



Safe and Healthy Schools

School Based Nursing Services in Louisiana Schools

A Resource Handbook for
School Nurses and School Administrators

Department of Education
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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, emergency 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 (hereafter referred to as School Nursing Handbook or handbook) is intended to enhance the educational process by providing guidance to school registered 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 document will be updated as new legislation is enacted that affects school nursing.

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

FORSCHOOL 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 non-complex health procedures, and related matters. The intent of the legislation is to ensure the health and safety of students who require non-complex 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 non complex health procedures, they are addressed separately within this policy section due to the existing separate and distinct legislation.

School Nurse Licensure and Certification

School Registered Nurse

[R. S. 17:28](#) requires that “each city and parish school system shall employ at least one school nurse certified by the State Board of Elementary and Secondary Education but shall not exceed a statewide average of one certified school nurse for each one thousand five hundred students.” Any reference to the “school nurse” in Louisiana law is a reference to a licensed Registered Nurse who is licensed by the Louisiana State Board of Nursing (LSBN).

As of August 1, 2023, according to the revised [Bulletin 746](#) – Louisiana Standards for State Certification of School Personnel, a registered nurse with an active and valid license in good standing from the Louisiana State Board of Nursing will be recognized as certified by the Board of Elementary and Secondary Education.

In Louisiana, a school registered nurse is still considered certified ancillary service personnel. LEAs are not obligated to request certification for school nurses from LDOE since the LSBN license number serves as the certificate number. However, school nurses applying for a position must demonstrate possession of a current, valid registered nurse license that is in good standing with the Louisiana State Board of Nursing. LEAs can verify a nursing license by looking up the license on the Louisiana State Board of Nursing website (<https://lsbn.boardsofnursing.org/licenselookup>).

Licensed Practical Nurse (LPN)

LEAs can hire licensed practical nurses (LPNs) to perform tasks consistent with their license and educational preparation, working under the supervision of a registered nurse. The LPN may also, with appropriate training, perform additional specified acts which are authorized by the Louisiana State Board of Practical Nurse Examiners (LSBPNE) when directed to do so by the registered nurse. To verify a LPN’s license, please visit Louisiana State Board of Practical Nurse Examiners (LSBPNE) website (<https://www.lsbpne.com/licensure/verification-of-licensure/>).

Delegation of Nursing Interventions

Louisiana State Board of Nursing (LSBN)

LPN/UNP (Unlicensed Nursing Personnel)

In the school setting, the school registered nurse is able to delegate nursing interventions to trained school personnel that meet certain criteria. Per [R.S. 37:913\(14\) \(f\)](#), a registered nurse can delegate specific nursing interventions to nursing personnel who are qualified. LSBN defines the term “delegating nursing interventions” for LPNs and Unlicensed Nursing Personnel as well as the criteria for these delegable activities.

LSBN states that 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” This is done by the school registered nurse using appropriate assessment, planning, implementation, and evaluation. The school registered nurse should use the “decision-making process” as outlined in the [“Decision Tree for Delegation of Certain Task”](#) to LPNs and UNPs that is found on the LSBN’s website.

In the school setting and throughout the rest of this handbook, an UNP is referred to as a Trained Unlicensed School Employee (TUSE), Unlicensed Assistive Personnel (UAP) or for those who are trained to care for diabetic students an Unlicensed Diabetes Care Assistant (UDCA). The training criteria for LPNs and UNPs (also known as TUSE/UAP/UDCA) in the school setting can be found in the following literature of this school nurse handbook.

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.

Immunizations

Introduction

In accordance with [Bulletin 135 Health and Safety](#), each student entering any school within the state must present evidence of immunity against vaccine preventable diseases according to the schedule approved by the Department of Health.

