items needed to perform these procedures safely and conveniently. Some items may be added to suit the individual needs of the student.

C. Equipment/Supplies

1. Each item in the "Go Bag" has an important purpose to insure the safe transportation and out-of-home care of the student.

2. The suction machine, the catheters, and the resuscitator bag will enable the student to maintain a comfortable air passage.

3. The spare trachs, lubricant and scissors will provide the necessary equipment if any emergency trach change is needed.

4. The bag also includes the backups for all mechanical equipment.

5. The DeLee and the bulb syringes are backups for the portable suction machine.

6. The resuscitator bag doubles as a backup for a ventilator.

7. The emergency numbers will provide the resources to call if help is needed.

CONTENTS OF A "GO" BAG

Essential Skills	Key Points and Precautions
1. Resuscitator Bag	A manual, self-inflating bag used to give the student breaths before and after suctioning and trach changes. It is also used to give breaths if the student stops breathing or the ventilator stops working.
2. Portable Suction Machine	This is a battery operated vacuum pump which allows you to suction anywhere. Be sure to check the charge and function before leaving home.
3. Suction Catheters	Catheters are used with a suction machine to clear secretions below the trach tube. Several sterile catheter kits and/or clean catheters should be carried in the bag. If clean catheters are being used each time you suction, have 2 containers - one labeled clean and one labeled dirty.
4. Sterile Gloves	To reduce the risk of introducing bacteria and potential infection into the airway – (for tracheostomy students only)
5. DeLee Suction Catheters	This is a mouth controlled suction catheter which is to be used if the portable suction machine is not working.
6. Saline (Sterile Vials)	Saline is a sterile salt water solution available in vials or bottles or can be made at home. It is used during suctioning to thin out secretions or added directly to the trach to keep the airway moist. It can also be used to lubricate the trach tube during a trach change.
7. One or Two Bulb Syringes	These are used to clear visible secretions. Separate syringes are used for: 1. the TRACH, 2. the NOSE and MOUTH. They should be labeled properly. If they are interchanged, it could cause an infection
8. Tissues, Wipes	Useful for wiping secretions from the outside of the trach, nose, and mouth. A wash cloth or towel can be substituted
9. Spare Trach Tube with Trach Ties	The ties should be attached and the obturator in place to be ready for insertion in the event of an emergency. It is recommended that the scissors and lubricant are attached to the box as well. If the student has a cuffed trach tube, a syringe must be included.
10. 3 cc syringe	To inflate the trach tube cuff.

CONTENTS OF A "GO" BAG (page 2 of 2)

Essential Skills	Key Points and Precautions
11. A Trach Tube one size smaller with Trach Ties	This tube should be set up with the ties attached and the obturator in place ready for emergency insertion. If you cannot get the regular size tube in, use this one.
12. Blunt Scissors	Scissors are used to cut the old trach ties in the event of an emergency trach change.
13. Lubricant, Saline or Water Soluble	It should be a water soluble jelly {not a petroleum jelly) or sterile saline•. It helps the tube go into the stoma more easily.
14. Passive Condenser	An extra condenser must be carried in case it needs to be changed. It must be changed if it becomes clogged with mucus. Discard it when clogged
15. Plastic Bag for Waste Disposal	For appropriate disposal of items contaminated with body fluids/secretions. (Double bags)
16. Emergency Phone Numbers	The physician, hospital, home care companies, fire department, and ambulance service numbers must be readily available. The list can be used by another person if an emergency situation occurs
17. Go Bag Checklist	Be sure to check the items in the bag against the list every time you go out. Provides a daily log of contents and function of respiratory supplies and equipment.

Go Bag Supplies: Skills Checklist [ ]Initial [ ]Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
States name and purpose of procedure							
Identifies use of each essential supply:							
1. Resuscitator Bag							
2. Portable suction machine							
3. Suction catheters							
4. DeLee suction catheter							
5. Saline vials							
6. Sterile Gloves							
7. One or two bulb syringes							
8. Tissues, wipes							
9. Spare trach tubes and trach ties							
10. Smaller size trach tube							
11. 3cc syringe							
12. Blunt scissors							
13. Water-soluble lubricant							
14. Passive Condenser							
15. Plastic bag for waste disposal							
16. Emergency phone numbers							
17. Go bag list							
Demonstrates plan for checking emergency supplies.							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Tracheostomy Emergency: Replacement of Tracheostomy Tube

A. General Guidelines

1. The replacement of a tracheostomy tube can be done at school by a registered school RN or trained unlicensed school employee with current training in tracheostomy tube replacement. However, tracheostomy tubes should not be changed in the school setting except in an emergency. An example of such an emergency would be if the tube became dislodged or obstructed. If this occurred, the tube must be removed. If the entire tracheostomy tube comes out, it must be replaced immediately.

2. An extra tracheostomy tube with an obturator (appropriate size) should be kept at school.

3. If a problem develops in reinserting the tube, transport the student immediately to a physician or hospital emergency room.

B. Purpose for Changing the Tracheostomy Tube

- To maintain an open airway.

C. Equipment

1. Sterile tracheostomy tube (appropriate size)
2. Scissors
3. Trach tube holder or twill tape for tying
4. Suction machine, including collecting bottle and connecting tube.
5. Resuscitation bag, when ordered (such as an Ambu bag)
6. Sterile disposable suction catheters
7. Nonwaxed clean paper cups
8. Supply of sterile normal saline vials
9. 3 cc syringe for inflation of trach cuff
10. Sterile exam gloves
11. Tissues
12. Plastic lined wastebasket (kept beside suction machine and used for contaminated materials)

D. Personnel Recommendation

The procedure for replacing a tracheostomy tube, which is outlined below, should be performed only by school RNs or paramedics who have current training in replacing a tube.

E. Procedure - Teach for Emergencies.

- The school RN will teach the school employee designated to provide care for the student the procedures to follow in an emergency.

PROCEDURE FOR TRACHEOSTOMY EMERGENCY: REPLACEMENT OF TRACHEOSTOMY TUBE

Essential Steps	Key Points and Precautions
1. Wash hands if student's condition permits.	
2. As you carry out this procedure, reassure student that he or she will be all right. a. Ask for assistance if needed.	Calm and assured approach promotes student cooperation and ease of tube insertion.
3. Position student with head tilted back. If possible, fold a towel in a roll and place under back of neck.	
4. Assemble equipment.	
5. Open same size tracheostomy tube package.	Student's "Go Bag" should be intact with trach tube and necessary supplies easily accessible.
6. Don disposable exam gloves.	Trach tube may be in a Ziploc bag or another device/container used for storage.
7. Insert obturator (if applicable) into same size trach tube. Lubricate end of tube and obturator with sterile, water-soluble lubricant – Do Not Use Vaseline.	
8. Insert trach tube and hold in place while removing obturator. a. If unable to insert same size trach tube, use smaller trach tube.	Do not let go of trach tube until it has been secured.
9. Secure trach tube with tube holder or twill tape. The student or another person may hold tube in place until it is secure with tape.	Check one end of tape for slit. If none is there, cut a slit with scissors. Cut one tape longer than the other so tape will come at side of the neck. A Velcro tracheostomy tube holder may be used.
10. Be sure the trach tube holder/twill tape is not too tight.	One finger should be able to be passed under tie.
11. Observe spontaneous air movement by rise and fall of chest. Attach resuscitation bag to trach and give breaths if needed.	Observe student for warning signs and symptoms of respiratory distress.
12. Record procedure on student's log.	

Respiratory Emergencies:

Accidental Removal of Tracheostomy Tube Skills Checklist **[ ]Initial [ ]Review**

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure							
B. <u>Identifies Supplies:</u>							
1. Emergency phone number list							
2. Spare tracheostomy tube with twill tape or trach tube holder attached and obturator.							
3. Lubricant – jelly or saline							
4. Blunt scissors							
5. Suction supplies							
C. **<u>Steps:</u>**							
1. Describes recognition of problems:							
a) Respiratory distress							
b) Finding trach tube out of trachea							
c) Apnea Monitor alarm							
d) High pressure alarm (ventilator)							
e) Low pressure alarm (ventilator)							
2. Preparation and prevention:							
a) Has spare tube with student always							
b) Posts emergency numbers							
c) Answers alarms promptly (apnea or ventilator)							
d) Keeps trach tube midline and straight							
e) Knows CPR							
3. Action:							
a) Removes old tube & replaces with spare tube							
b) Assesses student							
c) Calls for emergency help, if needed							

Comment:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Dysreflexia Alert

Acute autonomic dysreflexia is a serious medical condition, which may occur in those who have had a spinal cord injury at or above the nipple line [7th thoracic vertebral]. Pressure signals from parts of the lower body are received. A slowing of the heart rate occurs and the blood pressure rises dramatically. A stroke [cerebral vascular hemorrhage] can occur. Immediate action is needed to relieve the cause. Notify the student's physician, school RN, and parents immediately if the student shows signs of acute autonomic dysreflexia, **Dial 911.**

A. General Guidelines

1. *Symptoms*
   - *a)* Sweating (diaphoresis) above the level of injury
   - *b)* Goose bumps
   - *c)* Flushing or blotching
   - *d)* Chills without fever
   - *e)* Headache not related to sinuses or tension
   - *f)* Unusual feeling or "anxious"
   - *g)* Slow heart rate (bradycardia)
   - *h)* Elevated blood pressure (20 mm Hg above normal pressure)

2. *Etiology* – any one of the combinations of the following:
   - a) Bladder full of urine because:
     - Catheter bent, twisted or clamped
     - Catheter clogged with sediment
     - Over-filled urine leg bag
     - Bladder unable to empty urine
   - b) Spastic bladder
   - c) Bladder infection
   - d) Bowel is full of stool
   - e) Other stimuli to viscera (i.e. pressure on skin surface, urological procedure or problem, uterine contraction, and so forth)
3. *Equipment for providing treatment*
   - a) Blood pressure cuff
   - b) Stethoscope

B. Personnel Recommendations

A student suffering from acute autonomic dysreflexia creates a serious medical emergency situation. All staff shall cooperate in performing appropriate activities, as directed by the person handling the emergency.

C. Procedure

1. Put the student in a sitting position.
2. Relieve the bladder pressure by:
   - a. Straighten the catheter
   - b) Empty the urine bag
   - c) Perform urinary catheterization
   - d) Contact school RN to irrigate urinary catheter or remove it if there is a physician's order to do so. Student must remain sitting until symptoms (headaches, etc.) have decreased and discomforts resolved.
3. Notify school RN to take blood pressure after putting into sitting position and after checking for causes. Implement emergency notification procedures if the cause is not immediately

apparent and the symptoms do not subside. Inform parents of intention to call paramedics or other available medical transportation for transfer immediately to nearest emergency facility.
4. Record procedure on permanent health record.
5. Notify parents.

Bowel/Bladder Training Program (Prescribed)

A. General Guidelines

1. Students needing bowel/bladder training do not feel the sensation of wetting or soiling themselves and have no control over the muscles of the bowel or bladder.
2. A program can be started even without the student's awareness or understanding.
3. The program is usually started at home and supported at school. Medications and enemas are to be given at home.
4. To be successful the plan must be written, understood and followed carefully by the caregivers at home and at school.
5. The program will vary according to the student's needs and the physician's prescriptions.
6. Either the family or the school staff may recognize the need to establish the routine.
7. Everyone involved in the training program should expect the process to take a long period of time and be prepared to provide emotional support to each other.
8. It is helpful for the family and the school personnel to keep a daily record for about 2 weeks before beginning the program to establish, if possible, the cues, patterns of elimination and the foods and fluid intake.
9. All caregivers should be aware of the effects of illness, medication, changes in the environment on elimination patterns and the warning sign of problems.

B. Purpose of the Bowel/Bladder Training Program

- Purpose - To establish and maintain a routine time, place and method of emptying the student's bowel and bladder in order to improve and maintain the health, self- esteem and acceptance of the student.

C. Equipment

- Varies according to the needs of the student and the doctor's prescriptions if necessary.

D. Personnel Recommendation

- In the school setting the procedures may be provided by or under the supervision of a registered nurse.

PROCEDURE FOR BOWEL/BLADDER TRAINING PROGRAM (PRESCRIBED)

Essential Steps	Key Points and Precautions
1. Preparation of the student	
a) Ensure appropriate intake of food and fluids.	Fluids are extremely important in keeping the stool soft. ***At home only***.
b) ***At home*** the caregiver will give or insert stool softeners as prescribed.	
c) Explain the procedure and the participation expected to the student.	The emotional, cognitive and physical development will determine the goals for student participation.
d) Provide assistance or wash student's hands: provide gloves if appropriate.	
e) Position the student appropriately.	Varies with each step of the procedure. A bedpan, potty, or commode may be used. Use appropriate adaptations for safety and comfort of the student (straps, harness). Encourage appropriate student assistance.
2. Preparation:	
a) Collect equipment and arrange conveniently near the student.	
b) Wash your hands, apply disposable exam gloves.	
3. Method:	
a) Implement the school portion of the bowel/bladder training program.	The school staff is responsible only for diet, exercise, bladder catheterization or crede and toileting. The process should be broken into small steps for student tolerance and participation.
b) Provide the prescribed stimulation.	Varies widely.
c) Position appropriately for elimination.	Depends on the procedures and the abilities of the students.
d) Clean the rectal and/or genital area.	
e) Provide the prescribed procedures.	Praise the student for any attempt to participate in the procedure. Be patient, but firm.
f) Dispose of gloves and waste.	
g) Clean the equipment.	
h) Return student to appropriate place/position.	
4. Post bowel/bladder procedure:	
a) Evaluate and document the student's progress.	
b) Document the time of the procedures, the results, any problems, and your signature on the student's daily treatment log.	Record successes and failures for elimination, as well as the student's toleration and/or participation.
c) Record the characteristics of the stool, including: amount; odor; color; consistency; and presence of blood, mucus, or parasites.	Report any changes or problems.
d) Record the characteristics of the urine, including: amount; clearness; odor; color; and presence of any blood.	

Bowel and Bladder Training Program (Prescribed) Skills Checklist [ ]Initial [ ]Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
I. Information (verbal recall) A. States purpose and modification required							
B. Describes the procedures							
1) Liquid/Diet @ o'clock							
2) Toileting @ o'clock							
3) Bladder @ o'clock							
4) Exercise @ o'clock							
C. Describes cues for earlier completion							
Bowel							
Bladder							
D. Identifies warning signs and symptoms							
Procedures to follow							
E. Describes and gives reason for appropriate, safe positioning.							
F. Equipment: identifies, states purpose, cleaning method							
II. Steps A. Washes own hands (see skills checklist)							
B. Gathers equipment and arranges conveniently near student.							
C. Explains procedure to student							
D. Washes student's hands							
E. Positions student appropriately for each procedure							
F. Maintains privacy and dignity of student							
G. Dons gloves							
H. Provides prescribed stimulation							
1) Urination							
2) Defecation							
I. Encourages student participation							
J. Praises/reinforces student for participation							
K. Cleans the perineal/genital area							
L. Performs the procedure(s)							
M. Cleans and dries student's perineal/genital area							
N. Removes gloves and washes hands							
O. Dresses student, returns to position							
P. Cleans and stores equipment							
Q. Records Procedures and Results							
R. Reports any problems to school RN							

Overall Rating: _____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

_____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Diapering

A. General Guidelines

1. A student with disabilities may require special care in diapering. The skin may be more sensitive due to the disorder or to medication. His/her bones may be brittle and easily broken.
2. Diaper-changing area must be physically separate from food preparation and serving areas. Food-handlers should not change diapers.
3. The comfort of the student and the caregiver should be considered in selecting the diaper changing area.
4. Hand washing guidelines must be followed carefully.

B. Purpose

1. The purpose of diapering is:
   a) To avoid cross-contamination when diapering.
   b) To maintain the integrity of the skin.
   c) To enhance the comfort of the student.

C. Equipment

1. Changing table.
2. Supplies (soap, water, cotton balls or soft tissue) for cleaning the student's skin.
3. Plastic bags for students soiled clothing.
4. Covered waste receptacle lined with disposable plastic bags for disposable diapers.
5. Plastic bag ties or masking tape for sealing disposable plastic bags (marked "contaminated") at time of discard.
6. Disposable exam gloves (medium or large sizes, non-sterile).
7. Disinfectant for cleaning changing table.
8. Sink with running water. *Hand washing guidelines must be followed carefully.*

D. Supplies

1. Cleaning materials
2. Diapers
3. Skin-care items

E. Trash Disposal

1. Trash cans should be equipped with lids that close properly and tightly
2. Cans should be double-lined with thick plastic trash bags. Dispose of both bags if the inner bag has broken.
3. Trash cans should be located in the rest room, the diaper-changing area, and wherever single-use, disposable items are used.
4. Flush solid matter from cloth diapers down the toilet.

F. Procedure

Report any unusual condition to the school RN student's parents. A log of these conditions should be maintained.

PROCEDURE FOR DIAPERING

Essential Steps	Key Points and Precautions
1. Remove rings and wash your hands.	A sink with hot and cold running water should be readily available, preferably in the same room as the diaper-changing table.
2. Collect and arrange all equipment/supplies for easy access and appropriate disposal.	Sinks should be equipped with soap, preferably liquid, and single-use disposable towels.
3. Don disposable exam gloves.	Universal precautions.
4. Place disposable protective paper on changing table and position student. Apply appropriate safety devices.	Surface should be flat and covered with a protective, moisture resistant material that is easily cleaned between uses. The student's safety should be considered when choosing a table for diaper changing to ensure that falls will not occur. The surface should be high enough to be beyond a student's reach. The height should be at least three feet. Storage area for disinfectants and diapering items (powders, pin, towelettes, etc.) should also be beyond the reach of students or secured in locked cabinet.
5. Remove soiled clothing and place in double plastic bag to be transported home.	Reduces risk of contamination.
6. Maintain the dignity of the student.	
7. Remove diaper. Roll diaper so that the plastic outer surface is on outside. Place in plastic bag or into covered plastic lined can.	
8. Clean the perineal area with wipes or wet paper towel.	**For girls**: Clean the area on one side of the perineum next to the thigh. Carefully clean the creases of the skin, wiping from front to back and changing the wet wipe after each stroke. Repeat on the opposite side. Next separate the labia with one gloved hand. Clean from front to back using one stroke from front to back over the clitoris, meatus, and the buttocks to clean the rectal area. **For boys:** Clean the tip of the penis, first then the penis, scrotum, thighs, abdomen and lift the buttocks to clean the rectal area. *It is important to prevent cross-contamination of skin-care item, especially where ointments and petroleum jelly are concerned as these must be dispensed and applied by direct hand contact. When possible, rinse the cleaning agent (soap or other) from the skin before drying*
9. Gently pat the student's bottom and genitals dry.	

PROCEDURE FOR DIAPERING (page 2 of 2)

Essential Steps	Key Points and Precautions
10. Apply clean diaper. You may want to remove gloves at this time.	
11. Replace outer clothing.	
12. Wash hands and assist student to wash his/her hands before returning to class/activities.	
13. Clean the changing table/area using appropriate precautions after each diaper change. Diaper-changing table must be cleaned with a sanitizing solution in accordance with district protocol. Alcohol and other commercially prepared solutions may be used. Household chlorine bleach prepared daily (1/4 cup to one gallon of water) may be used in a well-ventilated area.	Apply ointments only if prescribed.
14. Wash hands and apply lotion as desired.	
15. Record the procedure on student's daily log.	Provide a written and verbal report of any unusual appearance of the student's skin or stool (rash, burns, diarrhea, foul odor, etc.) to both the school RN and the student's parents. Maintain a log of unusual observations or occurrences.