Vaccinations Required to Attend Louisiana Schools

- The schedule noted above shall include but not be limited to measles, mumps, rubella, diphtheria, tetanus, whooping cough, poliomyelitis, and haemophilus influenzae type B invasive infections.
- School administrators and/or school nurses may utilize the Louisiana Immunization Network for Kids to ensure vaccination compliance.
- Students are required to provide proof of immunization unless the student's parent/guardian provides a written dissent from his/her parent.
- Student immunization law requires schools to report annually the immunization status of their enrollees. This is done by linking all students enrolled in their specific schools in the LINKS registry. The rosters are utilized in the event of a vaccine preventable communicable disease outbreak. Currently the grades K, 6TH, and 11th are audited for Louisiana Immunization Program. This information is then reported to the CDC as per federal mandates of states who have federally funded immunization programs. Louisiana's goal is 95% or higher for immunization compliance rates. Vaccine compliance rates can be found on the LDH website. [Vaccination Data Resources](#)
- All schools must report student immunization data by October 1st of each school year.
 - [LDH Immunization Guide for Louisiana Schools](#)
- HIPPA privacy rule permits providers to disclose proof of required immunizations to a school with verbal or written agreement from the parent. [HIPPA and Student Immunizations](#)

LINKS

[LINKS](#) (Louisiana Immunization Network for Kids) allows users to search for students in the LINKS registry to view vaccinations records. Authorized users may also add and edit patient and vaccination records. School nurses play a vital role in immunization compliance. To become an authorized user, completion of (2) training modules along with the LINKS user agreement is required. Contact your Immunization Consultant

Supervisor/VFC in your Regional Health Office for more information and access to the LINKS system.

[LINKS Training Program](#)

NOTIFICATION OF IMMUNIZATION NEEDS

Parents/guardians are to be notified of required immunizations per LEA procedure. Examples of notification letters are linked below. Parents/guardians are to be encouraged to use [My IR Mobile](#) to review/download immunization status. The LINKS system additionally has Action letters/messages for use in notification of parents/guardians. Notification Letter Examples: [Sample Letters](#) / [Immunization Needs Letter w QR Code for IR Mobile](#)

DISSENTS

Information must be provided to parents/guardians on the procedure/paperwork for dissents at the time of notification of immunization needs. Dissents must be resubmitted or resigned annually. As school nurses, parents/guardians should be provided with education regarding the immunizations by utilizing education, communication, and the following VIS statements from the Center of Disease Control.

VIS Statements

<https://www.cdc.gov/vaccines/hcp/vis/index.html> and <https://www.immunize.org>

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, [Act 161 of 2024](#) Session of the Louisiana Legislature and subsequent amendments and [R.S. 17:436.3](#) Act 858 of the 2012 Session of the Louisiana Legislature and subsequent amendments:

Written Orders, Appropriate Containers, Labels, and Information

- A. Medication shall not be administered to any student without a written order from a licensed prescriber in Louisiana, or any state in the United States, 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

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/UAP is a Trained Unlicensed School Employee or Unlicensed Assistive Personnel 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 in the Administration of Medication

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 UDCA
- 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 students 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 UDCA's 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 UDCA's 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 or medication reactions occur
 - Appropriate use of resources
- Once trained, those who are Medication Administration trained will be required to have a recertification training annually that will last a minimum of 2 hours. This training will also include all skills checklists that are required for Medication Administration training.
- 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 Louisiana or any other state in the United States ([ACT 161 of 2024](#))
 - 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 level
 - 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.
- UDCA's 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 a 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. 17:436.1)

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 Emergency Medications

The Louisiana State Board of Nursing (LSBN) in 2017 revised and developed a declaratory statement regarding the delegation of the administration of emergency medications to trained unlicensed school employees during life threatening situations. This information can be found in the [“DECLARATORY STATEMENT ON THE REGISTERED NURSE DELEGATING TO TRAINED, UNLICENSED SCHOOL EMPLOYEES, THE ADMINISTRATION OF MEDICATIONS DURING LIFE THREATENING SITUATIONS”](#)

School RNs should become familiar with this declaratory statement and follow the document's guidance. In the 2024 legislative session, Act 378 amends R.S. 17:436.1 (M) (O) to include naloxone to be administered in the event of an opioid overdose. In the following, the delegation of administration of emergency medications to trained unlicensed school employees (TUSE) also known as Unlicensed Assistive Personnel (UAP) per LSBN will be outlined. Unlike other medications that are administered in the school setting, emergency medications are not required to be administered at home first. The following are common medications that are seen in the school setting.

Administration of Diazepam

Purpose: Students with certain seizure disorders may require diazepam to terminate these seizures and decrease the chance for brain damage which may be associated with the seizure activity. Prolonged seizure activity can in some instances result in death. Rectal or nasal diazepam is a rescue drug used in seizure emergencies such as prolonged seizures or cluster seizures. Rectal Diazepam is a non-sterile gel formulation of diazepam in a rectal delivery system and is available in pre-dosed syringes. Rectal Diazepam is licensed for use for students who are under the age of 6. Nasal Diazepam comes in the form of a single dose nasal spray and is licensed for use in students age 6 and over. Diazepam is Federal Drug Administration (FDA) approved for persons with epilepsy who are on stable regimens of anticonvulsants and who require intermittent use of rectal Diazepam gel or [nasal Diazepam](#) to control acute repetitive seizures, prolonged seizures or cluster seizures. Diazepam administration in the school setting will be in accordance with FDA-approved criteria. Students on diazepam are also on seizure precautions. This is a life threatening condition.

Protocol: The school 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 assistive employees the administration of rectal or nasal diazepam 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 diazepam has been prescribed. This protocol identifies criteria mandated by policy or law and other criteria, which are not mandatory, but recommended.

In order for diazepam 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:

1. This protocol defines the responsibility and accountability of the school RN, trained personnel, parents, and school staff regarding the administration of diazepam
2. 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.
3. There is on file a signed parent/guardian request and consent for administration of diazepam at school by the school RN, a trained licensed practical nurse (LPN), or a trained unlicensed school employee (herein known as TUSE/UAP), supervised by the school RN.
4. The school RN has assessed the health status of the student and determined if administration of diazepam can be safely administered in the school setting in accordance with the rules and regulations of the LSBN and the FDA-approved.
5. The school RN has developed the Individualized Healthcare Plan (IHP)
6. The school RN has determined the level of care required for the safety of the student.
7. 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. See LSBN's [DECLARATORY STATEMENT ON THE REGISTERED NURSE DELEGATING TO TRAINED, UNLICENSED SCHOOL EMPLOYEES, THE ADMINISTRATION OF MEDICATIONS DURING LIFE THREATENING SITUATIONS](#)

8. The school RN who administers diazepam 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 Diazepam

The physician's diazepam order must be consistent with FDA-approved criteria and the labeling on the diazepam package provided by the student's family. Unlike other medications that are administered in the school setting, emergency medications do not have to be administered at home first.

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

1. The dose of diazepam prescribed.
2. The specific description of the seizure for which diazepam is prescribed.
3. The specific time to administer diazepam. 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 diazepam 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. The date and time that diazepam was administered within the past 12 months.
6. A list of other medications prescribed for the student.

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

1. Parents/guardians must request and give written consent for administration of diazepam 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 diazepam outside school settings, to ensure that diazepam administration in the school setting is in accordance with FDA-approved criteria.
3. Parents/guardians must understand that after administration of diazepam 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 diazepam 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 diazepam.

Development of the Individualized Healthcare Plan (IHP) for Administration of Diazepam 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 diazepam 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 diazepam.

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 (TUSE/UAPs).

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 diazepam administration.
3. A student specific plan identifying steps to implement before, during and following diazepam 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/UAP)

Delegation:

The school RN may delegate administration of diazepam to a trained unlicensed school employee (TUSE/UAP) 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 diazepam is safe and appropriate for the specific student in the school setting.
3. The environment, student condition, and the competency of the TUSE/UAP meet the LSBN criteria for delegation of nursing functions.
4. The school TUSE/UAP 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/UAP, 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 diazepam.