Diapering/Modified Diapering Skills Checklist [ ]Initial [ ]Review

Student's Name: _____Date of Birth: _____Age: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. <u>States name and purpose of procedure</u>: 1. Verbalizes reason for modifications.							
2. Defines: Universal Precautions.							
B. <u>Identifies Supplies:</u> 1. Diaper							
2. Wipes							
3. Wet, soapy paper towels							
4. Plastic bag							
5. Covering for changing pad							
6. Disposable gloves							
C. <u>Steps:</u> 1. Assembles supplies							
2. Removes jewelry from hands							
3. Washes hands well a) Follows suggested guide							
4. Puts on disposable gloves							
5. Washes and dries student's hands							
6. Covers changing pad with paper							
7. Position student on changing pad a) Makes adjustments for lifting/positioning _____							
8. Maintains the privacy and dignity of the student							
9. Removes soiled clothing a) Places in plastic bag for home, if indicated.							
10. Removes soiled diaper a) Places in plastic bag							
11. Cleans wet or soiled body parts a) Uses very little soap on student							
b) For girls: (i) Spread the labia							
(ii) Wipes from front to back once with each wipe							
(iii) Wipes area outside the labia							
(iv) Cleans and dries all soiled body parts gently							

Diapering/Modified Diapering Skills Checklist (page 2 of 2)

For: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
C. Steps: (continued) 11. (c) For boys: (i) Cleans the penis first, disposes of the wipe							
(ii) Cleans and dries the scrotal area, thighs, abdomen							
(iii) Gently pats the area dry							
12. Uses prescribed ointment							
13. Places wipes/towels in plastic bag							
14. Removes protective paper from under buttocks							
15. Diapers, and assists or dresses the student							
16. Removes gloves, wipes hands with wet, soapy paper towels							
17. Washes the student's hands							
18. Assists student back to appropriate area							
19. Returns to clean and disinfect the diapering area (a) Places the disposable diapers, wipes that were placed in the plastic bag into a plastic lined, covered container							
(b) Cleans and sanitizes the changing pad							
(i) Describes and uses the cleaning materials correctly							
(ii) Stores supplies in a safe place							
20. Records the procedure on the daily record. (a) Date, time, and signature							
(b) Indicates any unusual signs & symptoms							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____**FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Lifting/Positioning

A. General Guidelines

1. Any school personnel that will be participating in lifting of students should be observed using correct posture and proper body mechanics.
2. All equipment used needs to be placed in appropriate positions to ensure correct posture and proper body mechanics.
3. Any student with sensation impairment problems, motor problems, or sensory integrative problems should be observed, appropriately handled and positioned.
4. All appliances, prostheses, braces, wheelchairs and other adaptive equipment must be used in such a way as to minimize pressure areas leading to tissue and/or nerve damage to the student.

B. Purpose of Lifting/Positioning

1. Purpose - Lifting
   a) To transfer a student from one position to another using good posture and proper body mechanics.
   b) To reduce the risk of injury to both student and school personnel.

2.. Purpose – Positioning
   a) To reduce the risk of contractures and to maintain body alignment.
   b) To stimulate circulation and to prevent thrombophlebitis, pressure sores and edema of the extremities.
   c) To minimize pressure areas resulting from student's inability to move, thus reducing tissue and nerve injury.
   d) To enhance the student's capability to utilize sensory input through proper positioning and handling.
   e) To relieve pressure on a body area.
   f) To enhance functional abilities and motor performance.

C. Equipment – varies with procedure used

1. Bolsters
2. Padding
3. Braces/Splints
4. Wedges
5. Sidelyers
6. Prone standers
7. Adaptive chair
8. Wheelchair
9. Mechanical lift

D. Personnel Recommendation

The lifting/positioning procedure may be performed by qualified designated school personnel under appropriate supervision.

PROCEDURE FOR LIFTING / POSITIONING

Essential Steps	Key Points and Precautions
1. Describe each step of the procedure before proceeding. Put on, aid in putting on, or adjust long and short leg braces, prosthetic devices, splints, and back braces according to specific instructions.	Inclusion of the student may make the task easier and improve student participation. At all time, proper posture and body mechanics are to be used by the school personnel performing lifting procedures.
2. Obtain specific instruction for proper lifting/positioning of student in wheelchair and/or adaptive equipment.	Lifting procedures may vary per specialist's instruction.
3. Check wheelchair/adaptive equipment daily for safe operating condition.	For upper and lower extremity splints/braces, make sure the extremity is placed in appropriate alignment and fastened securely per specialist's instruction. Check and relieve pressure points against skin.
4. Position or assist in positioning student in wheelchair/adaptive equipment. Secure seat belt or harness and all attachments/supports.	Student positioning in wheelchair and/or adaptive equipment is unique for each student. Check brake, seatbelt, and general mechanical condition. Make sure all straps and supportive adaptations are positioned and secured appropriately. Check all area of contact over bony prominences for possible pressure area. Recheck pressure areas and change position every one to two hours.
5. Record procedure on daily log if indicated.	

Lifting/Positioning Skills Checklist [ ]Initial [ ]Review

Student's Name: _____Date of Birth: _____ Age: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
I. Information (verbal recall) ***A. Describes, gives reason for procedures*** 1. Safe, frequent change of position							
2. Safe appropriate use & movement of equipment							
B. Describes principles of good body mechanics for school personnel 1. Bending							
2. Lifting							
3. Turning							
C. Describes optimal body alignment for student Head ___ Pelvis ___ Upper Extrem. ___							
Trunk ____ Lower Extrem. _____							
D. Changes the students' position as scheduled in appropriate adapted equipment such as adapted chair, prone stander, sidelyer, wedge, etc. TIME POSITIONS _____ _____ _____							
E. Applies splints as scheduled, as per specialist's instructions: TIME POSITIONS _____ _____ _____							
F. Describes ways to maintain privacy of student, encourage student participation							
G. Equipment 1. Gathers equipment needed							
2. Check equipment for safe use							
II. Steps							
A. Washes hands thoroughly							
B. Seeks assistance if indicated before beginning the procedure							
C. Arranges the equipment for use							
D. Explains the procedures to student; "talks through" each step before moving							
E. Praises/encourages student's participation							

Lifting/Positioning Skill Checklist *(page 2 of 3)*

Student's Name: _____

F. Maintains proper posture while lifting or moving student 1. Stands close to student							
2. Stands with knees bent, feet apart							
3. Turns with back straight, not twisted							
4. With 2 man transfer use verbal count to coordinate movements							
G. Use mechanical lifts, draw sheets if appropriate_____ _____							
H. Maintains safety and comfort of student while changing positions 1. Open airway; head in line with spine							
2. Limbs, fingers, and toes are in safe position							
3. Back is not twisted							
4. Other _____ _____							
III. Positions student with appropriate support.							
A. Sitting:							
Head Trunk Hips Arms Feet							
B. Supine: (on the back)							
Head Trunk Hips Arms Knees Feet							
D. Prone: (on the abdomen)							
Head Trunk Hips Arms Knees Feet							
E. Make sure student is comfortable and safe with all positioning straps secured							
F. Places appropriate material for education/stimulation for easy access							

Lifting/Positioning Skills Checklist *(page 3 of 3))*

G. Washes hands							
H. Cleans & stores equipment							
I. Records the procedures on the student's daily log							
J. Demonstrates appropriate knowledge of emergency steps to take, if necessary during transfer							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Modified Oral/Dental Hygiene

A. General Guidelines

1. The maintenance of healthy gums and teeth requires routine, careful cleaning of the gums, teeth and tongue after every meal, at a minimum.
2. Tooth decay and gum disease is not generally considered life threatening. Healthy gums and teeth may improve the self-image and comfort level of the student.
3. The frequency and type of mouth care should be based upon the student's needs. Students requiring special mouth care include those with hemophilia, those receiving chemotherapy, students who cannot take anything by mouth, those who vomit, have increased saliva, take certain medication, wear braces, and/or other conditions.
4. The dentist's recommendations for fluoride in water and toothpaste, etc., should be followed.
5. The diet of the student, especially the amount of fluid intake for some students with special needs is very important. In general, the foods to avoid are those containing white flour and sugar, sugarcoated cereals, doughnuts, cakes, pies, biscuits, fruit juices, ice cream, jello and ketchup.

B. Purpose of Oral Dental Hygiene

To preserve the teeth and maintain healthy gums of students who have an ineffective ability to provide oral hygiene without assistance and to provide training in appropriate mouth care.

C. Equipment

Toothbrush of appropriate size (modifications - sponge, gauze, washcloth), glass of drinking water, mirror, toothpaste, cleansing agent, dental floss, basin for spitting (modifications – suction machine, paper towels), and disposable exam gloves.

PROCEDURE FOR MODI FIED ORAL/DENTAL HEALTH

Essential Steps	Key Points and Precautions
1. Gather and arrange equipment for convenient use.	Ensures smooth procedure, saves time.
2. Wash your hands and don disposable exam gloves. Assist student to wash his/her hands.	Universal precautions, reduces spread of germs.
3. Explain procedure to student.	Encourages cooperation and participation by the student.
4. Maintain privacy of student.	
5. Place student in a sitting position if appropriate.	When student cannot be seated and side lying is best position, elevate student's head to 35–40 degrees angle to reduce the risk of aspiration or choking.
6. Move student near you.	Reduces strain on muscles to make task easier.
7. Place emesis basin on paper towels	

PROCEDURE FOR MODI FIED ORAL/DENTAL HEALTH (page 2 of 2)

Essential Steps	Key Points and Precautions
8. Spread a towel over student's chest	Protect student's work area and clothing.
9. Stand behind student	Facilitates easier brushing. A mirror allows both caregiver and student to see.
10. Allow student to rinse his/her mouth with warm water, if possible	This removes large particles of food that may be present while reducing bacteria in the mouth that convert sugars into acid. If the student is unable to swallow or spit, a wet cloth or sponge can be used to wipe inside the student's mouth. Special suction devices may be used for some students.
11. Apply a small amount (the size of a pea) of toothpaste on the wet bristles of the toothbrush	Toothpaste may be too abrasive, has a flavor, or makes foam that the student cannot tolerate. Toothpaste should not be used for very young students. Soaking the brush in warm water for 1 minute will soften the bristles.
12. Encourage student participation. Praise student.	Increases self-confidence.
13. Brush teeth using a horizontal scrub method. Place the brush at a 45 degree angle against the gum line. Use short strokes. The bristles should be wiggling but not moving forcefully back and forth. Brush back and forth. Brush from the gum onto the crown of each tooth	There are several methods of brushing. The student's dentist should be consulted. Brushing too forcefully can damage the gums & teeth. If the student has minimal participation in brushing, it is easier to brush while standing behind the student or sit and hold his/her head in your lap with a mirror in front.
14. Brush for 3 minutes.	Brushing increases the chance of cleaning all surfaces. Microorganisms will be removed. The mouth will feel clean and fresh.
15. Brush anterior 2/3 surface of the tongue, being careful not to cause the student to gag.	
	Flossing removes plaque and food particles caught between the teeth. Flossing at least daily is important. The use of an agent that identifies areas not thoroughly cleaned may be recommended by the dentist. This may encourage the student to clean more carefully.
17. Allow student to rinse his/her mouth by swishing several sips of water around his mouth and spitting it into the basin.	Removes food particles and toothpaste from the mouth. For students with swallowing difficulties or problems with liquid intake, use only a small amount of water to rinse mouth, head should be positioned appropriately when introducing water into mouth
18. Remove and dispose of gloves and wash hands.	Universal Precautions
19. Return student to classroom / appropriate position.	
20. Clean and store equipment properly	

Modified Oral/Dental Hygiene Skills Checklist [ ]Initial [ ]Review

Student's Name: _____ Date of Birth: _____ Age: ____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
I. Information: Critical Points Re: Student's health ***A. Defines, gives reason for modifications***							
B. Describes diet, care to minimize tooth decay.							
C. Identifies safety issues 1. Prevention, recognition/response to emergencies							
2. Verbalizes first aid for choking/procedures							
3. Identifies if the student has hypersensitivity in oral region or if biting reflex is present.							
D. Describes techniques for appropriate hand washing.							
E. Describes psychosocial issues.							
F. Identifies equipment: Student's own toothbrush, paste, basin with water, basin for spitting, glass with drinking water.							
1. Modifications – different toothbrushes for hypersensitive oral areas (e.g. Nuk, foam brush, swab)							
G. Identifies Education Goals							
II. Procedure*:* ***A. Assembles equipment.***							
B. Informs student of procedure.							
C. Positions student for safety and ease of task.							
1. Modifications							
D. Washes hands thoroughly (see guidelines)							
E. Puts on disposable gloves.							
F. Washes the student's face and hands.							
G. Drapes the towel to protect the student's clothing.							
H. Places a mirror in front of the student.							

Student's Name: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
III. Procedure: If the student can spit ***A. Give student water to rinse mouth*** 1. Modifications: describe							
B. Moistens the toothbrush, applies tooth paste							
1. Type of brush							
2. Type/amount of paste							
C. Assists the student in brushing teeth							
1. Modifications: describe							
2. Angles the brush against gum line							
3. Uses circular strokes to clean the outside of each tooth							
4. Uses the tip of the brush to clean the inside surface of the teeth							
5. Scrubs the chewing surface of the teeth							
6. Allows student to rinse and spit as needed							
D. Assists the student in brushing the surface of the tongue 1. Allows student to rinse and spit							
E. Assists the student to floss his teeth 1. This is an identified goal Yes ____ No_____							
2 . This procedure is done at home Yes ____ No _____							
F. Assists the student in cleaning and drying student's face and hands.							
G. Uses appropriate techniques in: 1. Discarding a) Body fluids							
b) Used supplies							
2. Cleaning and storing equipment							
3. Removing and storing equipment							
4. Washing hands							
H. Return the student to appropriate 1. Place							
2. Position							

Modified Oral/Dental Hygiene (page 3 of 4)

Student's Name: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
I. Records the procedure on the student's daily treatment log 1. Initials the date, time							
2. Documents and reports and unusual occurrences							
3. Amount of student participation							
4. Student's toleration of the procedure							
IV. Procedure: If the student cannot suck or spit: A. Position the student appropriately							
B. Uses a padded tongue blade as needed or Nuk toothbrush							
C. Uses appropriate equipment to clean the surfaces of the teeth, gums, and tongue							
D. Rinses the student's mouth with water							
E. Clean, dries the student's face & hands							
F. Completes the procedure and documents as above							
G. Other							

Comments:_____

Overall Rating _____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Oral Feeding: *Feeding A Student Who Requires Assistance*

A. General Guidelines

1. The procedures outlined here are for the students who are able to take nutrients by mouth but because of disabilities, are not able to take adequate amounts without assistance. Mealtime provides the opportunity for peer interactions.
2. Preventive Measures
   a) Amount of food per bite and speed of eating should be directed by the student's preferences and abilities.
   b) Hot foods should be fed while still hot (be certain not too hot) and cold foods, cold.
   c) If possible, be certain food is of the right consistency for the student to chew. If the student is unable to chew, use soft or pureed foods.
   d) Be aware of any food allergies the student may have.
   e) Be prepared to prevent aspiration and choking of a student with special needs.
   f) To prepare the student and to ensure acceptance by peers, provide in-service through role-play, etc. when appropriate.

B. Purpose of Feeding

- The purpose of feeding is to supply nutrients and psychosocial reinforcement to those students who are unable to eat without assistance and to provide training in appropriate eating skills.

C. Preparation of Students

1. Place student in upright sitting position with head midline and slightly flexed unless it is not recommended.
2. Clean student's hands and face.
3. Inform student of food being served if he or she is able to understand.
4. Place covering on student's chest to protect clothing
5. Place adaptive feeding equipment in proper position.

D. Personnel Recommendation

- The procedure for feeding a student who needs assistance, which follows, may be performed by qualified designated school personnel under indirect supervision. Two school employees must be trained in choking and CPR procedures.

PROCEDURE FOR ORAL FEEDING A STUDENT WHO REQUIRES ASSISTANCE

Essential Steps	Key Points and Precautions
1. Wash your hands and assist student to wash his/her hands.	To minimize the possibility of spread of disease.
2. Talk to the student. Encourage peer interaction.	Appropriate inclusion is important to the psychosocial development of the student.
3. Position student with head upright and in midline position when possible.	Upright positioning of head will facilitate proper swallowing and prevent aspiration.
4. Cut food into small bite-sized pieces unless its texture does not require it, or make sure food is softened/pureed, etc according to student's health plan.	
5. Bring food or assist in bringing food to student's mouth having the student participate in the procedure as much as possible. Utilize feeding techniques/equipment as per specialists' instruction.	Do not feed too fast. Do not allow student to be positioned with head back during feeding. Be certain student is swallowing food. Amount of food per bite and speed of eating should be dictated by the student's preferences and abilities.
6. Offer liquids throughout feeding, using appropriate technique/equipment.	Student should be encouraged to drink all liquids. Should any difficulty with swallowing, choking, gagging, etc. be observed, discontinue feeding until student regains composure or seek assistance if necessary. Employees should be trained in CPR and choking procedures.
7. Clean student's hands and face.	
8. Reposition student to comfortable position, following cleaning of hands and face.	
9. Record procedure / amount eaten on student's daily log.	

Oral Feeding (Modified) Training Skills Checklist [ ]Initial [ ]Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. Information: Critical Points Re: Student's Health 1. Defines, gives reason for modifications of diet, position and place for feeding.							
2. Describes diet: (Checks for prescription if special diet)							
a) Type and amount							
b) Completes at ___:___ (time)							
3. Identifies psychosocial issues							
4. Identifies safety issues: a) Prevention, response to emergencies							
b) Verbalizes first aid for choking procedures							
5. Describes techniques for disease control							
6. Identifies equipment a) Modifications _____							
B. Prepares Student: 1. Positions student a) Modifications _____							
2. Washes own hands well and cleans student's face and hands.							
3. Informs student of food being served.							
4. Places napkin in place.							
C. Steps: 1. Ensures appropriate texture, size of food.							
2. Assists/feeds student as required. a) Encourages interaction with peers in the cafeteria							
b) Encourages participation/cooperation.							
c) Utilizes demonstrated feeding techniques/equipment (i.e. jaw control, spoon placement, splint, etc.)							
d) Allows appropriate time for swallowing							
3. Offers liquids throughout the feeding, if appropriate. a) Amount							
b) Utilizes demonstrated drinking techniques/equipment.							

Oral Feeding (Modified) Training Skills Checklist (page 2 of 2)

D. When feeding is completed: 1. Informs the student.							
2. Provides appropriate mouth care.							
3. Washes student's face and hands.							
4. Returns student to comfortable position. a) Adheres to modifications schedule for appropriate positioning following meals.							
5. Washes own hands.							
6. Returns equipment.							
a) Cleans, stores as required.							
7. Record procedure on daily log							
a) Date, time, signature.							
b) Any unusual occurrences during feeding.							
c) Amount of student participation (i) Checks off education goal attempted.							
d) Other							

Comments:_____

Overall Rating:____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Modified Toilet Training/Toileting

A. General Guidelines

1. The goal of toilet training is for the student to defecate and to urinate in the toilet, attain his/her maximum level of independence in toileting.

2. Scheduling
   a) Toileting in the commode may be accomplished before the student is fully aware of body functions or is able to communicate toileting needs to the caregiver.
   b) Readiness of the student is essential for full participation, or independent toileting. There is no set age. The student may be between 2 and 3 years of age, or older if handicapped.
   c) The decision to toilet-train a student should be made, and written plans discussed and agreed upon by the caregivers at home and at school, and when appropriate for the student. If the student is handicapped, the IEP committee will write short-term goals for the student and may include dressing skills without overwhelming the student.
3. Diet
   - The appropriate diet, including the type and amount of food and fluid intake at regular interval is important to toilet training.

4. Activity/exercise on a regular basis is important.

5. Psychosocial issues
   - Some students are fearful of the bathroom and/or toilets being flushed. Others do not understand or recognize the elimination of body wastes as being a natural occurrence. Soiling the diaper may be a way for a student to gain attention, etc.

B. Equipment

1. The toilet or potty in the appropriate size, placed at the appropriate height with the feet on the floor or on a box. When a bedpan is used, it is helpful to have the student positioned as nearly in a seated position as possible.
2. Supplies for hygiene – The toilet tissue, sink with warm and cold water, soap dispenser, and paper towels should be accessible to the students.

PROCEDURE FOR MODIFIED TOILET TRAINING / TOILETING

Essential Steps	Key Points and Precautions
1. Determine the elimination pattern for stool and urine through hourly diaper checks.	Document wet, stool or dry diaper over an eight-hour period daily for 2 weeks.
2. Record the amount and type of fluids the student ingests each day for 2 weeks.	A special diet may be required for some students. When appropriate a diet high in fiber and liquid may be helpful in maintaining regularity.
3. Determine readiness of the student for toilet training.	For student participation, he/she should be able to sit for 3-5 minutes, remain dry 1 ½ hours, follow simple commands. Unusual or traumatic events in the student's life should be considered.
4. Coordinate the planning and implementation of the procedures with caregiver at home. Include the student when appropriate.	Consistency in all of the procedures on weekends and holidays is important. Determine the type of reward whether verbal, food, etc. for student cooperation/participation. Reward only success. Make no comments on failure or inappropriate behaviors.
5. Set realistic goals for 2-4 scheduled trips to the toilet or bedpan daily for one week without making changes.	Schedule according to the documented record for typical times of elimination, usually 15-30 minutes following a meal. Bowel training is usually established before bladder training is attempted.
6. Prepare the student for the procedure.	Explain the procedure to the student in a positive manner that it is time to go to the bathroom.
7. Wash hands and don gloves.	Universal precautions.
8. Maintain the privacy and dignity of the student.	Speak softly. Remove clothing in a private area, appropriate for the student.
9. Position the student comfortably and safely on the commode, bedpan or potty.	The toilet seat should have an opening that is small or large enough for the student's buttocks. The toilet seat (or potty, bed pan) should be at the height of the student's knees in a seated position, or place a box for resting the feet. Handrails may be required for safety.
10. Remain with the student.	You may read or talk to the student, don't force him/her to sit a few minutes.
11. Provide appropriate praise.	Do not scold if the student was not successful.
12. Assist the student in wiping the genital area.	Girls wipe/clean from the front to the back
13. Remove used gloves.	

PROCEUDRE FOR MODIFIED TOILET TRAINING (page 2 of 2)

Essential Steps	Key Points and Precautions
14. Dress, or assist the student in pulling up his/her pants.	
15. Assist the student in washing his/her hands. Wash your hands.	Use soap, running water, dry appropriately.
16. Return the student to the classroom.	
17. Put on new gloves and clean the toilet area. Wash your hands.	If a potty or bedpan was used, empty the contents in the commode, clean and rinse the equipment and pour the water into the commode; not in the sink.
18.Record the procedure on the daily log. Note and report any unusual occurrences.	Record successes as well as wet or soiled diapers for one week.
19.Keep accurate records.	
14. Evaluate the program.	
15. Adjust the schedule.	Maintain daily feedback to and from caregivers. Do not make changes in the schedule during the first week.

Modified Toilet Training/Toileting Training Skills Checklist [ ]Initial [ ]Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States the purpose of the procedure.							
B. Identifies equipment needed.							
C. Identifies modifications required for: 1. Positioning							
2. Dressing							
3. Equipment							
4. Diet							
D. Assists the student with toileting procedures at the times indicated by the recorded elimination pattern.							
E. Encourages independence.							
F. Steps: 1. Maintains the privacy and dignity of the student at all times.							
2. Explains the procedure to the student; identifies the student's role.							
3. Gathers equipment.							
4. Don gloves.							
5. Assists student to bathroom.							
6. Assists student in undressing.							
7. Positions student for toileting; safely and comfortably.							
8. Remains with student (if appropriate)							
9. Praises & encourages student for participation.							
10. Assist student in cleaning the genital area							
11. Assists in flushing toilet.							
12. Assists student in dressing.							
13. Washes own hands & assists the student							
14. Returns student to classroom & positions appropriately.							
15. Cleans & sanitizes the toileting area.							
16. Records the procedure on the daily log.							
17. Documents & reports occurrences.							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Clinical Procedures and Training Guidelines for Diabetes Management and Treatment

Introduction

In 2012, the Louisiana Legislature enacted R.S. 17:436, Act 858 to provide for the utilization of trained unlicensed diabetes care assistants in the management and treatment of students with diabetes. The use of unlicensed diabetes care assistants in the educational setting is optional. Unlicensed diabetes care assistants (UDCA) are trained school employees who have received six hours of training for the purpose of providing care and treatment for students with diabetes and have been determined competent by the school RN. Diabetes management and diabetes treatments are both complex and non-complex health procedures but due to the distinct legislation related to using unlicensed care assistants, the training component for this procedure is being addressed separately.

Unlicensed diabetes care assistants are required to participate in six hours of training, demonstrate 100% skill competency five (5) times and consent to an annual skill competency assessment. The training must be conducted by the school RN or a healthcare professional with expertise in caring for persons with diabetes in accordance with their authorized scope of practice. On-going monitoring for compliance of the treatment plan and skill level shall be conducted by the school RN.

A minimum of six hours of training must be provided in accordance with the schedule below. Documentation of instruction, competency evaluation, and ongoing supervision shall be conducted by the school RN.

Level 1 (1 hour) -Diabetes Overview and How to Recognize and Respond to an Emergency Situation

Level 2 (1 hour) -Diabetes Basics and What to Do in an Emergency Situation

Level 3 (4 hours) -General and Student- Specific Diabetes Care Tasks

LEVEL 1 Training Content

- An overview of diabetes
- Recognizing the signs and symptoms of hyperglycemia and hypoglycemia
- Emergency contacts

LEVEL 2 Training Content

- Content of level 1
- Expanded overview of diabetes (types of diabetes, blood glucose monitoring, importance of balancing insulin/medication with physical activity and nutrition)
- Procedures and brief overview of the operation of devices or equipment commonly used by student with diabetes
- Impact of hypoglycemia or hyperglycemia on learning
- Diabetes management plans, IEPs, Healthcare plans, 504 Plans
- Emergency Medical Services

LEVEL 3 Training Content

- Content of levels 1 & 2
- General training on diabetes care tasks
  - Blood glucose monitoring
  - Ketone testing
  - Insulin administration
  - Glucagon administration
  - Carbohydrate counting
- Student-specific training
  - Student's symptoms and treatment for hypoglycemia and hyperglycemia
  - Recognize complication which require emergency assistance
  - Understand proper actions if student's blood glucose levels are outside target ranges
  - Understand recommended schedules and food intake for meals and snacks
  - Understand the effect of physical activity on blood glucose levels, and the actions to take if student schedule is disrupted
  - Step by step instruction on how to perform the task using the student's equipment/supplies
  - Step by step instruction on administration of medication as ordered by physician in accordance with school district policies and the student's diabetic management and treatment plan
- Review of school district policies related to confidentiality and blood borne pathogens.

Additional training resources are referenced in Part III of this manual.

General Information - Overview of Diabetes (Type I and Type II)

Type I diabetes (Juvenile Diabetes) is usually diagnosed in children and young adults. With Type I diabetes, the pancreas does not produce insulin. Insulin's main function is to attach to sugar (glucose) floating in the blood stream and bring it into the body's cells to be used for energy. If the body does not produce insulin, then high levels of sugar or glucose will be detected in the blood stream. Insulin can be administered via a syringe directly into the body to make up for the lack of insulin that the body does not produce on its own. All type I diabetics have to manually inject insulin either by a syringe or an *insulin pump* daily or sometimes several times a day. They also must monitor their carbohydrate intake every day in order to maintain a normal blood sugar (glucose) level (70-115 mg/dl). If diet, exercise, and insulin are not managed daily, then the student can experience highs and lows in blood glucose levels (hyperglycemia/hypoglycemia).

Type II diabetes is diagnosed in children, young adults, and adults. Type II diabetes used to be only seen in adults and was called adult onset diabetes. The body in type II diabetes is still producing some insulin by the pancreas but not enough to keep the blood sugar (glucose) levels in a normal range (70-115 mg/dl). With type II diabetes, a student may take an oral hypoglycemic (diabetic pill) or may just have to watch carbohydrate intake during the day in order to keep from having high blood sugar (glucose) levels. Type II diabetics also can experience highs and lows in blood glucose levels (hyperglycemia/hypoglycemia) if diet, exercise and medications are not managed daily.

A. High and Low Blood Sugars (Hyperglycemia and Hypoglycemia)

1. *Hyperglycemia* is the medical term used by healthcare professionals for high blood sugar. Hyperglycemia occurs when a diabetic person has too little insulin produced by the body or when the body can't use insulin properly.

   a) Causes of hyperglycemia can be from a number of things such as:
      - Not taking enough insulin
      - Eating more than planned
      - Exercising less than planned
      - Stress from an illness such as a cold or flu or in girls starting their period
      - Stressors in life such as family conflicts or school problems

   b) Signs and symptoms of hyperglycemia are:
      - High blood glucose
      - High levels of sugar in the urine
      - Frequent urination
      - Increased thirst
      - Blurred vision
      - Headache
      - Nausea and vomiting
      - Increased irritability

c) If the diabetic student is symptomatic for hyperglycemia, the UDCA may check the student's blood sugar (see blood glucose monitoring) and treat according to the physician's orders for that student. Each type I diabetic student will have standing orders from their doctor that states exactly how to treat the student in the event their blood sugar is elevated. The UDCA will be trained by the school RN on the treatment plan that is specific for the diabetic student that is in their care. Any questions regarding the treatment of a student with hyperglycemia can be addressed by the school RN.

d) Hyperglycemia left untreated can lead to a medical emergency by causing a condition called *diabetic ketoacidosis (DKA)*. DKA is a life threatening condition that causes diabetic coma. When the body does not have enough insulin to bind and take the glucose into the cells for energy use, the body then will break down fats to use for energy. The breaking down of fats causes ketones to build up in the blood stream. Ketones are filtered by the kidneys but when the levels of ketones are high the kidneys cannot keep up. Thus the buildup of ketones in the blood stream will lead to diabetic coma (DKA). DKA is life-threatening and needs immediate treatment.

Signs and symptoms of DKA are:
- Nonresponsive
- Shortness of breath
- Breath has a fruity odor
- Nausea and vomiting
- Very dry mouth

If the student is found unresponsive:
- Call for help
- Call 911
- Check blood sugar and treat according to standing orders
- Start CPR if necessary
- Have someone notify parents or guardian/administrator/school RN

Document the date and time of occurrence, what was done during the emergency, and place a copy in the student's record.

2. *Hypoglycemia* is the medical term used by healthcare professionals for low blood sugar. Hypoglycemia is also known as insulin reaction and occurs when the body has too much insulin and not enough glucose for cell energy. Hypoglycemia can lead to loss of consciousness and seizures and can be life threatening. Early recognition of symptoms and prompt treatment are necessary. The student will have standing orders from their physician

on how and when to treat for hypoglycemia. The UDCA will be trained by the school RN on the treatment plan that is specific for the diabetic student that is in their care. Any questions regarding the treatment of a student with hypoglycemia can be addressed by the school RN.

a) Causes of hypoglycemia can be from:
- Missed or delayed meals or snacks
- Strenuous activity before eating meals
- Administration of too much insulin
- Increased exercise that is not the student's norm (ex. more walking at a field trip than normal)

b) Signs and symptoms of hypoglycemia:
- Sudden hunger
- Fatigue
- Irritable
- Inappropriate behavior
- Headache
- Unusual Drowsiness
- Crying
- Shakiness
- Confusion
- Loss of concentration
- Sweating
- Nervousness
- Paleness
- Nausea
- Seizures

c) Treatment for hypoglycemia is some form of sugar or simple carbohydrates (15-20 grams) such as:
- 2-3 glucose tablets (follow with water)
- 4 oz or ½ cup of fruit juice or regular soda
- 2 tablespoons of raisins
- 4 or 5 saltine crackers
- 1 tablespoon of honey or corn syrup
- One tube of cake gel or glucose gel placed in-between gums

NOTE: Foods that are high in fat as well as sugar and carbohydrates (chocolate, cookies) do not work as quickly to raise blood glucose levels.

d) Recheck blood sugar 15 to 20 minutes after treatment for hypoglycemia. If the students blood glucose is still low and is he/she still having symptoms of hypoglycemia then retreat with 15-20 grams of carbohydrates. After the student feels better, have them eat their regular meal or snack as planned to keep their blood sugar level up.

If the student is found unresponsive:

- Call for help
- Call 911
- Give Glucagon if ordered
- Start CPR if necessary
- Have someone notify parents or guardian/administrator/school RN

e) If the student is seizing:

- Clear area around student to prevent injuries
- Call for help
- Call 911
- Once it is safe and the student has stopped seizing, give Glucagon, if ordered
- Start CPR if necessary
- Have someone notify parents/guardians, an administrator, and the school RN

Document date and time of occurrence and what was done during the emergency and

NOTE: *If the blood glucose level cannot be checked, treat the student for hypoglycemia. When in doubt always treat for hypoglycemia.*

Procedures, Training, and Skill Checklists

Blood Glucose Monitoring

A. General Guidelines

1. One of the key components of diabetes management is checking blood glucose levels, preferably at regularly scheduled times throughout the day.
2. Blood glucose levels are checked by inserting a small drop of blood, most commonly from a pricked fingertip, on a test strip into a small portable digital device that reveals the blood glucose level.
3. Special meters are also available that allow blood samples from the forearm or other alternative testing sites.
4. Some devices provide continuous blood glucose monitoring using a special sensor that measures interstitial (found in the fluid between the cells) glucose levels.
5. Sharps and other contaminated waste material should be disposed of according to Universal Precautions. Sharp objects (needles and lancets) should be placed in a puncture resistant container, i.e. heavy-duty plastic or metal container.

B. Purpose

- Close monitoring of the blood glucose levels is essential in maintaining stable blood glucose levels and reducing the risk of either hypo or hyperglycemia.

C. When to Test Blood Glucose Levels

- In the school setting, times to check blood glucose levels are established by the authorized prescriber and included in the Diabetes Management Plan and may include before and / or after meals, snacks, exercise, and whenever the student presents with or is suspected to have symptoms of hypoglycemia or hyperglycemia.

D. What to do with Test Results

- Follow instructions in the student's DMMP to address results.

E. Equipment/Supplies

1. Soap, water, and paper towels or alcohol swabs
2. Disposable gloves
3. Student's personal blood glucose meter
4. Lancets
5. Test strips
6. Sharps container
7. Gauze

PROCEDURE FOR BLOOD GLUCOSE MONITORING

Essential Steps	Key Points and Precautions
1. Preparation	Ensures smooth procedure, saves time.
a) Gather supplies	If preferred, parent may provide alcohol swabs.
b) Soap, water, and paper towels, or alcohol swabs	
c) Gloves	To reduce risk of cross-contamination.
d) Student's personal blood glucose meter Lancets	
e) Test strips	
f) Sharps container	
g) Gauze	
2. Procedure	
a) Wash hands and don gloves (not necessary if student performs procedure independently).	Universal precautions – reduces risk of disease transmission
b) Explain the procedure to the student.	Encourages cooperation.
c) Turn meter on:	
1) Press on/off button or insert test strip	Follow instructions on specific meter.
d) Match code numbers if indicated:	
1) If code number on display matches code number on test strip vial, begin testing. If codes do not match, have student change code, or call parent.	Not done with all meters.
e) Insert test strip into meter (if not already done above)	
f) Have student clean test site (fingertip, forearm, or other test site) with soap & water or wipe area with alcohol swab.	To obtain clean sample. If parent prefers, they may provide alcohol swabs.
g) Wait until site is dry. Then using lancet, obtain blood sample.	
h) Apply sample of blood to test strip. Remember: no wiping.	Wiping may contaminate sample. Time to process sample varies for each meter.
i) Wait for results to display on meter.	
j) Have student wash hands again and wipe site with alcohol swab.	
k) Proceed according to DMMP.	
l) Document results on student's log.	

Blood Glucose Monitoring Skills Checklist [ ] Initial [ ] Annual Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. Preparation							
1. States purpose of blood glucose checks.							
2. List supplies needed for blood glucose checks. a. Soap, water, and paper towels, or alcohol swabs b. Gloves c. Student's personal blood glucose meter d. Lancets e. Test strips f. Sharps container g. Gauze							
3. Able to verbalize when blood glucose checks are to be performed by the student. a. Before lunch time b. As needed for symptoms of hypoglycemia or hyperglycemia.							
B. Directions for performing blood glucose checks.							
1. Washes hands and don gloves							
2. Turns meter on: a. Press on/off button or insert test strip							
3. Matches code numbers if indicated: a. If code number on display matches code number on test strip vial, begin testing. If codes do not match, have student change code, or call parent.							
4. Inserts test strip into meter (if not already done above)							
5. Has student clean test site (fingertip, forearm, or other test site) with soap & water or wipe area with alcohol swab.							
6. Waits until site is dry. Then using lancet, obtain blood sample.							
7. Applies sample of blood to test strip. Remember: no wiping.							
8. Waits for results to display on meter.							
9. Haves student wash hands again and wipe site with alcohol swab.							

Blood Glucose Monitoring Skills Checklist (page 2 of 2)							
10. Able to verbalize interventions / protocols for hypoglycemia (low blood glucose).							
11. Able to verbalize interventions / protocols for hyperglycemia (high blood glucose).							
12. Able to verbalize when parent and school RN are to be informed about blood glucose results.							
13. Documents results on appropriate log.							

Student Specific/Comments:_____
_____
_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*
____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____
Date School RN Signature Date Employee Signature

Ketone Testing

A. General Guidelines

1. In the absence of adequate amounts of insulin for the body to use glucose for energy production, fat is used instead. As a result, ketones are produced.
2. A simple urine test can detect the presence of ketones.
3. Testing for ketones in the school setting requires an order from a licensed physician or other authorized prescriber.
4. The DMMP should include instructions regarding when to test for ketones and how to respond if ketones are detected.

B. Purpose

1. Ketones have a toxic effect on the body. Unless sufficient insulin becomes available ketone levels will continue to rise and cause a condition known as diabetic ketoacidosis (DKA).
2. Elevated ketone levels may cause a variety of symptoms ranging from nausea and vomiting, fatigue, and excessive thirst, to difficulty breathing, change in level of consciousness, coma, and even death.

C. When to Test for Ketones

1. In accordance with the DMMP, ketone levels are generally checked when blood glucose levels reach a certain number or when the student presents with symptoms including nausea, vomiting, fatigue, excessive thirst, fruity breath, abdominal pain, or change in level of consciousness.
2. Blood glucose levels may be elevated during episodes of acute illness and infection thus producing ketones.

D. Methods of Testing

- Although ketones can be detected with either blood or urine samples, in the school setting the urine sample is used.

E. What to do with Test Results

1. As instructed in the DMMP, the parent or guardian may be notified if ketones are detected.

2. For trace or small amounts of ketones:

   – The student should limit physical activity
   – Encourage student to drink additional water or other sugar-free drinks
   – Allow restroom privileges
   – Administer insulin in accordance with the DMMP
   – Unless a medical emergency, the student is typically sent home with the parent or guardian if moderate or large ketones are present.

F. Equipment/Supplies

1. Test strips (check expiration date)
2. Clean cup to collect urine specimen
3. Disposable gloves
4. Clock/Watch with second hand

PROCEDURE FOR KETONE TESTING

Essential Steps	Key points and precautions
1. Preparation	
a) Gather supplies a. Test strips (check expiration date) b. Clean cup to collect urine specimen c. Disposable gloves d. Clock/watch with second hand	Ensures smooth procedure, saves time Increases validity of test results
2. Steps	
a) Wash hands and don gloves (not necessary if student performs procedure independently)	Reduces the spread of germs
b) Explain the procedure to the student c) Instruct student to urinate in clean cup	Encourages cooperation and participation by student Protects student's work area and clothing
d) Dip the test strip into the urine and gently shake excess urine	Refer to individual manufacturer's instructions to reduce the risk of inaccurate results
e) Wait designated time as established on directions for test strips	
f) Read and document results	
g) Provide care as indicated h) Report concerns to the school RN	Follow instructions from DMMP

Ketone Testing Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. Preparation							
1.Gather supplies: a. Test strips (verify expiration date) b. Clean cup to collect urine specimen c. Disposable gloves d. Clock/Watch with second hand							
B. Steps							
1.Wash hands and don gloves (not necessary if student performs procedure independently)							
2.Explain the procedure to the student							
3.Instruct student to urinate in clean cup							
4.Dip the test strip into the urine and gently shake excess urine							
5.Wait designated time as established on directions for test strips							
6.Read and document results							
7.Provide care as indicated (follow DMMP)							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date: Employee Signature

Insulin Administration

A. General Guidelines

1. Insulin is a hormone constructed of proteins and is affected by extremes in temperature.

2. Insulin vials should not be exposed to extreme heat or cold temperatures. Insulin that has been left in a hot car or outside in the winter should be thrown away.

3. For field trips, a thermal lunch bag or special case designed for the insulin and a reusable ice pack can be used to keep the insulin cool, but never frozen.

4. When a vial of insulin is opened, the date should be written on it. Open vials should be stored at room temperature below 86 degrees F and thrown out one month after opening.

5. Extra unopened vials should be stored in the refrigerator between 36 – 46 degrees F and are able to be used until the expiration date on the bottle/box.

B. Purpose

1. For those students with Type I Diabetes, maintaining a stable blood glucose level with minimal fluctuations requires coordination of an appropriate diet regimen, blood glucose monitoring, administration of insulin, and consistent follow-up with the health-care provider.

2. In addition to the times of blood glucose monitoring in the school setting, The Diabetes Medical Management Plan includes specific instructions regarding the type, amount, and times for insulin to be administered in the school setting and is established by the health-care provider in consideration of the student's size, diet, activity level, and blood glucose level.

3. Insulin may be administered in the school setting using either a fixed schedule-same amount of insulin at the same time every day, or an adjustable therapeutic regimen-for carbohydrate coverage or for correction of blood glucose levels.

C. Types of Insulin

1. Various types of insulin are available today with differences in the onset, peak, and duration of action times. The type of insulin prescribed is determined by the student's needs and the action time of the insulin.

2. Rapid-acting insulin, such as Humalog, Novolog, and Apidra is often used at meal times for carbohydrate coverage or correction doses. Because these work very quickly, the student must eat the indicated meal or snack immediately after the insulin is administered.
3. ***Action Times***: The time of onset for rapid-acting insulin is generally 5-15 minutes with a peak achieved at approximately 30-90 minutes and a duration less than 5 hours.

4. Short-acting (Regular) insulin is administered for students on a fixed insulin regimen.

5. ***Action Times***: The time of onset for short-acting insulin is 30-60 minutes, with a peak of 2-3 hours and a duration of 5-8 hours.

6. Intermediate-acting (NPH) insulin is also administered on a fixed insulin regimen.

7. ***Action Times***: The time of onset for intermediate acting insulin is 2-4 hours with a peak of 4-10 hours, and the duration of 10-16 hours.