Training:

Successful completion of training for administration of diazepam 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/UAP can administer diazepam.
4. At least two full-time TUSE/UAPs must be trained in the procedure for the students prescribed diazepam.
5. Documented understanding of the student specific parameters for use of diazepam in the school setting.
6. Documented proficiency in procedures necessary after administration of diazepam in the school setting.
7. Documented proficiency in standard procedures and universal precautions.
8. Understanding that administration of diazepam 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 diazepam order.
10. Attendance is required at other training 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/UAP has successfully completed student specific training in diazepam 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 Intranasal Midazolam

General Information:

IntralIntranasal Midazolam is a medication prescribed to help stop prolonged or cluster seizures. This medication has a similar effect as Diazepam. Some students with seizure disorders will be prescribed this medication to help stop such seizure activity. It is administered intranasally and is absorbed quickly. Intranasal Midazolam when administered works in the brain to stop prolonged seizures within 5 minutes. The school RN can delegate the administration of medications during life threatening situations as outlined in the LSBN declaratory statement noted previously in this section.

Specific Requirements:

1. The school RN will ensure the guidelines for the Administration of Medications is met prior to the delegation of Intranasal Midazolam to a TUSE/UAP in the school setting.
2. The parent or legal guardian shall meet all requirements of the medication administration policy prior to the acceptance of Intranasal Midazolam
3. Life-saving medications do not require the first dose be given at home.
4. The school RN will develop an Individualized Health Plan and a child specific emergency action plan. (See specific steps in the section on, *Development of the Individualized Healthcare Plan (IHP) for Administration of Diazepam in the school setting*)
5. The TUSE/UAP assigned to the student with a prescription of Intranasal Midazolam will be trained on how to recognize seizure activity and trained on the steps of the child specific emergency action plan

Implementation Considerations:

1. A licensed health professional authorized to prescribe medications may prescribe *Intranasal Midazolam* for the individual student with a seizure disorder.
2. The school RN or trained employee *may administer Intranasal Midazolam (Versed) as ordered by the licensed prescriber to the student.*
3. Training should include:
 - Proper procedures for administration of IntralIntralIntranasal Midazolam
 - Recognizing signs and symptoms of a seizure
 - The review of the student specific emergency action plan
 - Storage and disposal of medications

- Appropriate and correct record keeping or documentation
- Appropriate actions when unusual circumstances or medication reactions occur

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 two employees at each school must receive training from a school RN or a licensed medical physician (MD) in the administration of auto-injectable epinephrine.

Implementation Considerations:

1. A licensed ~~physician~~ health professional authorized to prescribe medications 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 or 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 Naloxone

General Information:

R.S. 17:436.1, [Act 378](#) of the 2024 legislative session now requires school districts to have a policy on the administration of Naloxone. Naloxone is an opioid antagonist that can rapidly reverse an opioid overdose. Types of opioids are heroin, fentanyl, hydrocodone, oxycodone, morphine or codeine. School districts are required to adopt a policy and maintain a supply of naloxone or another opioid antagonist that can be administered to any student or other person on school grounds who is perceived to be having an opioid emergency.

Specific Requirements;

1. School employees other than school RNs shall receive training on how to recognize signs of opioid-related overdoses
2. Training can be received by a registered nurse or licensed medical physician
3. Standards and procedures for the storage on school campuses of Naloxone or another opioid antagonist will be maintained
4. Emergency followup procedures that will include the requirement to summon emergency services immediately before or after Naloxone or another opioid antagonist is administered
5. Public or nonpublic schools employees or volunteers, licensed health professionals who prescribes or furnishes naloxone to schools, or training organizations and its personnel who train school staff on administering Naloxone will not be held liable

Implementation Considerations:

1. A licensed health professional authorized to prescribe medications may prescribe Naloxone in the name of the local school system or the individual school to be maintained for use when deemed necessary.
2. Licensed pharmacist and physicians may dispense such medications

3. The school RN or trained employee *shall* administer the Naloxone to any student or person on school grounds experiencing a suspected opioid emergency, under a standing protocol from a physician licensed to practice medicine in the state or in any state in the United States.
4. Each public elementary and secondary school *shall* maintain a supply of Naloxone at the school in a locked, secure, and easily accessible location.
5. Training should include:
 - Proper procedures for administration of Naloxone
 - Storage and disposal of medications
 - Appropriate and correct record keeping or documentation
 - Appropriate actions when unusual circumstances or 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 Albuterol

General Information:

R.S. 17:436.1, Act 378 of the 2024 legislative session now allows schools to maintain a stock supply of “life-saving” medications. Albuterol is a rescue inhaler that treats bronchospasms that cause difficulty breathing, wheezing, coughing, or shortness of breath. The school RN can delegate the administration of medications during life threatening situations as outlined in the LSBN declaratory statement noted previously in this section.