8. Long-acting (basal) insulin, such as Lantus and Levemir, is typically not administered in the school setting but instead are generally administered at home before school or before bedtime.
9. ***Action Times***: The time of onset for long-acting insulin is 2-4 hours for Lantus and 3-8 hours for Levemir with no peak time. These usually last up to 24 hours.
10. Another type is insulin not seen as often in the school setting is a combination insulin such as 70/30. This insulin is a mixture of short-acting (Regular insulin) and intermediate-acting (NPH) insulin.

D. Methods of Delivery

1. A variety of delivery methods are available for insulin administration including injectable, either syringe or an insulin pen, or a continuous delivery system called an insulin pump.

2. The decision for which method of delivery is determined by the prescriber and is based on a number of factors including the stability of the student's blood glucose levels as well as the activity level and maturity level of the student.

E. Injectables

1. This method of administration is given as a bolus dose and involves drawing up a specific amount of insulin from a multi-dose vial of insulin using a syringe or an insulin pen.
   a) *Syringes* – come in various sizes, either 30, 50, or 100 units
   b) *Insulin Pens* –either Prefilled or Reusable (cartridge) pens

2. Insulin injections are given in the subcanteous layer of skin – fat layer between the skin and the muscle
   a. *Common sites*: abdomen, thigh, buttocks, upper arms

3. After injecting prescribed dose of insulin, wait 5 seconds before withdrawing the needle to prevent the insulin from leaking back out of the skin.

4. In order to reduce the risk of scar tissue or a fatty growth formation, injection sites should rotated.

5. Allow student to choose the injection site

6. Dispose of used syringes and needles in a puncture-resistant container in accordance with OSHA guidelines.
   a) Do not recap a used needle
   b) Do not reuse the same needle.

PROCEDURE FOR INSULIN ADMINISTRATION VIA SYRINGE AND VIAL

Essential Steps	Key Points and Precautions
1. Preparation	Organization saves time and prevents the student from being left alone
a) Gather supplies: – Insulin – verify type and expiration date – Syringe with needle – Alcohol wipes – Disposable gloves – Puncture-resistant container	
b) Wash hands and apply gloves	Universal precautions - reduces the risk of disease transmission.
c)..Clean top of insulin vial with alcohol wipe.	Reduces the risk of spreading germs.
d) Allow student to select injection site	Encourages student participation, promotes independence.
e) Clean injection site with alcohol wipe	
f) Review DMMP to determine the dose of insulin to be administered.	Using the 5 Rights of Medication Administration: Right Medication Right Dose Right Individual Right Route Right Time
g) Remove cap from the syringe	
2. Dosing	
a) Pull plunger down to the number of units to be administered.	Collects that amount of air in the syringe.
b) Inject the air into the insulin bottle.	Assists in withdrawing insulin into the syringe.
c) Withdraw the prescribed number of units of insulin as per the DMMP.	According to the 5 Rights of Medication Administration.
3. Injecting	
a) Pinch up the skin.	Reduces the risk of an intramuscular injection.
b) Push needle into skin at a 90^0 angle.	Reduces the risk of leakage.
c) Release the pinched skin.	
d) Push the plunger in.	
e) Count to “5”.	
f) Withdraw the needle and dispose of syringe with needle attached.	In puncture-resistant container to reduce the risk of accidental exposure.
g) Document the time, dosage, site, and blood glucose value.	

Insulin Administration: Injection-Syringe Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
Cleans top of cabinet/cart where medication will be administered							
A. Preparation							
1. Gathers supplies and verify insulin type							
2. Washes hands and apply gloves							
3. Cleans top of insulin vial with alcohol wipe							
4. Allows student to select injection site							
5. Cleans injection site with alcohol wipe							
6. Reviews DMMP to determine the dose of insulin to be administered							
7. Removes cap from syringe							
B. Dosing ***8.*** Pulls plunger down to the number of units to be administered							
9. Injects the air into the insulin bottle							
10. 3.Withdraws the prescribed number of units of insulin as per the DMMP							
C. Injecting 11. Pinches up the skin							
12. Pushes needle into skin at a 90^0 angle							
13. Releases the pinched skin							
14. Pushes the plunger in							
15. Counts to "5"							
16. Removes the needle and dispose of syringe							
17. Documents the time, dosage, site, and blood glucose value							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Insulin Pen

A. General Guidelines

1. Either Prefilled or Reusable (cartridge) pens- dosing and insulin delivery is similar for both types of devices.

2. While most students will only take rapid-acting or bolus insulin in the school setting, long-acting or basal insulin is also available in a pen.

3. Administered into the subcanteous layer of skin – fat layer between the skin and the muscle
   – Common sites: abdomen, thigh, buttocks, upper arms.

4. After injecting prescribed dose of insulin, wait 5 seconds before withdrawing the needle to prevent the insulin from leaking back out of the skin.

5. In order to reduce the risk of scar tissue or a fatty growth formation, injection sites should rotated.

6. Allow student to choose the injection site

7. Disposal – Dispose of used syringes and needles in a puncture-resistant container in accordance with OSHA guidelines.
   a) Do not recap a used needle
   b) Do not reuse the same needle.

1. Remove and dispose of the pen needle
2. Document the time, dosage, site, and blood glucose value

PROCEDURES FOR INSULIN ADMINISTRATION VIA INSULIN PEN

Essential Skills	Key Points and Precautions
1. Preparation	Organization saves time and prevents the student from being left alone.
a) Gather supplies: – Pen device – (with cartridge) – -verify type and expiration date – Pen needle – Alcohol wipes – Disposable gloves – Puncture-resistant or Sharps container	
b) Wash hands and apply gloves.	Universal precautions - reduces the risk of disease transmission.
c) Allow student to select injection site.	Encourages student participation, promotes independence.
d) Clean injection site with alcohol wipe.	Reduces the risk of spreading germs.
e) Screw on pen needle.	
f) Prime: Dial "2" units. • If pen is being used for the first time, prime 4-6 units as per manufacturer's instruction.	Increases accuracy of administering proper dosage of the insulin.
2. Dosing a) Hold upright. Remove air by pressing the plunger. b) Repeat "Prime" if no insulin shows at end of needle. c) Dial number of units to be administered as per DMMP.	Using 5of the 6 Rights of Medication Administration 1. Right Medication 2. Right Dose 3. Right Individual 4. Right Route 5. Right Time
3. Injecting a) Pinch up the skin. b) Push needle into skin at a 90^0 angle. c) Release the pinched skin. d) Push down on the plunger and Count to "5". e) Remove and dispose of the pen needle.	Pinching the skin reduces the risk of an intramuscular injection. Reduces the risk of leakage. In puncture-resistant container to reduce the risk of accidental exposure.
4. Document procedure on student's log	

Insulin Administration: Injection - Insulin Pen Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
Cleans top of cabinet/cart where medication will be administered							
A. Preparation							
1. Gathers supplies and verify insulin type							
2. Washes hands and apply gloves							
3. Allows student to select injection site							
4. Cleans injection site with alcohol wipe							
5. Screws on pen needle							
B. Dosing 6. Primes pen as per manufacturer's instruction							
7. Holds upright. Remove air by pressing the plunger - Repeats "Prime" if no insulin shows at end of needle							
8. Dials number of units to be administered as per DMMP							
C. Injecting 9. Pinches up the skin							
10. Pushes needle into skin at a 90^0 angle							
11. Releases the pinched skin							
12. Pushes the plunger in							
13. Counts to "5"							
14. Removes the needle and dispose of syringe							
15. Documents the time, dosage, site, and blood glucose value							

Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Insulin Pump

The **insulin pump** is an external, battery-powered medical device used for the continuous administration of insulin in the treatment of diabetes mellitus, also known as continuous subcutaneous insulin infusion therapy. It is used to achieve tight blood sugar control and lifestyle flexibility while minimizing the effects of low blood sugar (hypoglycemia).

The device includes:

- the pump (including controls, processing module, and batteries)
- a disposable reservoir for insulin (inside the pump)
- a disposable infusion set, including a cannula for subcutaneous insertion (under the skin) and a tubing system to interface the insulin reservoir to the cannula. The infusion set should be changed and site rotated every 2-3 days.

An insulin pump is an alternative to multiple daily injections of insulin by insulin syringe or an insulin pen and allows for intensive insulin therapy when used in conjunction with blood glucose monitoring and carb counting.

To use an insulin pump, the reservoir must first be filled with insulin. Some pumps use prefilled cartridges. Most, however, are filled with the insulin prescribed for the user (usually Apidra, Humalog,or Novolog).

A. Setup includes:

1. Open a new (sterile) empty pump reservoir
2. Withdraw the plunger to the amount of insulin needed for 2-3 days
3. Insert the needle into a vial of fast-acting insulin
4. Inject the air from the reservoir into the vial to prevent a vacuum forming in the vial as insulin withdraws
5. Draw insulin into the reservoir with the plunger
6. Tap gently with a small item (pen or pencil), squirting out any air bubbles from the reservoir into the vial
7. Remove the reservoir from the vial, and unscrew the plunger from the reservoir making sure not to remove any insulin
8. Carefully remove the needle and close the lid on the needle
9. Attach the reservoir to the infusion set tubing
10. Install the assembly into the pump and prime the tubing (this pushes insulin and any air bubbles through the tubing). This is done with the pump disconnected from the body to prevent accidental insulin delivery
11. Attach to the infusion site to a body (and prime the cannula to see if a new set has been inserted correctly)
12. Some systems automate the infusion and priming steps.
    - *The Omnipod* integrates the infusion set, tubing, and insulin reservoir and has an automated infusion process that primes the insulin and inserts the cannula to the body automatically after a command from the PDM (Personal Diabetes Manager), which controls the insulin pump functions.

B. Dosing

1. An insulin pump allows the replacement of slow-acting insulin for basal needs with a continuous infusion of rapid-acting insulin.

2. The insulin pump delivers a single type of rapid-acting insulin in two ways.

   a) Bolus Dose: A dose of insulin infused by patient with a self-administering pump for meals or hyperglycemia. This dose is adjusted by the patient according to settings determined by a physician based on the blood glucose readings, food intake, and expected exercise.

   b) **Basal Rate:** A continuous delivery of insulin via a self-administering insulin pump. This is the amount of insulin the patient requires to maintain a normal metabolic state when fasting.

   Basal rate patterns
   The pattern for delivering basal insulin throughout the day can also be customized with a pattern to suit the pump user.
   - A reduction of basal at night to prevent low blood sugar in infants and toddlers.
   - An increase of basal at night to counteract high blood sugar levels due to growth hormone in teenagers.
   - A pre-dawn increase to prevent high blood sugar due to the dawn effect in adults and teens.
   - In a proactive plan before regularly scheduled exercise times such as morning gym for elementary school children or after-school basketball practice for high school children.

C. Advantages of pumping insulin

1. Pumpers report better quality of life (QOL) compared to using other devices for administering insulin. The improvement in QOL is reported in type 1 and insulin-requiring type 2 diabetes subjects on pumps.
2. The use of rapid-acting insulin for basal needs offers relative freedom from a structured meal and exercise regime previously needed to control blood sugar with slow-acting insulin.
3. Programmable basal rates allow for scheduled insulin deliveries of varying amounts at different times of the day. This is especially useful in controlling events such as Dawn phenomenon.
4. Many pumpers feel that bolusing insulin from a pump is more convenient and discreet than injection.
5. Insulin pumps make it possible to deliver more precise amounts of insulin than can be injected using a syringe. This supports tighter control over blood sugar and Hemoglobin A1c levels, reducing the chance of long-term complications associated with diabetes. This is predicted to result in a long-term cost savings relative to multiple daily injections.
6. Many modern "smart" pumps have a "bolus wizard" that calculates how much bolus insulin you need taking into account your expected carbohydrate intake, blood sugar level, and still-active insulin.
7. Insulin pumps can provide an accurate record of insulin usage through their history menus. On many insulin pumps, this history can be uploaded to a computer and graphed for trend analysis.

8. Neuropathy is a troublesome complication of diabetes resistant to usual treatment. There are reports of alleviation or even total disappearance of resistant neuropathic pain with the use of insulin pumps.
9. Recent studies of use of insulin pumps in Type 2 diabetes have shown profound improvements in HbA1c and neuropathy pain.

D. Disadvantages of pumping insulin

1. Insulin pumps, cartridges, and infusion sets are far more expensive than syringes used for insulin injection.
2. Since the insulin pump needs to be worn most of the time, pump users need strategies to participate in activities that may damage the pump, such as rough sports and activities in the water. Some users may find that wearing the pump all the time (together with the infusion set tubing) is uncomfortable or unwieldy.
3. An episode of diabetic ketoacidosis may occur if the pump user does not receive sufficient fast acting insulin for many hours. This can happen if the pump battery is discharged, if the insulin reservoir runs empty, the tubing becomes loose and insulin leaks rather than being injected, or if the cannula becomes bent or kinked in the body, preventing delivery. Therefore pump users typically monitor their blood sugars more frequently to evaluate the effectiveness of insulin delivery.
4. Possibility of insulin pump malfunctioning, and having to resort back to multiple daily injections until a replacement becomes available. However most pump manufacturers will usually have a program that will get a new pump to the user within 24 hours or allow the user to buy a second pump as a backup for a small fee. Additionally the pump itself will make many safety checks throughout the day, in some cases up to 4,000,000, and may have a second microprocessor dedicated to this.
5. Users may experience scar tissue buildup around the inserted cannula, resulting in a hard bump under the skin after the cannula is removed. The scar tissue does not heal particularly fast, so years of wearing the pump and changing the infusion site will cause the user to start running out of viable "spots" to wear the pump. In addition, the areas with scar tissue buildup generally have lower insulin sensitivity and may affect basal rates and bolus amounts. In some extreme cases, the insulin delivery will appear to have no/little effect on lowering blood glucose levels and the site must be changed.
6. Users may experience allergic reactions and other skin irritation from the adhesive on the back of an infusion set. Experience may vary according to the individual, the pump manufacturer, and the type of infusion set used.
7. A larger supply of insulin may be required in order to use the pump. Many units of insulin can be "wasted" while refilling the pump's reservoir or changing an infusion site. This may affect prescription and dosage information.

E. Supplies Needed for School

1. Blood Glucose Monitor
2. Pump
3. Pump Instructions
4. Batteries
5. Extra Delivery Set
6. Insulin to fill Pump Reservoir
7. Insulin pen or insulin and syringe in event of pump failure.

PROCEDURE FOR INSULIN ADMINISTRATION VIA INSULIN PUMP

Essential Steps	Key Points and Precautions
1. Preparation for Bolus a. Gather supplies: 1) Pump 2) CHO Intake Count 3) Blood Glucose Meter	Organization saves time and prevents the student from being left alone
b. Wash hands and apply gloves.	Universal precautions - reduces the risk of disease transmission
c. Allow student to select testing site.	Encourages student participation, promotes independence.
d. Clean testing site with alcohol swab or soap and water.	Reduces the risk of spreading germs
e. Perform pre-meal blood sugar check f.	
2. Dosing a. Calculate CHO intake	Increases accuracy of administering proper dosage of the insulin
3. Delivery a. Follow manufacturer direction for insulin each individual pump used. 1) Enter pre meal blood glucose value 2) Enter CHO intake 3) Double check recommended bolus 4) Press appropriate button to administer bolus	Each type/brand of pump has its own set of directions. Follow the steps applicable to your particular pump to ensure correct operation and bolus delivery.
b. Document the time, blood glucose value, CHO intake and units bolused via pump.	

Insulin Administration: Injection - Insulin Pump Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
Cleans top of cabinet/cart where procedure will be performed and medication administered							
Discuss purpose of insulin pump							
Identify components of insulin pump and delivery set							
A. Preparation and Blood Glucose Check							
1. Gather supplies							
2. Wash hands and apply gloves							
3. Allow student to select testing site							
4. Clean testing site with alcohol wipe or soap and water							
5. Test blood glucose using student's glucometer per glucometer instructions							
B. Dosing 6. Determine student's CHO intake based using CHO intake calculation chart							
C. Delivery 7. Following pump instructions							
8. Enter pre-meal blood glucose value							
9. Enter CHO intake							
10. Confirm amount of insulin to be administered via pump							
11. Press appropriate button to administer insulin via pump							
D. Document the time, dosage, site, and blood glucose value							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills. Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

PROCEDURES FOR GLUCAGON ADMINISTRATION

Essential Steps	Key Points and Precautions
1. Preparation	
a. If possible, check blood glucose, however, don't delay care.	When in doubt, always treat
b. Delegate activation of EMS and calls to parent/guardian and school RN.	Glucagon is an emergency medication. Emergency personnel should be alerted immediately.
c. Gather supplies:	
1) Medication and Medication Administration Log. Check the "6 Rights" of Medication Administration	Check the "6 Rights" of Medication Administration at least 3 times before administering the glucagon.
2) Gloves	
3) Alcohol Swab	
4) Sharps container	
2. Procedure	
a. Wash hands and don gloves	Universal Precautions.
b. Position student on side and cleanse injection site with alcohol swab.	Approximately 2 inch area on buttock, upper arm, or thigh.
c. Retrieve medication and check the "6 Rights" of medication administration	Check the "6 Rights" of Medication Administration at least 3 times before administering the glucagon.
d. Remove the flip-off seal from bottle of glucagon and wipe rubber stopper on bottle with alcohol swab.	
e. Remove the needle protector from the syringe and inject entire contents of syringe into the bottle of glucagon.	**Do not remove plastic clip from the syringe**.
f. Without removing syringe from the bottle, gently swirl bottle until glucagon (powder) dissolves completely.	**Glucagon should not be used unless the solution is clear and of a water-like consistency.**

PROCEDURES FOR GLUCAGON ADMINISTRATION (page 2 of 2)

Essential Steps	Key Points and Precautions
g. Hold bottle upside down making sure the needle tip remains in solution, and gently withdraw the prescribed amount of solution.	
h. Pull needle out of bottle making sure air bubbles are not present. Hold syringe in dominant hand between thumb and forefinger.	
i. Check the "6 Rights" of medication administration.	Check the "6 Rights" of Medication Administration at least 3 times before administering the glucagon.
j. With non-dominant hand, grasp cleansed area of injection site between the thumb and forefinger. Do not squeeze the skin/tissue.	
k. Using a dart-like action, insert needle at 90°angle and inject prescribed dose	
l. Apply light pressure at injection site, withdraw needle, and immediately discard in sharps container.	Dispose of contaminated sharps items following Standard / Universal Precautions
m. Leave student on his/her side to prevent choking / aspiration.	When student awakens, he/she may vomit
n. Remain with student until emergency responders arrive. Monitor for seizures and clear area of potential hazards.	
o. Monitor breathing and be prepared to perform CPR if needed.	
p. Document on Medication Administration Log.	

Glucagon Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
1. Washes hands		Date	Date	Date	Date	Date	Date
2. Retrieves medication and medication log							
3. Checks the "6 Rights"3 times before giving medication							
4. States purpose of glucagon							
5. *Lists contents needed for injection*							
a) 1 bottle of glucagon (dry powder)							
b) 1 syringe filled with a special liquid for diluting the powder							
6. Lists symptoms of severe hypoglycemia a) disorientation b) unconsciousness c) seizures d) convulsions							
7. *Verbalizes indications for use*							
a) the student is unconscious							
b) the student is unable to eat sugar or a sugar-sweetened product							
c) the student is having a seizure							
d) repeated administration of sugar or a sugar-sweetened product does not improve the student's condition							
8. ***Directions for preparing glucagon for injection***							
a) Remove the flip-off seal from the bottle of glucagon. Wipe rubber stopper on bottle with alcohol swab							
b) Remove the needle protector from the syringe and inject the entire contents of the syringe into the bottle of glucagon. **Do Note Remove the Plastic Clip From The Syringe**.							
c) Swirl bottle gently until glucagon dissolves completely. **Glucagon Should Not Be Used Unless The Solution Is Clear And Of A Water-Like Consistency.**							
d) Use the glucagon immediately after mixing							
9. Instructions to inject glucagon							
a) Using the same syringe, hold bottle upside down and making sure the needle tip remains in solution, gently withdraw the prescribed solution.							
b) Cleanse injection site on buttock, upper arm, or thigh with alcohol swab.							

Glucagon Skills Checklist (page 2 of 2)

c) Inserts the needle (into the loose tissue or into the muscle at a right angle) under the cleansed injection site, and inject the prescribed dose.							
d) Applies light pressure at the injection site, and withdraw the needle.							
e) After the injection, turns the student on his/her side to prevent student from choking. When an unconscious person awakens, he/she may vomit.							
10. Places student on side and follow student's emergency plan for continued care.							
11. Documents in student's medication log							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

Carbohydrate Counting

Carefully monitoring the amount and timing of carbohydrate-containing foods is an essential part of diabetes management. Delayed meals or snacks or eating too little carbohydrate can result in low blood sugar levels. Consuming too many foods with high carbohydrate content can result in high blood sugar levels.

Students may require assistance in determining carbohydrate content of various foods as well as determining appropriate choices when exchanging foods. Printed manuals, food labels, and district food services are all resources that can be used to determine the carbohydrate content of specific foods.

Successful delegation of carbohydrate counting is dependent on access to written materials and on the use of a Diabetes Medical Management Plan (DMMP) or Individual Health Plan (IHP) which clearly outlines the designated meal plan. The meal plan should include the recommended number of carbohydrate choices for each meal or snack.

A. General Guidelines

1. For daily carbohydrate counting of school lunches, check with the school district school lunch program manager/supervisor for the daily menu and individual carbohydrate counts.
2. Carbohydrate counting allows the student more flexibility in planning meals, making adjustments for special treats and snacks.
3. The school RN plays an integral role in assisting the student in achieving and maintaining nutritional goals as prescribed by the health care provider and established in the DMMP.
4. Calories from carbohydrates have a greater effect on glucose levels than those calories from proteins or fats.
5. Digestion of carbohydrates begins immediately after consumption with blood glucose levels peaking in one to three hours.
6. Consuming too many foods with high carbohydrate content can result in high blood sugar levels.
7. Delayed meals or snacks or eating too little carbohydrate can result in low blood sugar levels.
8. Carefully monitoring the amount and timing of carbohydrate-containing foods is an essential part of diabetes management.
9. The carbohydrate content of foods served in schools should be obtained from the supervisor of the food service department of the student's specific school district.
10. The student / parent should be provided a meal calendar in advance in order to allow the student opportunity to bring alternate food choices as needed.
11. Successful carbohydrate counting is dependent on access to written materials and on the use of a Diabetes Medical Management Plan (DMMP) or Individual Health Plan (IHP) which clearly outlines the designated meal plan. The meal plan should include the recommended number of carbohydrate choices for each meal or snack.

B. Purpose

- To assist student in determining amount of insulin bolus needed at each meal or snack to maintain blood glucose level within a certain range as per physician's order

PROCEDURE FOR CARBOHYDRATE COUNTING

Essential Steps	Key Points and Precautions
1. Determine serving size and total carbohydrate content of each food item (from food label or from information provided by school nutrition department).	If food is provided from home, the parent may indicate carbohydrate counts on an index card, etc.
2. Determine how many servings the student will eat.	It may be beneficial to calculate after the meal is consumed
3. Multiply number of or portion of servings by total grams of carbohydrates per serving.	
4. Cover anticipated elevation in blood glucose level based on carbohydrates consumed.	Follow instructions from DMMP
5. Report to school RN as indicated	

Carbohydrate Counting Skills Checklist [ ] Initial [ ] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. Preparation							
1. States purpose of counting carbohydrates							
2. Verbalizes student's prescribed regimen for carbohydrate count							
3. Identifies nutrition label and / or carbohydrate counts from information provided by school nutrition department							
B. Steps							
4. Determines how many servings or portions of servings the student consumed (or will consume)							
5. Multiplies number of or portions of servings by total carbohydrates per serving							
6. Documents results on daily log							
7. Verbalizes action to take according to carbohydrate count – as per DMMP							
8. Reports concerns to school RN							

Student Specific/Comments:_____

Overall Rating: ____**PASS** *Successful completion of a minimum of five demonstrations with 100% accuracy*

____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

_____ _____ _____ _____

Date: School RN Signature Date Employee Signature

SAMPLE CARBOHYDRATE COUNTING CHART

	Food Item	PK-5th	6th - 8th	9th-12th
Breakfast	Biscuit	30	30	30
	Biscuit, Whole Grain	22	22	22
	Biscuit w/Jelly (1 Pack)	35	35	35
	Breakfast Bagel Pizza	15	15	15
	Breakfast Bar Sausage	15	15	15
	Breakfast Link & Bun	20	20	20
	Cereal, Honey Graham	48	48	48
	Chicken Biscuit	30	30	30
	Cinnamon Roll (ind. Wrapped 2.5oz)	34	34	34
	Graham Cracker, package (3 crackers)	15	15	15
	Granola for Yogurt	24	24	24
	Muffin	45	45	45
	Pancake & Sausage	15	15	15
	Pancake w/Cinnamon Glaze	35	35	35
	Sausage Biscuit	15	15	15
	Toaster Pastry (one pastry double if 2 are eaten)	35	35	35
	Toastie O's	29	29	29
	Yogurt	19	19	19
	Waffle	37	37	37
Lunch	Baked Turkey	0	0	0
Entrée	BBQ Rib Pattie on Bun	30	30	30
	Burrito, Bean, Beef, & Cheese	56	56	56
	Burrito, Vegetarian	35	35	35
	Chef Salad (including crackers, 1 Bread stick, melba toast)	20	20	20
	Chicken Fettuccini	7	15	15
	Chicken Jambalaya	11	22	22
	Chicken Smackers	14	17	17
	Chicken Strips, Breaded	15	15	15
	Chicken Strips, UN-breaded	0	0	0
	Chicken, Rings	15	15	15
	Corn Dog	27	27	27
	Fish Pattie	16	16	16
	Fish Strips	23	23	30
	Grilled Cheese	30	30	30
	Grilled Chicken on Bun	30	30	30
	Ham & Cheese on Bun	30	30	30
	Hamburger/Cheeseburger	30	30	30
	Lasagna	19	23	23
	Meat Sauce Spaghetti, whole grain noodles	15	15	15
	Pepperoni Pizza 4 x 6 Elementary	30	30	30
	Pig in a Blanket	30	30	30

	Pizza, Cheese 4x6 Elementary	30	30	30
	Pizza, Cheese Wedge High School/Jr High	40	40	40
	Pizza, Pepperoni Wedge High School/Jr High	39	39	39
	Pork Chip, breaded	16	16	16
	Pork Roast w/gravy	0	0	0
	Salisbury Steak or Meat Loaf w/ gravy	5	5	5
	Sloppy Joe on Bun	30	30	30
	Spicy Chicken on Bun	40	40	40
	Taco w/whole wheat tortilla	24	24	24
	Tacos w/ Shells	21	21	21
	Totally Taco	28	28	28
	Tuna Fish	0	0	0
	Turkey Ham & Cheese Sandwich	35	35	35
	Turkey & Cheese Sandwich	36	36	36
Vegetables	Baked Beans	25	25	25
	Black eye peas	15	15	15
	Broccoli w/Cheese	5	5	5
	California Mixed Veggies	5	5	5
	Candied Yams	35	35	35
	Carrots	5	5	5
	Cauliflower w/cheese	5	5	5
	Creamy Coleslaw	5	5	5
	Field Peas	15	15	15
	Green Beans	5	5	5
	Green Peas	15	15	15
	Leafy Green Salad w/Tomato Wedges	5	5	5
	Lima Beans	15	15	15
	Mashed Potatoes	15	15	15
	Mustard Greens	5	5	5
	Okra with Tomatoes	5	5	5
	Potato Wedges	15	15	15
	Potatoes Au Gratin or Cheesy Potatoes	15	15	15
	Red Beans	15	15	15
	Seasoned Spinach	5	5	5
	Sweet Potato Puffs	15	15	15
	Tator Tots	15	15	15
	Turnip Greens	5	5	5
	Vegetable Sticks (cucumber, carrot, celery)	5	5	5
	White Beans	15	15	15
	Whole Kernel Corn	15	15	15
Fruits	Apple/cherry/or peach Crunch	30	30	30
	Apricots	9	19	
	Cantalope	7	7	7
	Cantalope & Grapes	12	12	12
	Cinnamon Applesauce	15	15	15

	Dry Fruit Mix	25	25	25
	Fresh Fruit (apple, banana, orange, grapes)	15	15	15
	Fruit Cocktail	15	15	15
	Peaches	15	15	15
	Pears	15	15	15
	Pineapple	15	15	15
	Strawberries	15	15	15
	Watermelon	7	7	7
Bread/ Grains	Brown Rice 1/4 cup	11	11	N/A
	Brown Rice 1/2 cup	22	22	22
	Cheese Breadstick (serving size 1 stick/w salad)	15	15	15
	Cheese Breadstick (serving size 2 bread sticks)	29	29	29
	Corn Bread	18	18	18
	Dinner Roll	15	15	30
	Flat Bread	30	30	30
	Hamburger bun	30	30	30
	Mac & Cheese	7	15	15
	Rice Dressing	11	11	11
	Spanish Rice	11	11	22
	Garlic Bread	15	15	30
	Melba Toast, Garlic	15	15	15
	Apple Cinnamon Cake	32	32	32
Snacks/ Desserts	Brownie	35	35	35
	Cake w/ Icing	30	30	30
	Cinnamon Roll (home made)	30	30	30
	Cookie Pack	20	20	20
	Corn Muffin	21	21	21
	Crackers, Cheese	15	15	15
	Devil's Food Cake	30	30	30
	Fruit Sorbet	21	21	21
	Fruit Turnover	17	17	17
	Homemade cookie	15	15	15
	Honi Munchable Snack Mix	15	15	15
	Jell-O w/ topping	17	17	17
	Melba Toast, Caramel w/soynut butter	16	16	16
	Mini Loaf Snack	30	30	30
	Rips	30	30	30
	Soynut Butter and Jelly Sandwich	29	29	29
	Low Fat Ranch Dressing 1.5 0z	5	5	5
Other	Juice 200ml	23	23	23
Beverages	Milk, skim	12	12	12
	Milk, White 1%	12	12	12
	Milk, Chocolate 1%	19	19	19
	Milk, Strawberry 1%	18	18	18

Part III
SCHOOL NURSING RESOURCES

Part III of *School-Based Nursing Services in Louisiana Schools* contains terminology, required health forms, sample forms, billing information for school-based Medicaid services, references, and training materials for the school RN. This section is written specifically for the school RN and, if appropriate, other professionals to use as a resource.

Glossary of Terms

Forms

- General School Health
- Medication
- Non-complex Procedures
- Diabetes Management and Treatment
- Miscellaneous

Medicaid Cost Recovery for School Nursing Services

Other Resources

- Transportation Plan
- Resource Bibliography
- Pre/Post Tests for TUSE Training

Glossary of Terms

Active Immunization is the administration of an antigen that provokes an immune response, which protects against later infection of the natural disease.

Ambu Bag is a self-inflating bag used to breathe for the person to reinflate the lungs and to increase the oxygen level. The bag may be placed directly on the face or Tracheostomy Tube.

Anaphylactic Reaction is a severe, frequently fatal reaction to a foreign protein including protein found in food or drugs that occurs in an individual who has previously been sensitized to the substance. This reaction occurs during or shortly following ingestion or injections.

Anterior is the front part of a surface.

Antibody is a specific protein in the blood that is produced in response to stimulation by a specific antigen.

Aphonia is the loss of the voice or absence of speech because of a disease or injury.

Apnea is the lack of breath or absence of respiration.

Arrhythmia is any variation for the normal rhythm of the heartbeat either in time or force.

Aseptic is a condition in which living pathogenic organisms are absent.

Aspirate is to remove by negative pressure, suction, or aspiration. It also refers to accidentally sucking food or liquid into trachea.

Aspiration is the act of taking a breath, inhaling. Aspiration is also the act of withdrawing a fluid from the body of a suction device.

Assistive Technology Device is any item, piece of equipment, or product system used to increase, maintain, or improve the functional capabilities of a student with a disability. This does not include convenience items but covers medically necessary assistance achieved through the use of assistive technology.

Auscultate is to listen to sounds produced within the body by various organs as they perform their functions.

Authorized prescriber means any licensed dentist, licensed physician, advanced practice registered nurse, certified nurse mid-wife or other individual authorized by law to prescribe drugs, medicines, or devices in Louisiana or adjacent states.

Axillary of relating to, or located near the armpit.

Bacteria are one-celled organisms. Some are capable of causing infection.

Bladder, Spastic is bladder with increased muscle tone and exaggerated reflexes.

Bladder, Flaccid is bladder having muscles without tone, i.e., relaxed or flabby.

Bowel/Bladder Training Programs are individually designed to assist the student to overcome incontinence. This training may be required when the student has a condition such as spina bifida or has suffered a spinal cord injury, leaving the student with the loss of sensation of the body parts and the ability to control sphincter muscles of the bowel and bladder. The purpose of bowel/bladder training is to establish or reestablish the time, place, and method of urine and stool elimination, thereby minimizing complications from poor bowel and bladder habits, fostering independence, and promoting acceptance by peers. The procedures will be implemented primarily in the home setting by the student and the family, and supported at school.

Bradycardia is a slow heart beat, usually less than 60 beats per minute.

Bronchodilator is an agent that causes expansion of the air passages of the lungs.

Bronchus is the windpipe that conveys air to and from the lungs.

Cannula is a tube that has a removable trochar and is inserted into a cavity. This tube provides a channel for breathing or removal of fluid.

Capillaries are the smallest blood vessels in the circulatory system.

Cardiopulmonary Resuscitation (CPR) is a system that combines techniques of hand pressure and breathing to revive an individual who is not breathing and whose heart has stopped beating.

Catheter is a hollow cylinder of rubber or other material used for draining fluid from body cavities or organs.

Centers for Disease Control (CDC) administers national programs for the prevention and control of communicable diseases and other preventable diseases. It works with other agencies to assure safe and healthful working conditions.

Centers for Medicare and Medicaid Services (CMS) is the federal agency charged with overseeing and approving states' implementation and administration of the Medicaid and Medicare programs.

Certified is the process by which a registered nurse or licensed medical physician documents and grants or denies, in writing, a request for exemption for performance of a non-complex health procedure.

Chest Physiotherapy (CPT) is a group of techniques, including postural drainage, chest percussion and vibration, and coughing and deep breathing maneuvers, used together to mobilize and help eliminate lung secretions, help re-expand lung tissue, and help promote efficient use of respiratory muscles.

Communicable Diseases are illnesses that spread from one person to another.

Contracture is an abnormal shortening of muscle tissue.

Cubic Centimeter (cc) is a unit of measure: 5 cc. (5 ml) equals 1 teaspoon; 30 cc. (30 ml) equals one ounce.

Cuffed Tube is a tube that has an inflatable balloon.

Cyanosis is a dark bluish coloration of the skin and mucous membranes due to deficient oxygenation of the blood.

Delegation refers to registered nurses entrusting the performance of selected nursing tasks to competent, trained persons who are not licensed nurses, in selected situations. The registered nurse retains the accountability for the total healthcare of the individual.

Dysreflexia, Autonomic is a condition that may affect any person with a complete spinal cord injury above the seventh thoracic vertebrae. A stimulus initiates a reflex action of the sympathetic and parasympathetic system caused by hypertension, which cannot be relieved by action of the vasomotor center because of the level of the spinal cord lesion. This response, if not controlled, can precipitate a cerebral vascular hemorrhage.

Epigastrium is the upper central region of the abdomen.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated cluster of preventive health, diagnosis, and treatment services for Medicaid eligible children, ages 0-21.

Gastrostomy Feeding is a gastrostomy where an opening is made by a surgical incision through the abdominal wall into the stomach for the purpose of administering food and fluids.

Glossopharyngeal Breathing is air “swallowed” rapidly into the lungs by use of the tongue and the muscles of the pharynx.

Go Bag is all of the equipment, supplies, instructions, etc. that a student may need for a procedure, placed in a bag or container that is easily carried with the student.

Growth Screening is the accurate recording of the student’s measure of height and weight, and sometimes, the head circumference. It is important to conduct the screening regularly to detect any

unusual change in the student's growth curve, which may indicate a change in the general health of the student.

Healthcare Plan (HCP) is a plan of healthcare developed by the school RN which determines the course of action to be used by the nurse to meet the health needs of a student.

Health Maintenance Procedures are procedures that require a medical physician's prescription and must be monitored by the registered nurse and the appropriate licensed health professional.

Hearing Screening includes procedures conducted by methods appropriate for the student's age and abilities to identify students with possible hearing impairment. The hearing loss may be: 1. Conductive: sound cannot reach the inner ear. 2. Sensory: caused by damage to the auditory nerve or brain. 3. Mixed: a combination of conductive and sensory factors. The purpose of hearing screening is to identify a student with hearing difficulty, and refer for further evaluation and treatment as soon as possible.

Humidifier is an apparatus for controlling humidity by adding to the moisture content in the air of a room.

Hyperglycemia is abnormally increased content of sugar in the blood manifested by dry, warm, flushed skin; increased thirst or urination; hunger; vision changes; and weight loss.

Hypoglycemic Reaction is an abnormally low blood sugar level manifested by sweating, flushing or pallor, numbness, hunger, trembling, headache, and weakness.

Hypoxia is a decreased amount of oxygen in organs and tissues.

Idiopathic Scoliosis is a structural lateral, rotational curvature of the vertebral column, usually appearing in adolescence; the cause is unknown.

Individualized Education Program (IEP) is a program that meets all the requirements of IDEA and Bulletin 1706, and includes all special educational and related services necessary to accomplish comparability of educational opportunity between exceptional children and children who are not exceptional.

Individualized Health Plan (IHP) refers to a plan developed by a school RN, and if appropriate other school personnel, which documents the healthcare needs of a student in the educational setting and identifies the persons responsible for the training and supervision of school employees designated to perform required procedures. The IHP provides the required mechanism to plan, coordinate, document, monitor and evaluate non-complex and complex health procedures for a student.

Inflammation is the reaction of tissue to injury or abnormal stimulation such as: redness, swelling, heat, and pain.

Licensed Medical Physician Doctor of Medicine (MD) completes an approved course of study at an approved medical school, satisfactorily completes National Board Examinations and per Act 760 holds a current license to practice in Louisiana.

Lubricant in suctioning refers to the water, saline or water soluble jelly that helps to make the catheter slippery and easier to insert.

Medicaid Agency is the single state agency responsible for the administration of the Medical Assistance Program (Title XIX). In Louisiana, the Bureau of Health Services Financing within the Louisiana Department of Health and Hospitals is the single state Medicaid agency.

Modified Activities of Daily Living (ADL) are the activities usually performed during a normal day in a person's life. Modifications must be made if the person is unable to perform the activity in the typical manner. These include toileting, dressing, eating, tooth brushing, etc.

Modified Oral Feeding techniques for oral feeding may be needed when a student is able to take nourishment by mouth, but shows evidence of change in the oral motor, swallowing, positioning, and/or sensory abilities.

Modified Lifting/Positioning special procedures may be performed when a student requires assistance to maximize the use of body parts, maintain adequate mobility, give tactile stimulation and/or improve the respiratory and circulatory status.

Modified Techniques for Diapering are procedures that may be required when the student has conditions such as, but not limited to, brittle bones, extreme stiffness or scissoring of the legs, low or floppy muscle tone, post surgical conditions, chronic rash, etc. For Act 760, the school RN will determine the need for modifications and request prescriptions as needed. Note: Following an assessment, it may be determined that the student with a condition such as these does not require modifications in diapering techniques.

Modified Oral Dental Hygiene is the maintenance of the mouth, teeth and gums by cleaning and/or massaging the structures. For dependent or unconscious person, or someone taking certain medications, it is especially important to clean the mouth, keep the membranes moist and check for loose or decayed teeth.

Modified Toileting procedures are required when a student requires assistance with bowel or bladder evacuation that is not routine; for example when the student has a physical handicap. Some of the procedures will be similar to the techniques of the bowel/bladder training for the student with no capacity to control the muscles of the abdomen, bladder and the rectal area. The long-

range goal of modified toileting is for the student to recognize the need and control his/her elimination of urine and feces.

Nares are the nostrils or the opening of the nose or nasal cavity.

Nasal Flaring is a visible, outward movement of the nostrils during attempts to breathe.

Naso Oral Pharyngeal Suctioning is the mechanical removal of secretions from the nose and throat. Suctioning may be required when the student is unable to clear his own airway.

Nasogastric Tube is the same as Levins Tube.

Nasopharynx is the upper portion of the pharynx, above the level of the palate.

Non-complex Health Procedure means a task which is safely performed according to exact directions, with no need to alter the standard procedure, and which yields predictable results.

Nurse Practice Act is a statute enacted by the Legislature delineating the legal scope of the practice of nursing in Louisiana.

Obturator is a structure that blocks an opening; also, prosthesis used to close a congenital or acquired opening in the palate.

Occupational Safety and Health Administration (OSHA) is The federal agency which establishes and regulates the standards for safety and health of employees in the work place.

Occupational Therapist (O.T.) is a person who practices occupational therapy including improving, developing or restoring functions impaired or lost through illness, injury, or deprivation and prevention of further impairment or loss of function.

Oral/Pharyngeal refers to the mouth and pharynx; as in suctioning of the mouth and throat.

Orthostatic Hypotension is abnormally low blood pressure occurring when an individual assumes a standing position.

Ostomy is an artificial opening in the body.

Other Licensed Prescriber is an individual currently licensed, registered, or otherwise authorized by the appropriate licensing board to prescribe drugs in the course of professional practice.

Papular is raised and red; usually refers to as a rash.

Patency is a condition of being wide open.