Specific Requirements:

1. School employees other than school RNs shall receive training on how to recognize signs of an Asthma emergency
2. Training can be given by a registered nurse or licensed medical physician
3. Standards and procedures for the storage on school campuses of Albuterol will be maintained
4. Emergency followup procedures that will include the requirement to summon emergency services immediately before or after Albuterol is administered
5. Public or nonpublic schools employees or volunteers, licensed health professionals who prescribes or furnishes Albuterol to schools, or training organizations and its personnel who train school staff on administering Albuterol will not be held liable

Implementation Considerations:

1. A licensed health professional authorized to prescribe medications may prescribe Albuterol in the name of the local school system or the individual school to be maintained for use when deemed necessary.
2. Licensed pharmacist and physicians may dispense such medications
3. The school RN or trained employee *may* administer Albuterol to any student or person on school grounds experiencing a suspected Asthma emergency, under a standing protocol from a physician licensed to practice medicine in the state or in any state in the United States.
4. Each public elementary and secondary school *may* maintain a supply of Albuterol at the school in a locked, secure, and easily accessible location.
5. Training should include:
 - Proper procedures for administration of Albuterol
 - Storage and disposal of medications
 - Appropriate and correct record keeping or documentation
 - Appropriate actions when unusual circumstances or 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 *Injectable Glucagon/Intranasal Glucagon*

General Information:

R.S. 17:436.3 is the law that outlines the standards of care for managing the Diabetic student in Louisiana schools. *Injectable Glucagon and Intranasal Glucagon* are emergency medications used in the event an individual with Diabetes would have a severe drop in blood sugar levels. LSBN also recognizes Glucagon as an emergency drug that can be Glucagon is a natural hormone made in the body that functions to control glucose (sugar) levels in the blood. Glucagon was originally only seen in injectable form but with the development and licensing of Intranasal Glucagon, glucagon is now found in a nasal form. Students who have Type 1 Diabetes will be prescribed some form of glucagon to carry with them at all times in the event of a severe hypoglycemic event.

Specific Requirements

1. The school RN will ensure the guidelines for the Administration of Medications is met prior to the delegation of ***Injectable Glucagon*** and ***Intranasal Glucagon*** to a

TUSE/UAP in the school setting.

2. The parent or legal guardian shall meet all requirements of the medication administration policy prior to the acceptance of ***Injectable Glucagon and Intranasal Glucagon***
3. Life-saving medications do not require the first dose be given at home.
4. The school RN will develop an Individualized Health Plan and a child specific emergency action plan.
5. The TUSE/UAP assigned to the student with a prescription of ***Injectable Glucagon and Intranasal Glucagon*** will be trained on how to recognize severe hypoglycemia and trained on the steps of the child specific emergency action plan

Implementation Considerations:

1. A licensed health professional authorized to prescribe medications may prescribe ***Injectable Glucagon and Intranasal Glucagon*** for the individual student with a seizure disorder.
2. The school RN or trained employee *may administer* ***Injectable Glucagon and Intranasal Glucagon*** *as ordered by the licensed prescriber to the student.*
3. Training should include:
 - Proper procedures for administration of ***Injectable Glucagon and Intranasal Glucagon***
 - Recognizing signs and symptoms of a severe hypoglycemia
 - The review of the student specific emergency action plan
 - Storage and disposal of medications
 - Appropriate and correct record keeping or documentation
 - Appropriate actions when unusual circumstances or medication reactions occur

NOTE: Specific training guidelines for *Injectable Glucagon and Intranasal Glucagon* can be found in the section on “Clinical Procedures and Training Guidelines for Diabetes Management and Treatment”.

Administration of Solu-Cortef

General Information:

LSBN recognizes Solu-Cortef as a possible emergency medication that is given in the school setting and has listed it as one that the School RN can delegate to the TUSE/UAP once certain training criteria has been met. The school RN can delegate the administration of medications during life threatening situations as outlined in the LSBN declaratory statement noted previously in this section.

Specific Requirements:

1. The school RN will ensure the guidelines for the Administration of Medications is met prior to the delegation of Solu-Cortef to a TUSE/UAP in the school setting.
2. The parent or legal guardian shall meet all requirements of the medication administration policy prior to the acceptance of Solucortef by the school RN
3. Life-saving medications do not require a first dose be given at home.
4. The school RN will develop an Individualized Health Plan and a child specific emergency action plan.
5. The TUSE/UAP assigned to the student with a prescription of Solu-Cortef will be trained on how to recognize signs and symptoms of adrenal crisis.
6. The TUSE/UAP will be trained on the steps outlined in the student's emergency action plan.

Implementation Considerations:

1. A licensed health professional authorized to prescribe medications may prescribe *Solu-Cortef* for the individual student with Adrenal Insufficiency.
2. The school RN or trained employee *may administer Solu-Cortef as ordered by the licensed prescriber to the student.*
3. Training should include:
 - Proper procedures for administration of Solu-Cortef
 - Recognizing signs and symptoms of an Adrenal Crisis
 - Storage and disposal of medications
 - Appropriate and correct record keeping or documentation
 - Appropriate actions when unusual circumstances or medication reactions occur
 - Appropriate use of resource

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

Policy for Non-Complex Health Procedures

Introduction

Local school districts provide educational services to students who may require non-complex 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 non-complex health procedures. The intent of the act is that the assessment of the health needs and the coordination of services to students requiring non-complex health procedures is the responsibility of a registered nurse or a licensed medical physician employed by a local school system.

A non-complex 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. non-complex 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 non-complex 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 non-complex 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 non-complex and can be safely delegated according to the professional standards of care.
3. The delegation of the performance of non-complex 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 non-complex 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 non-complex health procedure.
6. That each student who requires a non-complex 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 non-complex health procedures is on file.
9. That exemption from performance of non-complex 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 the 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 non-complex 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 non-complex 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 non-complex 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 non-complex 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 non-complex 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 non-complex 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 non-complex health procedure. It is suggested that the witness be approved by the parent and used consistently. Non-complex 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 non-complex 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 an open airway.
- Oropharyngeal 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 Non-Complex 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
 - o Basic procedural guidelines in Section II modified to meet the specific student needs
 - o 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 non-complex Health Procedure Components:

- Timely referral

The school employee receiving notification of the admission of a student who may require non-complex 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. non-complex 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.

- Assessment

The school RN shall assess the health status of the student, secure and interpret medical information, including:

- Any prescription or recommendations from the licensed medical physician that 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 non-complex 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
- Medical records, when applicable:
 - The birth history
 - Hospital discharge summaries
 - Current medical status
 - Diagnosis
 - Prognosis
 - Consultations
 - Immunizations
- Educational records when applicable to include:
 - Pupil appraisal/assessment
 - Individualized Family Service Plan (IFSP)
 - Individualized Education Plan (IEP)
 - Individualized Transition Plan (ITP)
- Family records/anecdotal when appropriate

- The school RN shall make a nursing assessment to determine:
 - The need for an assessment by other certified/licensed health professional
 - The need for non-complex health procedures in consultation with other appropriate certified/licensed professionals
 - 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.

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

- 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.)

 - Health needs
 - Diagnosis and description of the condition
 - Procedures and equipment needed
 - Treatment and side effects
 - Maintenance of skin integrity
 - Infection control
 - Safety issues
 - Nutrition and fluid requirements
 - Level of activity
 - Precautions and/or restrictions

 - Emergency Plan:
 - Warning signs and symptoms of problems/distress
 - Parameters, intervention, emergency reaction time
 - Emergency contacts: Family, friends, agencies, physicians, etc.
 - Natural disaster plan

 - Communication: Ongoing exchange of health information:
 - Multidisciplinary Evaluation Team
 - Student's family and caregiver
 - School personnel and consultants
 - Community resources, work place

- Student/family concerns and consideration:
 - Present level of functioning and potential
 - Attitudes and preferences

- School absence:
 - Reduced vitality
 - Time factors influencing absence
 - Program accommodations