Percussion is chest physical therapy, the tapping over the parts of the lungs, using specific cupping and vibration procedures in a rhythmic manner to help loosen and remove mucous and fluids from the bronchi and lungs.

Perineal Area is the external surface lying between the vulva and anus in the female and scrotum and the anus in the male.

Peristalsis is the wave-like movement of the intestine or other tubular structure.

Pharynx is the throat, the joint opening of the gullet, and windpipe.

Physical Therapist is a person who is licensed in Louisiana to assist in the examination, testing, and treatment of individuals with disabilities through the use of special equipment and methods, to assist in restoring normal function following an illness or injury.

Postural Drainage/Percussion – Postural drainage is the use of positioning to assist in the movement of secretions from specific parts of the bronchi and lungs into the trachea for removal from the body.

Primary Care Physician (PCP) is the physician that serves as the student's family doctor, providing basic primary care, referral and after-hours coverage.

Productive Cough is a cough that produces expulsion of mucous.

Prosthesis is an artificial substitute for part of the body; a device or aid.

Protocols are a description of steps to be taken in a procedure.

Pulse is the beating of the heart felt by lightly touching an artery through the skin.

Registered Nurse (RN) is a professional nurse who holds a current Louisiana License per Act 760 and performs such activities as assessing human responses to actual or potential health problems, providing appropriate services to maintain health, promote wellness, prevent illness, and interpreting and executing medical regimes prescribed by a licensed medical physician or dentist.

Regurgitation is the backward flow of stomach contents up into the esophagus.

Residual Urine is the urine that remains in the bladder after urination in disease of the bladder and hypertrophy of the prostate.

Respiratory Distress is difficulty in breathing. Signs include sweating, sighing, increase in respirations, temperature and pulse, changes in breathing sounds and patterns, and changes in activity level, or appetite, color and feel of skin, demeanor.

Respiratory Therapist (RRT) –is an individual who is currently licensed in Louisiana to provide prescribed treatment that maintains or improves the ventilatory function of the respiratory tract.

Resuscitation is the process of sustaining vital functions of a student in respiratory or cardiac failure while reviving him/her using techniques of artificial respiration with other measures.

Retractions are inward sucking of the chest wall visible between the ribs or at the breastbone.

Satisfactory Demonstration in Act 760, is the performance of a specific non-complex health procedure with 100% mastery.

Scapula is the shoulder blade.

Scoliosis or Spinal Screening is an assessment of the back for indications and evidence of asymmetry or abnormality.

Screening is a simple procedure used to detect the most characteristic sign(s) of specific health problems. With respect to Act 760, the screening procedures are to be performed by the school RN for a specific student for growth, vital signs, hearing, vision and scoliosis.

Sensation Impairment is diminished or inability to perceive or feel stimuli, such as inability to recognize pain, heat or cold.

School Employee is an appropriate individual hired by the Local Education Agency (LEA) to perform designated tasks.

State Plan is a Medicaid document submitted by the state agency setting forth how it will use federal funds and conform to federal regulations. The plan must be approved by federal officials before any cost recovery action can be taken.

Stoma is an artificial opening between a cavity and the surface of the body.

Stridor is an abnormal, high pitched, musical respiratory sound caused by an obstruction in the trachea or larynx.

Suctioning of the Tracheostomy is the mechanical removal of secretions to maintain an open airway.

Suctioning is aspirating - the act or process of sucking. The procedure is used to help a student individual clear secretions from the airway.

Supine is lying with the face upward, lying on the back

Systemic Reaction is a reaction affecting the entire organism.

Thoracic Level is at the level of the chest.

Trachea is part of the windpipe at the level of the disk between the sixth and seventh cervical vertebrae.

Tracheostomy Tube is the tube that is inserted into an opening through the neck into the trachea to allow for passage of air to the lungs. Commonly referred to as a "trach".

TUSE is a school employee who has successfully completed six hours of required training to assist the school RN with the management and treatment of children with diabetes.

Turgor is the elasticity of the skin. Dehydration causes the skin to be loose and easily grasped. Edema causes it to be tight and shiny.

UDCA is a trained unlicensed diabetes care assistant who is school employee qualified as a TUSE and has completed an additional six hours of required training to assist with the management and treatment of children with diabetes.

Universal Precautions are strategies to eliminate or reduce the risk of exposure to blood borne pathogens such as HIV and hepatitis B. The strategy stresses that everyone should be assumed to be infectious.

Vasomotor Center is the center that stimulates dilation or constriction of the blood vessels.

Ventilation is the process of supplying fresh air or oxygen to the lungs.

Vision Screening - is the procedure per Act 760 used to determine if a specific student has vision difficulty. Vision screenings includes testing for visual acuity, muscle imbalance and other problems. Screening is conducted by methods appropriate for the age and abilities of the student.

Vital Signs are the measurements of blood pressure, pulse rate, respiration rate and body temperature. Abnormalities may be clues to disease.

Witness per Act 760, is an individual who is present during the performance of a non-complex health procedure. A witness does not necessarily need to be trained in the performance of the non-complex health procedure.

Forms and Resources

These forms and other resources are offered to provide all school LEA/Charter School nurses with a consistent format to obtain necessary student medical information, document services, procedures and training. These forms may be revised to meet the specific needs of the LEA/Charter School by adding additional components or re-arranging the form, but the basic information contained within each form should be included in any revision.

General School Health

- Health Information Form
- Authorization for Release of Confidential Information Form
- Physician's Authorization for Special Health Care Form
- Individualized Health Plan (IHP) – *for all students who require special healthcare procedures or medication administration*
- Emergency Plan

Administration of Medication

- Medication Order Form
- Daily Logs of Medication Administered
- Report of Administration of Diastat®
- Seizure Report

Non Complex Procedures

- Summary of Skills Training and Recommendations
- Daily Log of Procedures Administered
- Tracheostomy GO BAG Checklist
- Catheterized Student: Warning Signs and Symptoms
- Catheterization IEP Examples
- Gastrostomy Tube Feeding Log
- Respiratory Warning Signs
- Bowel and Bladder Warning Signs
- Toileting/Diapering Procedure Log
- Trach Suctioning Procedure Log

Diabetes Management and Treatment

- Diabetes Medication and Management Plan (DMMP)
- Emergency Treatment Plan
- Glucose/Insulin Log
- Sample Health Plan
- Resources for Diabetes Management and Treatment Training

General School Health

STATE OF LOUISIANA
HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an Individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation.

Student Name: Last First M.I.	Sex: M ❑ F ❑	DOB:	Grade:	School:
Student's Mailing Address:	City:	State:	Zip:	
Student's Physical Address:	City:	State:	Zip:	
Name of Mother/Legal Guardian	Home Phone	Work Phone	Cell Phone	Employer
Name of Father/Legal Guardian	Home Phone	Work Phone	Cell Phone	Employer
Name of pediatrician/primary care provider	Phone No	Name of medical specialists/clinics	Phone No.	

Parents: Please notify the school nurse of any changes in the student's medical condition.

Parent/Legal Guardian Signature _____ Date_____

Please check the type of health insurance your child has: ❑Private ❑Medicaid/LaCHIP ❑None

If your child does not have health insurance, would you like information on no-cost health insurance? ❑Yes ❑No

In case of emergency, if parent or legal guardian cannot be reached, contact the following:

_____

Name Phone Number Cell Phone Number

My child has a medical, mental, or behavioral condition that may affect his/her school day: ❑ No ❑Yes
(If yes, please complete Part 2)

PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms. **Parents are responsible to keep the school nurse informed regarding their child's health status.**

❑**ALLERGIES**

Allergy Type:

❑Food (list food(s) _____ ❑Insect sting (list insect(s) _____

❑Medication (list medication(s) _____

❑Other (list) _____

Reactions- Date of last occurrence:

❑Coughing Date:_____ ❑Swelling Date:_____ ❑Rash Date:_____

❑Difficulty breathing Date:_____ ❑Nausea Date:_____ ❑Other _____

❑Hives Date:_____ ❑Wheezing Date:_____ _____

Currently prescribed medications and treatments:

❑Oral antihistamine (Benadryl, etc.) ❑Epi-pen ❑Other _____

❑**ASTHMA**

Triggers (i.e., tobacco, dust, pets, pollen, etc.) (list) _____

Does your child experience asthma symptoms with exercise? ❑No ❑Yes

Symptoms: ❑Chest tightness, discomfort, or pain ❑Difficulty breathing ❑Coughing ❑Wheezing

❑Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____Date of last ER visit related to asthma _____

Does your child have a written asthma management plan? ❑No ❑Yes Is peak flow monitoring used? ❑No ❑Yes

❑ **DIABETES**

Currently prescribed medications and treatments: ❑Insulin ❑Syringe ❑Pen ❑Pump

❑Blood sugar testing ❑Glucagon ❑Oral medication(s) List medication(s) _____

_____

Is special scheduling of lunch or Physical Education required? ❑ No ❑ Yes:

❑ **SEIZURE DISORDER**

Type of seizure: ❑Absence (staring, unresponsive) ❑Generalized Tonic-Clonic (Grand Mal/Convulsive)

❑Complex Partial ❑Other (explain) _____

Physical Education Restrictions: ❑No ❑Yes

Medication(s): ❑No ❑Yes List medication(s) _____

Date of last seizure _____ Length of seizure _____

❑ **OTHER HEALTH CONDITIONS** **Chicken Pox: Date of disease:** _____

❑Anemia	❑Digestive disorders	❑Sickle Cell Disease
❑ADD/ADHD	❑Psychological	❑Skin disorders
❑Cancer	❑Juvenile Rheumatoid Arthritis	❑Speech problems
❑Cerebral Palsy	❑Hemophilia	❑Other (explain)_____
❑Cystic Fibrosis	❑Heart condition	
❑Depression	❑Physical disability	

Physical Education Restrictions: ❑No ❑Yes (explain): _____

Medication(s): ❑No ❑Yes List medication(s) _____

_____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): ❑ No ❑Yes (explain): _____

_____

❑ **VISION CONDITIONS**_____ ner_____

❑ **HEARING CONDITIONS**_____ ❑Hearing aid(s) ❑Other: _____

❑ **ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION**

Special adjustments of the school environment or schedule needed? ❑No ❑Yes (explain):
(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building modifications for access)

_____

Special adjustments to classroom or school facilities needed? ❑No ❑Yes (explain)
(i.e., temperature control, refrigeration/medication storage, availability of running water)

_____

Special safety considerations required: ❑No ❑Yes (explain):
(i.e., precautions in lifting or positioning, transportation emergency plan, safety equipment, techniques for positioning or feeding)

_____

Special assistance with activities of daily living needed: ❑No ❑Yes (explain):
(i*.e., eating, toileting,walking)*

_____

Special diet required? ❑No ❑Yes (explain)
(i.e., blended, soft, low salt, low fat, liquid supplement):_____

Are there anticipated frequent absences or hospitalizations? ❑No ❑Yes (explain):

_____

PART 3: SCHOOL NURSE TO REVIEW if parent/legal guardian indicates medical condition.

Nurse Notes: _____

_____

_____

_____

School Nurse Signature

Date

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

PART 1: CONTACT INFORMATION

Student's/Child's Legal Name	Date of Birth	Social Security #

Parent/Legal Guardian _____ Telephone # _____

Mailing Address _____

PART 2: RECORD REQUEST

Complete box A **OR** box B below. Both boxes may not be completed on the same form.

A. Specify the records to be released for the treatment date(s) listed below in Part 3:

- ❑ COMPLETE RECORD(S)
- ❑ Emergency Room
- ❑Discharge Summary
- ❑Lab
- ❑ History & Physical
- ❑Pathology
- ❑Operative Report
- ❑ Radiology Results
- ❑ Consultation ❑Progress Notes
- ❑Other _____
- ❑ Cardiopulmonary _____

(Indicate EKG, Stress Test, Sleep Study)

B. If initialed below, I specifically authorize release of the following:

Psychotherapy notes and records indicating psychological or psychiatric impairment(s)

_____ Initials of parent/legal guardian

PART 3: AUTHORIZATION

This does not authorize the release of the following: drug and alcohol use counseling and treatment and HIV/AIDS and sexually transmitted disease testing and treatment.

I authorize:

Name: _____ (School System)

❑TO RELEASE Information TO AND/OR ❑TO OBTAIN Information FROM

(Place an "X" in the box that indicates if the information is being released AND/OR requested.)

Name: _____ (Hospital, Physician, Service Agency, School RN and/or other health provider)

For treatment date(s): _____

The information is to be released for the purpose(s) of:

- ❑ Evaluation to determine eligibility or continued eligibility for special education services
- ❑ Providing physical therapy treatment
- ❑ Providing occupational therapy treatment
- ❑ Designing an individual educational program
- ❑ Determining appropriate placement for treatment needs
- ❑ Other_____

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the same medical records department receiving this authorization form. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in nine (9) months from the date of authorization. An authorization is voluntary. I will not be required to sign an authorization as a condition of receiving treatment services or payment, enrollment, or eligibility for health care services. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected under the Health Insurance Portability & Accountability Act of 1996.

_____ _____ _____

Signature of Student or Legal Representative (Parent/Legal Guardian must sign if student < 18) — Date — (Relationship to student)

_____ _____

Signature of Witness — Date

PHYSICIAN'S AUTHORIZATION FOR SPECIAL HEALTH CARE

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND PHYSICIAN

Part 1: CONTACT INFORMATION						
Student Name: Last	First	M.I.	Sex ❑M ❑F	DOB:	Grade:	School Year:

I hereby request that the treatment specified below be performed on my child. I understand the procedure/treatment may be performed by trained, unlicensed personnel.

_____ _____ _____

Parent or Legal Guardian Name (print) Parent/Legal Guardian's Signature Date

PART 2: PHYSICIAN TO COMPLETE.

PHYSICAL CONDITION FOR WHICH THE STANDARDIZED PROCEDURE IS TO BE PERFORMED:

_____

_____

NAME OF STANDARDIZED PROCEDURE: Please use a separate form for each procedure.

❑Catheterization: Type/Size of Catheter _____ Lubricant (if any) _____

Cleaning Solution:_____ ❑Betadine ❑Wipes ❑Other_____

❑Gastrostomy care: Formula_____ Amount_____ Amount Flush_____

❑Suctioning Type: ❑Oral/Pharyngeal ❑Trach

Equipment: ❑Bulb Suction ❑Yankauer ❑Suction Catheter

❑Tracheostomy care: Type/Size Trach_____

❑Oxygen: Amount:_____ ❑Nasal Cannula ❑Type Mask_____

❑Blood Glucose Monitoring

❑Other _____

TIME SCHEDULE AND/OR INDICATION FOR THE PROCEDURE:

_____

PRECAUTIONS, POSSIBLE UNTOWARD REACTIONS, AND INTERVENTIONS:

_____

_____

THE PROCEDURE IS TO BE CONTINUED AS ABOVE UNTIL: ❑End of Session or until_____
(Date)

_____ _____ _____

Physician Name (print) Physician's Signature Date

_____ _____ _____

Address Phone Fax

RETURN COMPLETED FORM TO SCHOOL NURSE AS SOON AS POSSIBLE

CONFIDENTIAL

INDIVIDUALIZED HEALTHCARE PLAN
IHP

Louisiana Department of Education

Student's Name_____ Date of Birth _____ ❑Special Education

School _____ Grade _____ ❑General Education

BACKGROUND INFORMATION/NURSING ASSESSMENT (Complete all applicable sections.)

Brief Medical History/Specific Health Care (Additional information is attached.)

Psychosocial Concerns ❑Yes ❑No (Additional information is attached.)	**Family Concerns/Strengths** ❑Yes ❑No (Additional information is attached.)

GOALS AND ACTIONS Individualized Healthcare Plan (IHP). Attach nursing diagnoses, interventions and evaluation, etc.

Attach physician's order and other standards for care.

1) Procedures and Interventions (student specific)

Procedure	Administered By	Equipment	Maintained By	Authorized/Trained By
(a)				
(b)				
(c)				

2) Medications: ❑No ❑Yes (If yes, attach medication guideline and administration log.	**3) Diet:** ❑No ❑Yes (If yes, attach description.)
4) Special Transportation Needs: ❑No ❑Yes Additional information is attached.	**5) Class/School Modifications:** ❑No ❑Yes (If yes, attach additional information.)
6) Equipment and Supplies: ❑Parent ❑LEA ❑None	**7) Safety Measures:** ❑No ❑Yes (If yes, attach description.)

8) Student Participation in Procedures ❑No ❑ (If yes, attach description.) .

CONTINGENCIES ____ Emergency Plan attached ____ Training Plan attached	POSSIBLE ALERTS

AUTHORIZATIONS I have participated in the development of the Health Services Plan and agree with the contents. Please sign and date.

Parent//Legal Guardian _____ / / Teacher(s)_____ / /

School Nurse _____ / / Other _____ / /

School Administrator _____ / / Other_____ / /

Effective Beginning Date_____ Next Review Date_____

IHP INSTRUCTIONS FOR USE

STEP I

Following the student's health assessment, the school RN completes the *Student Identification, Background Information/Nursing Assessment and Goals and Actions* sections of the Individualized Healthcare Plan (IHP). Other licensed health professionals, when appropriate, will assess the student in his or her area of expertise and attach additional information and/or the care plan.

Section 1) **Procedures and Interventions -** The school RN must identify the special health procedures that must be performed in the educational setting, who will perform the procedure, and the training required. Licensed health professionals in other areas of expertise must identify the procedures that must be performed in the educational setting, who will perform the procedure, and the training required.
NOTE: All health procedures, training, and supervision will be coordinated through the IHP.

Section 2) **Medications -** Attach medication guideline and administration log if appropriate.

Section 3) **Diet -** Attach any additional information needed

STEP II

With the assistance of the school RN, the student's health care team–parent(s), teacher(s), school administrator, and others when appropriate– will complete the remaining sections of the Individualized Healthcare Plan:

Section 4) **Special Transportation** (if applicable). Attach any additional information needed.

Section 5) **Classroom/School Modifications.** A description of any modifications that must be made in the classroom or on the school grounds to accommodate the student. Attach any additional information needed.

Section 6) **Equipment and Supplies.** A description of the equipment and supplies needed to safely conduct the procedure.

Section 7) **Safety Measures** —CONTINGENCIES: Write out any plans for emergencies, plans for training of personnel, and possible alerts and attach to IHP.

Section 8) **Student Participation.** A description of the level of student participation expected to be accomplished by the instructional staff, the school nurse, other health professionals, the parents, and when appropriate, the student. Attach any additional information needed.

Step III

Authorizations: The **signature** of the RN, the date of implementation, and the review date must be on the IHP. Implementation of the Individualized Healthcare Plan (IHP) will begin.

Emergency Plan

Student: _____ Date: _____

Parent/Guardian:_____
Address:_____
_____
Home Phone: _____Work:_____
Emergency Room Phone Number:_____
Physician's Name: _____
Alternate Contact: _____
Home Phone: _____ Work: _____
I am aware that if my child has an emergency in school and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.

_____ _____ _____
Signature Parent/Guardian Date Witness

PLEASE DOCUMENT PROBLEMS AND RESPONSES ON BACK

STUDENT SPECIFIC EMERGENCIES

IF YOU SEE THIS	DO THIS

IF AN EMERGENCY OCCURS:

If the emergency is life-threatening, immediately call 9-1-1
Stay with the student or designate another adult to do so.
Call or designate someone to call the principal and/or health care coordinator.
State who you are:
State where you are:
State problem:
If the school liaison is unavailable, the following staff members are trained to deal with an emergency and to initiate the appropriate procedures.

Administration of Medication

STATE OF LOUISIANA

MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE

Student's Name: _____

DOB: _____

School: _____Grade: _____

Parent or Legal Guardian Name (print): _____

Parent or Legal Guardian Signature: _____Date: _____

(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

PART 2: LICENSED PRESCRIBER TO COMPLETE

1. Relevant Diagnosis(es): _____
2. Student's General Health Status: _____
3. Medication: _____ Strength of medication: _Dosage (amount to be given): _____

Route: ❑By mouth ❑By inhalation ❑Other _____ Frequency _____ Time of each dose _____

ALL PRN MEDICATION MUST DENOTE TIME INTERVAL BETWEEN DOSAGE
School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by school nurse.

4. Duration of medication order: ❑Until end of school term ❑Other _____
5. Desired Effect: _____
6. Possible side-effects of medication: _____
7. Any contraindications for administering medication: _____
8. Allergies to food or medicine include: _____
9. Other medications taken at home: _____
10. Next visit is: _____

_____	_____	_____
Licensed Prescriber's Name (Printed)	Address	Phone/Fax Numbers
_____	_____	_____
Licensed Prescriber's Signature	Credentials (i.e., MD, NP, DDS)	APRN # Date

Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medication orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.

PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE

Inhalants / Emergency Drugs

Release Form for Students to be Allowed to Carry Medication on His/Her Person

Use this space only for students who will self-administer medication such as asthma inhaler.

1. Is the student a candidate for self-administration? ❑Yes ❑No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? ❑Yes ❑No

_____	_____	_____	_____
Licensed Prescriber's Signature	Credentials (i.e., MD, NP, DDS)	APRN #	Date

Medication Administration Log/Record

School Term ____
Grade _____

STUDENT _____ DOB _____ SCHOOL _____ TEACHER _____
MEDICATION _____ DOSAGE _____ROUTE _____TIME _____
DESIRED EFFECTS _____
ADVERSE EFFECTS TO WATCH FOR_____

CODES:	A Absent	N: None Available	D/C Discontinued	D: Early Dismissal
	W: Withheld	O: No Show	R: Refused	
	√ Medication was given according to dosage, route, and time as indicated above			

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
AUG																									
Code																									
Initials																									
SEPT																									
Code																									
Initials																									
OCT																									
Code																									
Initials																									
NOV																									
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Initials																									
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MAR																									
Code																									
Initials																									
APR																									
Code																									
Initials																									
MAY																									
Code																									
Initials																									

SIGNATURE OF PERSON(S) ADMINISTERING MEDICATION	**INITIAL**	**POSITION**	**DATE**
1.			
2.			
3.			
4.			

COMMENTS: Document any unusual circumstances, actions, or omissions, therapeutic and adverse reactions. Date each separately.

Medication Administration Log/Record (*Prn Medications*)

School Term _____

Grade _____

STUDENT _____ DOB _____ SCHOOL _____TEACHER _____ MEDICATION _____

DOSAGE _____ ROUTE _____ FREQUENCY _____

DESIRED EFFECTS _____

ADVERSE EFFECTS TO WATCH FOR _____

CODES: A: Absent N: None available D/C: Discontinued D: Early Dismissal
ithheld O: No Show R: Refused

√**:** *Medication was given according to dosage, route, and time as indicated above*.

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
AUG																									
Time																									
Initials																									
SEPT																									
Time																									
Initials																									
OCT																									
Time																									
Initials																									
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DEC																									
Time																									
Initials																									
JAN																									
Time																									
Initials																									
FEB																									
Time																									
Initials																									

Medication Administration Log/Record (Prn Medications) *(page 2 of 2)*

MAR																									
Time																									
Initials																									
APR																									
Time																									
Initials																									
MAY																									
Time																									
Initials																									

	SIGNATURE OF PERSON(S) ADMINISTERING MEDICATION	**INITIAL**	**POSITION**	**DATE**
1.				
2.				
3.				
4.				

COMMENTS: Document any unusual circumstances, actions, or omissions, therapeutic and adverse reactions. Date each separate entry.

Report Of Administration Of Diastat®

Date: _____

Student's name: _____D.O.B._____

Student's normal respiratory rate: _____ Weight: _____

Time seizure began: _____Time DIASTAT® given: _____ Time seizure ended: _____

Time notified: 911: _____ Parent: _____ School Nurse: _____

Time responded: 911: _____ Parent: _____ School Nurse: _____

RESPIRATORY RATE	TIME	RATE	ACTION TAKEN
Prior to administration			
After administration			
As Needed:			

COLOR	YES	NO	ACTION TAKEN
Lips pale or blue			
Nail beds pale or blue			
Other:			

Side effects noted: _____
CPR required No: [ ] Yes: [ ] By Whom _____
Diastat® syringe given to: EMS [ ] Parent [ ]
Narrative of incident: _____
_____
_____

Seizure Report Flow Chart completed No: [ ] Yes: [ ] By Whom _____

_____ _____ _____
Signature of Personnel Completing Form Time Date

cc: Supervising Nurse

Seizure Report

Flow Chart

Student Name _____ Grade _____Class _____ Birthdate _____

EACH SEIZURE	Date	Date	Date	Date	Date	Date	Date
Time of Onset							
Total Time Involved							
OBSERVATION BEFORE SEIZURE							
❑ Cries out							
❑ Other							
OBSERVATIONS DURING SEIZURE							
Extremity involvement							
Both upper & lower							
Arms affected right ❑ left ❑							
Legs affected right ❑ left ❑							
❑straight							
❑bent							
❑stiff							
❑limp							
Verbal sounds							
❑before							
❑during							
Face twitching							
Mouth							
❑open							
❑closed							
❑grimacing							
Drooling							
Vomited							
Eye movement							
❑staring							
❑open							
❑closed							
❑rolled back							
❑fluttering							
Head							
❑turned right							
❑nodding							
❑turned left							
❑turned down							

❑hyper extended back							
Body-Trunk							
❑rigid							
❑jerking							
❑sitting							
❑laying							
❑limp							
❑standing							
❑trembling							
Skin color							
❑pale ❑blue							
❑grey							
❑red (flushed)							
Breathing							
❑difficulty during							
❑difficulty after							
❑15 seconds							
❑1 minute							
❑longer (amount)_____							
Incontinent							
❑urine ❑bowels							
OBSERVATION AFTER SEIZURE							
❑ drowsy							
❑confused							
❑sleep (length of time)_____							
Other							
❑911 called							
❑school RN contacted							
❑parent contacted							
❑doctor contacted							
❑child taken home (by whom)							

Responder's Signature

_____

_____

Responder's Initials

_____

_____

Non-Complex Procedures

Summary of Skills Training
And Recommendations for Unlicensed Personnel

The involvement of the licensed physician and/or the school-employed registered nurse in assessment, training, and supervision of non-complex health procedures and medication administration is required in order to determine if delegation of specific procedures can be accomplished in a safe and appropriate manner. Generally, it is the school RN who is responsible for the training and competency evaluation of non-medical personnel who are selected to be trained as unlicensed school employees (TUSE) or those who have volunteered to serve as an unlicensed diabetes care assistants (UDCA).

The Louisiana Legislature mandates that prior to requiring local school system employees to perform procedures or administer medications, certain training, documentation and rights of the employee, the student and his/her parents/guardians must be met.

Once trained, an employee may not decline to perform the procedure at the time indicated except as exempted for reasons noted in writing by the licensed medical physician or the school RN. The reason for such exemptions shall be documented and certified by the licensed medical physician or the school RN within seventy-two hours of the request for the exemption

The Summary of Skills Form is used to document an employee's inability or failure to meet the requirements as set forth by each procedure outlined in this handbook. It is also used to document and certify a requested exemption.

The Summary of Skills Forms allows for three opportunities to pass the skills test with 100% accuracy. When scoring is less than 100%, the results must be documented by the school RN. The strengths and weaknesses of the trainee must be recorded and recommendations for either additional training or permanent exemption must be documented.

Summary of Skills Training and Recommendations
For Unlicensed Personnel

PROCEDURE_____ STUDENT_____

1

_____ _____ _____ _____
Date Instructor Person Trained Position

Strengths of Trainee:_____
Weaknesses of Trainee: _____
Recommendations for follow-up and further training:
_____

2

_____ _____ _____ _____
Date Instructor Person Trained Position

Strengths of Trainee: _____
Weaknesses of Trainee: _____
Recommendations for follow-up and further training:
_____

3

_____ _____ _____ _____
Date Instructor Person Trained Position

Strengths of Trainee: _____
Weaknesses of Trainee: _____
Recommendations for follow-up and further training:
_____

_____
Date

☐ _____***has not completed*** the training required because _____
_____
Recommendations for Further Training:_____

_____ _____ _____
Signature of Person Trained Signature(s) of Instructor(s) Date

_____ _____
Witness Date

To be completed when the person has not or cannot master the skills in a timely manner.

Please excuse _____ of the responsibility to perform _____on
_____ *Procedure*
Student

Reason: _____

_____ _____ _____
Signature Person Trained Signature(s) of Instructor(s) Date

Witness _____ Date_____

Daily Log of Procedure Administered

Student Name:_____ Birth Date: _____

School:_____Procedure:_____

From: _____, 20_____ To: _____, 20_____

Physician:_____Phone:_____

Date: _____/_____/_____			Date: _____/_____/_____			Date: _____/_____/_____		
Time	Comment	Init.	Time	Comment	Init.	Time	Comment	Init.
Date: _____/_____/_____			Date: _____/_____/_____			Date: _____/_____/_____		
Time	Comment	Init.	Time	Comment	Init.	Time	Comment	Init.
Date: _____/_____/_____			Date: _____/_____/_____			Date: _____/_____/_____		
Time	Comment	Init.	Time	Comment	Init.	Time	Comment	Init.
Date: _____/_____/_____			Date: _____/_____/_____			Date: _____/_____/_____		
Time	Comment	Init.	Time	Comment	Init.	Time	Comment	Init.
Signatures			*Signatures*			*Signatures*		

Tracheostomy GO BAG Checklist

Daily Log for Content and Function

The GO BAG shall be checked for content and function of equipment daily before a student requiring suctioning, or who has a tracheostomy is accepted whether at the school or on the bus.

Name of Student _____School_____

The person checking GO BAG initials in the block under the corresponding day of the week. Mark days absent (important). Place a folder with nine (9) blank forms in the GO BAG at the beginning of the year. File the completed form(s) monthly.

Year Month	Week of					Week of					Week of					Week of				
Go Bag Portable equipment to be with the student at all times.	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
1. Resuscitator Bag																				
2. Portable Suction Machine																				
3. Suction Catheters with sterile																				
4. Sterile gloves																				
5. DeLee Suction Catheter																				
6. Saline (sterile vials)																				
7. One or two bulb syringes																				
8. Tissues, wipes																				
9. Spare Trach Tube																				
10. A smaller size trach tube																				
11. Extra trach ties																				
12. Blunt scissors																				
13. Lubricant, saline or water																				
14. A passive condenser																				
15. Plastic bag for waste disposal																				
16. Emergency phone Numbers																				
17. A Go Bag checklist																				
Initials																				

	SIGNATURE OF PERSON(S) CHECKING GO BAG	INITIAL	POSITION	DATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Catheterized Child: Warning Signs and Symptoms

Student Name_____ DOB:_____ Date:_____

The following symptoms may be indicators of a urinary tract infection caused by an over stretched bladder or high residual of urine (urine left in bladder after emptying). A change in status is easily observed by non-medical personnel if a base line (normal functioning) is noted when a student first enters the classroom. The following form may be used to note observable characteristics of a student. Please report changes to the student's parent/guardian.

Characteristics	**Normal**	**Student Specific Problem Identification**
A. Urine		
1. Clearness		
2. Color/Blood		
3. Odor		
4. Amount		
B. Body		
1. Temperature		
2. Comfort		

_____ _____ _____

Parent/Caregiver Signature Home Phone Work Phone

_____ _____

Care Provider Signature Date

NOTE: Urinary tract infections may be prevented through appropriate hygiene, nutrition, and fluid intake. A student who is catheterized should drink 6-8 , eight-ounce servings of fluids per day.

Document observed problems on the back of this form.

Catheterization: IEP Examples

Level 1 – Total Dependence Goal: (Self-Help) Maintain healthy urinary status by tolerating catheterization in a cooperative manner.
Objectives:

- The student will remain still in a lying position 100% of the time while the assistant performs catheterization in school at 8:00 a.m. and 12:00 noon.
- The student will assist in assuming the correct position for catheterization when the assistant indicates it is time for the procedure. 90% of the time.
- The student's family will provide, on a daily basis, the equipment necessary for catheterization. 100% of the time.

Level 2 – Direction of Care Goal: (Self-Help) Maintain healthy urinary status and obtain maximum level of independence by learning how to direct care.
Objectives:

- The student will identify equipment needed for catheterization. 4 out of 5 trials.
- The student will describe the procedure when given verbal cues. 4 out of 5 trials. For example, "This is the first wipe; how many more times do I need to wipe?"
- The student will be able to verbalize "What comes next?" 4 out of 5 trials.
- The student will be able to independently verbally direct the step-by-step procedure for the collection of materials, cleaning, catheterization and then clean-up. 4 out of 5 trials**.**

Level 3 – Independent Completion of Catheterization Goal: (Self-Help) Maintain health urinary status through the independent completion of catheterization.
Objectives: The student will be able to independently gather equipment for the procedure. 4 out of 5 trials.

- The student will be able to demonstrate on a doll step-by-step procedure for cleaning his or her hands and his or her genital area. 4 out of 5 trials. Note: This may be accomplished through the purchase of an inexpensive doll with a hole cut in the genital area.
- The student will be able to answer questions – "Why are you cleaning your hands? Your genital area?" 4 out of 5trials.
- The student will be able to demonstrate placement of the catheter in the doll. 4 out of 5 trials.
- The student will be able to set up for self-catheterization and clean self following the prescribed step-by-step procedure. 4 out of 5 trials.
- Male: The student will be able to hold his penis in the correct position, clean himself and identify opening for catheterization, and insert the catheter following the recommended step-by-step procedure. 4 out of 5 trials.
- Female: The student will be able to open her labia, clean herself and identify the urethra, and insert the catheter following the recommended step-by-step procedure. 4 out of 5 trials.
- The student will be able to independently complete self-catheterization according to the prescribed step-by-step procedure. 10 out of 10 trials.
- The student will be able to independently complete self-catheterization according to the prescribed step-by-step procedure during monthly observation.

Note: Objectives can be broken down into smaller steps.

School Term:_____

Gastrostomy Tube Feeding Daily Log/Record

Student _____ DOB_____ School _____
Teacher _____
Name/amount of formula _____Flush with _____cc water after

Time _____ Feeding completed in _____Minutes Positioning _____

Precautions:_____

Interventions if abnormal results: _____

CODES: **√:** Normal *(unremarkable)* **A:** Absent **D/C:** Discontinued **F:** Field Trip **R:** Refused
N: None available **V:** Vomited **AB:** Abnormal findings **(Document on back)** **W:**Withheld

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
AUG																									
Code																									
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FEB																									
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School Term:_____

Gastrostomy Tube Feeding Daily Log/Record page 2.of 2

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
MAR																									
Code																									
Initials																									
APR																									
Code																									
Initials																									
MAY																									
Code																									
Initials																									

COMMENTS:

_____

_____

_____

Signature of person performing procedure	**Initial**	**Position**	**Date**
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____

Document any unusual circumstances, actions, or omissions, therapeutic and adverse reactions. Sign and date each separate entry.

_____

_____

_____

_____

_____

_____

_____

Warning Signs And Symptoms For A Student With A Respiratory Condition

Student's Name: _____ Date of Birth: _____

The following symptoms may be indicators for impending problems. Changes in status are easily observed by non-medical personnel if a baseline (normal functioning) is noted when a student first enters the classroom. The following form may be used to note observable characteristics of a student. Please report changes to the student's parent or guardian.

SITUATION	DESCRIPTION OF NORMAL STATUS	TYPICAL PROBLEM INDICATOR
A. Vital Signs 1. Increased Respiratory Rate (Count breaths for 30 seconds)		
2. Increased Temperature		
3. Increased Pulse (Count pulse for 60 seconds)		
B. Mental/Emotional Status		
1. Fatigue (Tiredness)		
2. Headache		
3. Irritability (fussy)		
4. Anxiety (restlessness)		
C. Heart and Lung Status		
1. Changed Depth and/or Pattern or Breathing (regularity)		
2. Retraction (skin sucks in above breast bone, between ribs, or under ribs with breathing)		
3. Stridor (musical noise when breathing in)		
4. Wheezing (high pitched, musical noise when breathing out)		
5. Change in Secretions (quantity/amount, quality/thick or thin color)		
D. Nutritional Status 1. Loss of appetite		
2. Loss of weight		
E. Skin Status 1. Edema/Poor Skin Turgor (swelling/decreased skin tension)		
2. Flushing (blushing)		
3. Pallor (paleness)		
4. Skin Breakdown/Decubitus (bed sores, red areas, blisters, open sores)		
F. 1. Decreased Joint Mobility (ability to bend and straighten arms and legs)		
2. Decreased Activity Level		

PLEASE DOCUMENT PROBLEMS AND RESPONSES ON THE BACK OF THIS FORM

_____ _____ _____

Parent/Guardian Signature Home Phone Work Phone

_____ _____

Care Provider'Signature Date Observed

Bowel and Bladder Training Progress Warning Signs and Symptoms

Changes in a student's appearance, behavior, activity level, or the following signs and others may be indicators of problems. Bowel concerns may be indicated by diarrhea, constipation, or retention. Bladder concerns may be related to urgency retention, urinary tract infection, an over-stretched bladder, or high residual of urine. Changes in status are easily observed by non-medical personnel if a baseline (functioning) is noted when a student first enters the classroom. The following form may be used to note observable characteristics of a student. Please report changes to the school RN and the student's parent/guardian.

Characteristics	**Normal**	**Child Specific Problem Indicator**
A. Feces		
1. Timing		
2. Consistency		
3. Color/Blood		
4. Odor		
5. Appearance (mucus, pus, parasites)		
6. Amount		
B. Urine		
1. Timing		
2. Clearness		
3. Color/Blood		
4. Odor		
5. Amount		
C. Body		
1. Temperature		
2. Comfort		

Parent/Guardian Signature _____ Home Phone No. _____ Work Phone No. _____

Toileting And/Or Diapering Daily Procedure Log School Term:_____

STUDENT _____ DOB _____ SCHOOL _____
Teacher _____ Time:_____ Procedure_____
Assistance (minimal or total): _____Equipment to be used: _____
Precautions:_____
Interventions if abnormal results:_____
Codes: √**B**: Normal bowel movement √**V**: Normal voiding A: Absent

AB: Abnormal findings (***Document on back***) D/C: Discontinued F: Field Trip R: Refused

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
AUG																									
Code																									
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Toileting And/Or Diapering Daily Procedure Log

APR																									
Code																									
Initials																									
MAY																									
Code																									
Initials																									

COMMENTS: _____

_____

SIGNATURE OF PERSON(S) PERFORMING PROCEDURE	**INITIALS**	**POSITION**	**DATE**
. _____	_____	_____	_____
. _____	_____	_____	_____
. _____	_____	_____	_____
. _____	_____	_____	_____

COMMENTS: *DOCUMENT ANY UNUSUAL CIRCUMSTANCES, ACTIONS, OR OMISSIONS, THERAPEUTIC AND ADVERSE REACTIONS. SIGN AND DATE EACH SEPARATE ENTRY. DO NOT SKIP LINES.*

_____

_____

_____

_____

_____

Trach Suctioning/Care Daily Procedure Log/Record

SchoolTerm: _____

Student_____ Dob _____ School _____ Teacher_____

Name Of Procedure:_____ Positioning :_____Time:_____

Equipment To Be Used: _____

Precautions Or Possible Untoward Reactions:_____

Interventions If Abnormal Results: _____

CODES: √: Normal (unremarkable) A: Absent D: Early Dismissal F: Field Trip N: None needed

Document on back: B: Blood noted AB: Abnormal color R: Replaced cannula T: Thick secretions

	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
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Trach Suctioning/Care Daily Procedure Log/Record page 2 of 2

MAR																									
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APR																									
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Code																									
Initials																									

OMMENTS:_____

	SIGNATURE OF PERSON(S) PERFORMING PROCEDURE	INITIAL	POSITION	DATE
1.				
2.				
3.				
4.				

DOCUMENT ANY UNUSUAL CIRCUMSTANCES, ACTIONS, OR OMISSIONS, THERAPEUTIC AND ADVERSE REACTIONS. SIGN AND DATE EACH SEPARATE ENTRY. DO NOT SKIP LINES.

_____

_____

_____

_____

_____

_____

Diabetes Management and Treatment

Diabetes Medical Management Plan (DMMP)

To be completed by parent/guardian and the health care team. This document should be reviewed with necessary school staff and kept with the student's school records.

Date of Plan_____ School Year_____ School_____ Teacher_____
Student Name_____ Birthdate _____ Grade _____
Date of Diabetes Diagnosis _____ [ ] Type 1 [ ] Type 2 [ ] Other _____
Doctor/Health Care Provider _____Phone Number _____Fax Number _____
Ophthalmologist _____ Phone Number_____ Fax Number _____
Parent/guardian #1:_____ Home # _____Cell #_____ Work # _____
Address: _____ Email Address _____
Parent/guardian #2:_____ Home # _____Cell#_____ Work # _____
Address: _____ Email Address _____
Other emergency contact:

Name	Relationship to Student	Contact Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. BLOOD GLUCOSE

Type of Blood Glucose Meter _____ ***Note****: The fingertip should always be used to check blood. glucose level if hypoglycemia is suspected*
Target range for blood glucose: _____mg/dl to _____mg/dl

Check Blood Glucose Level:
[ ] Before Lunch [ ]___Hours After Lunch [ ] 2 Hours After a Correction Dose
[ ] Midmorning [ ] Before Exercise [ ] After Exercise
[ ] As needed for s/s of low or high blood glucose [ ] As needed for Illness
[ ] Before Dismissal [ ] Other _____

Continuous Glucose Monitoring (CGM): [ ] Yes [ ] No Type _____ Alarms set for [ ] low and/or [ ] high

Note: Confirm CGM results with blood glucose meter before taking action on sensor blood glucose level. If student has s/s of hypoglycemia, check fingertip blood glucose level regardless of GCM.