- Environment:
 - Accessibility
 - Temperature control
 - Allergens
 - Environmental hazards
 - Availability of hot and cold running water
 - Electrical needs and hazards
 - Storage areas
 - Privacy needs/area
 - Infection control routine

- Personnel/student considerations:
 - Need for supplemental support services
 - Need for consultation with other certified/licensed health professionals
 - Immunizations

- Orientation and technical assistance:
 - Direct care personnel
 - Supplemental support service personnel
 - Administrators and school faculty
 - Classmates and schoolmates
 - PTA, community, job site
 - Consideration for entry or change in setting:
 - Safety and comfort
 - Hygiene
 - Equipment operation maintenance, etc.
 - All items included under environment

- Transportation:
 - Accessibility
 - Security of the student
 - Security of the equipment

- Temperature control
 - Trained personnel
 - Emergency plan
- Information for documentation and monitoring of the non-complex health procedures:
- Date and time, length of time for procedure
 - Student specific typical patterns or responses to healthcare procedures
 - Student's toleration of procedure
 - Student specific warning signs and symptoms
 - Condition of skin
 - Body position and associated activity
 - Other
 - Signature of the caregiver, appropriate staff
 - Requirement of the Health Services Plan
 - Student's highest level of independence in performance of procedure
- Another health professional shall, when appropriate, make an assessment to determine:
- 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.
 - The competencies needed by the individuals providing the non-complex health procedure.
 - The requirements of the Health Services Plan.
- Monitoring of the Procedures
 - Non-complex 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 non-complex health procedure is a procedure that can be safely delegated to someone other than a licensed health professional.
 - 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.

- The Individualized Healthcare Plan (IHP):
 - 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 non-complex health procedures including screening, health maintenance procedures, and modified activities of daily living. School employees who perform non-complex 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.
 - 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 non-complex 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.
 - 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.

- For students enrolled in education programs, the following procedures must be followed:
 - 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.
 - The IHP becomes a part of the student's educational plan.
 - The IHP must be confidentially maintained as part of the student's permanent educational record.
 - The healthcare needs/alerts must be documented in the student's educational plan.
 - The IHP must address the student's ability to participate in the performance of the non-complex health procedure. Behavioral objectives should be written and instruction provided in accordance with the needs and abilities of the student.

- Support and Supervision:
 - 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)
 - 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.
 - 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.
 - 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.
- Recommendations for Training Related to Act 760 and Subsequent Amendments
 - Contents for General Training: Four (4) hours of basic information is required by all school employees designated to perform non-complex health procedures on students. 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
 - 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 as 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.
 - e) 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

- o License required
- o 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 UDCA's, 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:
 - 7. 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.
 - 8. The plan must be submitted annually to the school principal or designated person.
 - 9. 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
10. 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
- ☐ All trained UDCA's will be required to have an annual recertification training lasting a minimum of one hour to review child specific physician orders, class schedules, and to review problems that arose during the previous school calendar year.
- ☐ In addition to this one hour annual training, the school RN will review and complete with the UDCA all diabetic skill checklists, annually, for each diabetic student under their care. This portion of the recertification training time to complete will depend on the number of students the UDCA is assigned.

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.

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 UDCA's 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. UDCA's 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. UDCA's 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. UDCA's 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 UDCA's

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.
 - a. Level 1 shall be 1 hour and include an overview of diabetes, recognizing the signs and symptoms of hyperglycemia and hypoglycemia, and emergency contacts.
 - b. 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.
 - c. 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, UDCA's 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.

Louisiana Law – Revised Statutes and Rules

The following is a list of current revised statutes and rules pertaining to school RNs in the state of Louisiana.