2. INSULIN THERAPY

Insulin delivery device: [ ] syringe [ ] insulin pen [ ] insulin pump
Type of insulin therapy at school: [ ] Adjustable Insulin Therapy [ ] Fixed Insulin Therapy [ ] No Insulin

Adjustable Insulin Therapy Name of Insulin _____

- Name of insulin_____
- Carbohydrate Coverage: Insulin -to-Carbohydrate Ratio:
  - Lunch: 1 unit of insulin per _____grams of carbohydrate
  - Snack: 1 unit of insulin per _____grams of carbohydrate

Carbohydrate Dose Calculation Example

$$\frac{\text{Grams of carbohydrate consumed}}{\text{Insulin-to-carbohydrate ratio}} = _____\text{units of insulin}$$

- Carbohydrate Coverage/Correction Dose:
  - Blood Glucose Correction Factor/Insulin Sensitivity Factor _____
  - Target Blood Glucose _____mg/dL

Correction Dose Calculation Example

Actual Blood Glucose-Target Blood Glucose = _____units of insulin

BG Correction Factor/Insulin Sensitivity Factor

Correction Dose Scale (Sliding Scale) Use instead of calculation above to determine insulin correction dose

Blood Glucose ____to____mg/dL give ____units Blood Glucose ____to____mg/dL give ____units

Blood Glucose ____to____mg/dL give ____units Blood Glucose ____to____mg/dL give ____units

Blood Glucose ____to____mg/dL give ____units Blood Glucose ____to____mg/dL give ____units

Blood Glucose ____to____mg/dL give ____units Blood Glucose ____to____mg/dL give ____units

Blood Glucose ____to____mg/dL give ____units Blood Glucose ____to____mg/dL give ____units

- When to give adjustable Insulin Therapy
  - Lunch
    [ ] Carbohydrate coverage only [ ] Carbohydrate coverage plus correction dose and ____hours since last insulin dose
    [ ] Other _____
  - Snack
    [ ] Carbohydrate coverage only [ ] Carbohydrate coverage plus correction dose and ____hours since last insulin dose
    [ ] No coverage for snack [ ] Other _____
  - Correction dose only for blood glucose greater than ___mg/dL AND at least ____hours since last insulin dose.
  - Other _____

Fixed Insulin Therapy Name of Insulin _____

[ ] _____ Units of insulin given pre-lunch daily

[ ] _____ Units of insulin given pre-snack daily and _____hours and since last insulin dose.

[ ] Other _____

- Parental Authorization to Adjust Insulin Dose:

  [ ] Yes [ ] No Parents/guardian authorization should be obtained before administering a correction dose.

  [ ] Yes [ ] No Parents/guardian are authorized to increase or decrease and administer correction dose scale within the following range: +/- _____units of insulin.

  [ ] Yes [ ] No Parents/guardian are authorized to increase or decrease and administer insulin-to-carbohydrate ratio within the following range: _____units per prescribed grams of carbohydrate, =/- ____grams of carbohydrates.

  [ ] Yes [ ] No Parents/guardian are authorized to increase or decrease and administer fixed insulin dose within the following range: =/- ____units of insulin.

3. ADDITIONAL INFORMATION FOR STUDENT WITH INSULIN PUMP

Brand/Model of pump _____Type of insulin in pump_____

Basal rates during school _____Type of infusion set _____

[ ] For blood glucose greater than _____mg/dL that has not decreased within ____hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.

[ ] For infusion site failure: insert new infusion set and/or replace reservoir.

[ ] For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.

Physical Activity

[ ] Yes [ ] No May disconnect from pump for sports activities

[ ] Yes [ ] No Set a temporary basal rate _____% temporary basal for _____hours

[ ] Yes [ ] No Suspend pump use

Meals and Snacks

Meal and snack times:	Time	Carbohydrate Content (grams):
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Other	_____	_____

Special event/party food permitted: [ ] Parent/guardian discretion [ ] Student discretion

4. PHYSICAL ACTIVITY AND SPORTS

A quick –acting source of glucose such as **[ ] glucose tabs** and/or **[ ] sugar-containing juice** must be available at the site of physical education activities and sports

Student should eat [ ] 15 grams [ ] 30 grams of carbohydrates [ ] other _____
[ ] before [ ] every 30 minutes during [ ] after rigorous physical activity

Restrictions on activity, if any: _____

Child should not exercise if blood glucose is below _____ mg/dl.

5. HYPOGLYCEMIA (Low blood sugar) and HYPERGLYCEMIA (high blood sugar)

See attached hypoglycemia and hyperglycemia protocol/emergency plan.

[Glucagon should be given if child is unable to eat or drink, is unconscious or unresponsive, or having a seizure (convulsion). If glucagon is given, call 911 (or other emergency assistance, school nurse and parents immediately.]

I, _____give permission to the school nurse or another qualified health care professional or trained diabetes personnel of _____to perform and carry out the diabetes care tasks as outlined in _____'s Diabetes Medical Management Plan (DMMP). I also consent to the release of the information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my child's physician/health care provider.

_____ _____ _____ _____

Parent/Guardian Date Witness Date

Signature of School Nurse _____ Date_____

Acknowledged/received by: _____ Date_____

(Parent/guardian)

_____ Date _____

(Qualified School Health Care Personnel)

_____ Date _____

(Qualified School Health Care Personnel)

_____ Date _____

(Qualified School Health Care Personnel)

Hypoglycemia and Hyperglycemia Protocol/Emergency Plan	
Hypoglycemia (signs of low blood sugar)	***Hyperglycemia (signs of high blood sugar)***
Irritability or combative Sweating and shaky Fatigue or headache Sudden Hunger Shakiness or nervousness Confusion or poor concentration Drowsiness or dizziness Paleness Inappropriate action	Extreme thirst, hunger or urination Blurry vision Fatigue Behavior changes Inability to concentrate Nausea or vomiting
Treatment for Hypoglycemia	***Treatment for Hyperglycemia***
1. Follow any MD orders for treatment for student in the DMMP on campus or school related activities 2. Check blood sugar level with student meter or if no meter but student has symptoms treat for low blood sugar. Contact the school nurse 3. Give 15 grams of fast acting carbohydrate such as: • ½ can regular soda • 4-6 oz. of orange juice • glucose tablets • follow student DMMP 4. Stay with student and repeat treatment if necessary after re-checking blood sugar level with meter in 15 min and follow treatment with a snack, lunch, or DMMP 5. If student found unresponsive call 911 and follow orders for individual DMMP *(glucagon medication or glycol-Gel)*	1. Follow student DMMP and notify parent/guardian 2. Encourage student to drink 8 -16 oz. of water 3. Contact school nurse or trained unlicensed diabetic assisyant to retest blood sugar level in 30 min and treat using student's DMMP 4. Test urine for Ketones using ketosticks 5. Contact MD if any question or concerns

Emergency Treatment Plan for Diabetes

Name of Student_____ Teacher_____

Grade_____ School_____

Name of Parent / Guardian_____

Phone Numbers: Home _____ Work _____ Beeper_____

Alternate Adult Contact Person: (1) _____
Phone#_____

Alternate Adult Contact Person: (2) _____
Phone#_____

Relationship of alternate persons to student: (1)_____(2)_____

Physician's Name _____ Phone Number_____

Ambulance Choice: _____

Hospital Choice: _____

E.R. Numbers: _____

Poison Control Number: 1-800-256-9822

Student's allergy history: _____

_____

(List all medications, food, plants, insects, etc. that your child is allergic to)

Field Trip Designated Person: Trained Personnel_____, or
Parent/Guardian_____

I am aware that if my child has an emergency in school and I am not available, the school Principal or alternate will have my child transported to the emergency room, and I will be responsible for payment of emergency care.

_____ _____

Parent/Guardian Signature Date

GLUCOSE/INSULIN LOG

Session_____

STUDENT NAME _____ D.O.B. _____

GRADE/TEACHER _____ _____HOME PHONE_____

DATE	TIME	GLUCOSE READING	URINE KETONES	INSULIN	GLUCOSE Source (o.j. etc.)	COMMENTS

Sample Individual Health Plan for Student With Diabetes				
Nursing Data	**Nursing DX**	**Goals**	**Interventions**	**Evaluation/ Outcomes**
Student health history Physicians health history Subjective or objective data	Potential for injury due to the development of acute complications related to hypoglycemia or ketoacidosis	Goal 1: Student will maintain target blood sugar level_____	1. Set up schedule with student for blood testing and DMMP at school and school related activities 2. Notify and Train school staff in diabetes, signs/symptoms of hypo and hyperglycemia, and student emergency plan 3. Train the unlicensed diabetic school employee in the students' DMMP. 4. Coordinate snacks with peak of student's insulin or meals. 5. Treat for hypoglycemia following MD orders and DMMP 6. Keep glucose meter and carbohydrate sources readily available with student 7. Establish the DMMP plan with parent for school activities such as PE, testing, recess, or field trips 8. Notify parent and school nurse of any problems or concerns 9. Call MD if any problems or concerns with student's DMMP 10. Allow student to have bathroom privileges	Outcome: Blood Glucose Maintenance Log MD orders Student's DMMP
	Potential for knowledge deficit related to diabetes, treatment, diet and exercise	Goal 2: Student will increase their knowledge of diabetes, treatment plan for blood glucose, insulin, meals, and managing signs and symptoms of	1. Assess students' knowledge of diabetes, glucose monitoring, medications plan, diet and exercise. 2. Provide teaching materials in balance with students' knowledge level and	Skills Check list Student Logs

		hypoglycemia and hyperglycemia	monitor student progress with a log 3. Assess students' academic and school related activities for the school year 4. Discuss health plan with parent and student for school campus and school related activities 5. Set up a location for testing and training the student on use of meter, recording results, and their treatment plans (DMMP) 6. Train student and staff on how to treat hypoglycemia and hyperglycemia 7. Train student and staff on medication plan such as pens, pumps or meters 8. Train the school staff on diabetes and how to respond to students' DMMP-staff include bus drivers, coaches, teachers, custodians, and administration 9. Notify school nurse and parent/guardian of any problems or concerns	Medication Administration Records DMMP MD orders

Resources for Diabetes Management and Treatment Training

Helping Administer to the Needs of the Student with Diabetes in School (H.A.N.D.S.) is a live, continuing education, full-day program developed by the National Association of School Nurses (NASN) for school RN to equip the school RN with current diabetes knowledge, and provide tools and resources to facilitate effective diabetes management for students at school. It is presented by a school RN with a specific interest in diabetes and a Certified Diabetes Educator. For more information, contact NASN at www.nasn.org.

Helping the Student with Diabetes Succeed: A Guide for School Personnel was

prepared by a panel of organizations and published by the National Diabetes Education Program. The comprehensive guide provides a framework for supporting students with diabetes with an optimal team approach. It has copy-ready sample action plans. The manual can be accessed on the following web link: http://www.diabetes.org/schooltraining

Diabetes Care Tasks at School: What Key Personnel Need to Know is a PowerPoint program with eight training modules developed by the American Diabetes Association. The modules are intended to be used by a trainer who is a school RNor a healthcare professional with expertise in diabetes care in order to train other nurses and staff members about diabetes care tasks at school. The modules can be used in conjunction with Helping the Student with Diabetes Succeed: A Guide for School Personnel The modules are available at www.diabetes.org/schooltraining

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Medicaid Cost Recovery for School Nursing Services

Prior to 2012, LEAs were allowed to bill for specific nursing services in the educational environment. These services were limited to vision and hearing screening and nurse consultation. The program was called KIDMED and existed under the Early Periodic Screening Diagnostic and Treatment (EPSDT) Medicaid program. The program was discontinued in 2012.

DHH has submitted a new proposal for School-Based Nursing Services to the Center for Medicare and Medicaid (CMS) for approval. Once approved, the new program will offer billing options that include administration of medication and physical management. Information related to this new program will be added to this resource guide as soon as approval is received.

OTHER RESOURCES

TRANSPORTATION PLAN

_____
Student's Name

Bus #_____a.m.____ p.m____ _____
Bus Driver

_____
Address

_____
Home Telephone

_____
Parent/Guardian Name

_____ _____
Work Phone (Dad) Work Phone (Mom)

_____
Babysitter's Name Phone Address

_____
School Teacher's Name

Disability/Diagnosis: _____

Medications:_____Side Effects:_____
_____

1) Wheelchair restraint checklist: (circle all that apply)

❑seat belt ❑chest harness on ❑wheelchair brakes on
❑tray off ❑headrest and hip abductor in ❑other
_____

2) Positioning and handling requirements

_____
_____

3) List the names and phone numbers of substitute bus drivers

_____
_____

4) Has the bus driver and substitute received training regarding the students special needs?
Yes _____ No _____ Date of Training_____

If You See This	Do This

RESOURCE BIBLIOGRAPHY

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ADDITIONAL WEB RESOURCES

Blood borne pathogens
http://www.cdc.gov/niosh/topics/bbp/

Childhood Hearing Guidelines
http://www.cdc.gov/ncbddd/hearingloss/documents/AAA_Childhood%20Hearing%20Guidelines_2011.pdf

American Academy of Pediatrics
http://www.aap.org

PRE/POST TESTS

These tests can be used in the professional development of unlicensed health care assistants.

Infection Control – HandWashing

Catheterization

Oral/Dental Hygiene, Oral Feeding, Gastrostomy Button and Tube Feedings

Lifting and Positioning / Body Mechanics

PRE/POST TEST

Infection Control – Handwashing

Name_____ Date_____

Directions: Please select the most appropriate response.

1. Terms used to describe procedures in preventing disease are:
   a. Infection control
   b. Universal precautions
   c. Disease prevention
   d. All of the above\
2. Transmission of disease primarily happens in four (4) ways:
   a. Airborne droplets and body fluids only
   b. Airborne droplets, body fluids, blood, and skin to skin
   c. Body fluids and blood only
   d. Airborne and body fluids
3. Disease can be spread through
   a. Direct – means there is an immediately transfer of the organism which may happen as a result of touching, kissing, intimate contact or the direct projection of droplets into mucous membrane of conjunctiva
   b. Indirect – means that there is a delay in the transfer of the organism and must be transported to an entry portal such as mucous membranes, breaks in the skin, digestive track or from objects, such as floor, toys, clothing
   c. Both a & b
   d. a only
   e. b only
4. Universal precautions and infection control procedures used for disease prevention include:
   a. Proper hand washing
   b. Proper disposal of waste products
   c. Proper cleaning and disinfecting
   d. Use of gloves (protective barrier)
   e. All of the above
5. Hand washing is the single most important factor in the prevention of the spread of disease.
   a. True
   b. False
6. Important time to wash your hands are:
   a. Before preparing or eating food
   b. Before preparing or giving medications
   c. Before and after every diaper change or handling equipment or soiled garments

d. Before and after you go to the toilet
e. After coughing, sneezing, or blowing you nose
f. Any time you feel it is necessary
g. Only a, b, c
h. All of the above

7. Wearing gloves provides a protective barrier which helps

a. Reduce the risk of coming in direct contact with body secretions/fluids or blood
b. Reduce the risk in the spread of infection from student to student and student to . caregiver
c. Both a & b
d. None of the above

8. Disposable gloves can be used in caring for more than one (1) student as long as there are no tears.
a. True
b. False

9. Wear gloves:

a. When changing diapers/catheters
b. When changing dressings or sanitary napkins
c. When providing mouth, nose, or tracheal care
d. When caregiver has broken skin (cuts) on hands
e. When cleaning up blood, bodily secretions or soiled supplies/equipment or surfaces
f. Other times you feel necessary
g. All of the above

True or False (write T for True or F for False in the blank)

10. ___Cleaning and disinfecting are important parts of infection control and should include all surfaces, toys, equipment, basically anything that comes in contact or has potential to come in contact with an individual.

11. ___Bleach is an inexpensive cleaning solution, but must be mixed daily and used where there is good air circulation.

12. ___Agents used for hand washing can be used to disinfect work environment.

13. ___It is advisable that you check the school janitorial service to learn what and if the chemical disinfectants, detergents or germicidal hand washing products are registered by the U.S. Environmental Protection Agency and are suitable for school settings.

14. ___Spills of blood and fluid do not need to be cleaned up immediately.

Circle correct answer:

15. When contaminated supplies are placed in plastic bag and sealed and then placed in another plastic bag and sealed, it is referred to as:
    a. Double bagging
    b. Plastic bagging

16. Bodily waste such as urine, feces, vomitus, or mucous should be disposed of in the toilet.

    a. True
    b. False

17. Dirty disposable diapers should be placed in plastic lined receptacle and double bagged at the end of the day or when full.
    a. True
    b. False

18. Sharp objects such as needles should be placed in a puncture proof or metal container immediately after use.
    a. True
    b. False

PRE/POST TEST

Catheterization

Name_____

Date:_____

Directions: Please provide the most appropriate response.

1. Which of the following is the functional unit of the kidney?
   a. Nephron
   b. Urethra
   c. Bladder

2. Students who require catheterization can have which f the following diagnoses?
   a. Spina Bifida
   b. Spinal cord injury
   c. Either of the above

3. A child's chronological age and their cognitive development are always the same.
   _____True _____False

4. School-age children with normal development can usually be taught to self-catheterize.
   _____True _____False

5. Which of the following is the best way to help a student to learn during catheterization?
   a. Let the student sleep during the procedure
   b. Tell the student to be quiet and not ask questions.
   c. Have the student pay attention and repeat procedure with you.

6. Clean intermittent catheterization requires that you use sterile gloves and catheters when doing the procedures? _____True _____False

7. Where is the best possible place to catheterize a student?
   a. On the bottom floor
   b. On the toilet
   c. On a cot

8. Which of the following information is appropriate to exchange with the parent related to catheterization?
   a. Change in the amount of urine
   b. Student's complaining of lower back pain
   c. Both of the above

9. Clean intermittent catheterization involves which of the following?
   a. Cleaning the urinary meatus
   b. Pushing the kidney
   c. Inserting a catheter into the vaginal opening

10. Protection from infectious conditions is dependent on all the following EXCEPT:
    a. Appropriate hand washing

b. Appropriate cleaning of school equipment
c. Knowledge of who has AIDS

PRE/POST TEST

Oral/Dental Hygiene, Oral Feeding, Gastrostomy Button and Tube Feedings

Name_____

Date_____

True/False

1._____ Oral hygiene is a part of daily hygiene.
2._____ Brushing the teeth will remove microorganisms.
3._____ Digestion takes place by mechanical and chemical action.

Choose the Correct Response

4. The stomach is a part of the

a. Esophagus
b. Small Intestines
c. Upper GI system
d. None of the above

5. The gastrostomy tube/button may be used to

a. Administer food and fluids
b. Administer medication
c. Release air or gas
d. All of the above

6. The purpose of assisting in oral feedings is to

a. Supply nutrients by mouth
a. Provide training inappropriate eating skills
b. Provide psychosocial reinforcement for the student
c. All of the above

Fill in the Blank

1. An oral feeding problem that requires immediate attention is _____.
2. Nausea, cramping, vomiting, drainage blockage are not _____.
3. Handwashing minimizes the spread of _____.

True or False

_____1. The student requiring a tube feeding may or may not be able to take food by mouth.
_____2. The gastrostomy button is flexible rubber catheter held in place by a balloon.
_____3. Liquid feeding solution should be at room temperature.

PRE/POST TEST

Lifting and Positioning / Body Mechanics

Name: _____ Date: _____

Match With Correct Definition

1) _____Unstable state Base of Support

2) _____ State of Equilibrium

3) _____ Center of gravity

a) center of gravity is outside the base of support. Occurs when you lean or bend over without counterbalancing your weight

b) point at which the entire weight of the body is concentrated

c) that area beneath a body used by the body supporting structures; broadens as you spread your feet apart.

d) state achieved when center of gravity is within the base of support.

True or False

4) ____ When changing student's diaper, the changing table should be kept in its lowest position at all times in case student rolls off.

5) ____ When transferring from changing table to wheelchair, the changing table should be lower than the wheelchair.

Multiple Choice

6) ____ Which of the following steps do you do first when assisting a student out of a wheelchair?

a) Remove lap belt
b) Remove feet straps c) Secure brakes
d) Remove safety harness

7) ____ When performing a 2 person transfer from a wheelchair unto the changing table, which person counts off?

a) The shorter person at the legs
b) The taller person at the head
c) It makes no difference, either person can countoff
d) The shorter person at the head

8) ____ Which of the following is <u>not correct</u> for transporting a student in a wheelchair on the school bus?

a) Ensure all safety straps are properly secured
b) Secure wheelchair breaks
c) remove lap tray
d) Allow the student to propel himself on and off of the lift

9) _____ The main purpose of alternating student position throughout the day is to?

a) Minimize pressure areas resulting from student's inability to move, thus reducing tissue and nerve injury
b) To relieve pressure on a body area
c) To prevent contractures and to maintain body alignment
d) all of the above