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;
Acts 2024, [No. 161](#) and [No. 378](#), §1;

Diabetes Management/Treatment

[R.S. 17:436.3](#)

Non-Complex 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

Catheterization

[R.S. 17:435](#)

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

Immunizations

[R.S. 17:170](#)

[R.S. 17:170.2](#)

[R.S. 17:170.3](#)

[R.S. 17:170.4](#)

[R.S. 17:170.5](#)

The Board of Elementary and Secondary Education

The [Louisiana Administrative Code](#) is a formal publication that outlines new and amended rules to state governmental agencies such as the [Board of Elementary and Secondary Education](#) (BESE). BESE's policy can be found under Title 28 and the section on Health and Safety can be found under Part CLVII, [Bulletin 135](#). In chapter 3 of Bulletin 135, BESE's policies for school RNs can be found. Bulletin 135 can also be located on the BESE website under policies:

Medicaid Billing for School Nursing

Overview for Service Provider Manual

The Centers for Medicaid and Medicare Services (CMS) oversees the Medicaid program at the federal level and sets the basic rules. CMS recognizes that schools provide vital health care services to students. “Health care services delivered in schools are an opportunity to meet children where they are and deliver services to children in a setting where they spend a majority of their time – in school. School based services can include all services covered under Early Periodic Screening, Diagnostic, and Treatment (EPSDT), which provides a comprehensive array of services for eligible individuals under 21 enrolled in Medicaid. These services include, but are not limited to, preventive care, mental health and substance use disorder (SUD) services, physical and occupational therapy, and disease management”
[CMCS Informational Bulletin 5-2-23](#).

Methodology for Louisiana school-based service program reimbursement is different from traditional Medicaid. CMS understands schools are paying practitioners to provide these health services in schools. Louisiana utilizes a **cost-based reimbursement** methodology to reimburse for school based services. School systems are reimbursed for the cost of providing the health services in schools, including salaries, benefits and indirect costs associated with the health services. Medicaid includes a section known as EPSDT (Early and Periodic Screening, Diagnostic and Treatment).

For more information on the Louisiana School Based Medicaid Program the [LDOE School Based Medicaid Resource Page](#) provides in depth information on specific services and requirements.

Who is Eligible for Services?

In general, in order for services provided to a student to be eligible for reimbursement, that student must:

- Be enrolled in Medicaid on the date the service was performed
- Require medically necessary services
- Have a written plan of care that addresses that diagnosis and that requires the specific service
- Have a licensed and allowed provider providing the services
- Have parental consent to bill Medicaid

Who Can Provide Services?

Only appropriately licensed practitioners can provide Medicaid-reimbursable services in schools. It is the responsibility of each school district to ensure the individuals performing health services on campus have active and appropriate licenses. Providers cannot be 100% federally funded to participate in Medicaid reimbursement.

Each type of licensure is overseen by a different licensure board. The job of the licensure board is to determine what types of credentials are required in order to have the licensure, maintain a list of licensed individuals, determine what types of services providers can provide, and oversee their licensees. Boards are the governing bodies for each different type of practitioner. The licensure board and not LDH or LDOE determines practice guidelines.

Reimbursement

LEA's complete a cost report to determine the maximum cost allowable for reimbursement. The calculations take into account:

- Amount of general fund dollars the LEA spent on the service (provider salary, benefits, etc.)
- Random Moment Time Study determined reimbursable percentage
- Indirect cost percentage (a number specific to each LEA that is set by LDOE)
- Louisiana's FMAP for that year
- LEA's Medicaid population (called the Medicaid Discount Factor)
- LDH admin fee

There are three important phases to reimbursement:

1. Interim Claiming is documentation submitted for a fee for a particular service. LDH requires services documented using the [EPSDT fee schedule](#). Fees are intentionally set lower to ensure a district does not claim more than the cost allowed in the cost reporting process. This is an interim payment until the cost settlement process is completed.
2. The cost report is the form that LEAs complete at the end of the year to determine how much reimbursement school systems are eligible for based on salaries/benefits of employees or funds paid to vendors for services. Results of the Random Moment Time Study are applied to the cost report to determine the percentage of reimbursement for each provider pool.
3. The cost settlement is the amount calculated by the Cost Report minus the paid interim billing (minus any audit finding fees that may have been levied against the LEA). It is the final amount of money reimbursed to the school system.

This different approach is also why students are able to receive services in school without it affecting services received outside of school. This is because school-based services are "carved out" (addressed outside the purchased health insurance plan) of Louisiana Medicaid. When Medicaid services are provided outside a school setting by a private provider, the student's Medicaid plan is billed. Since schools and private providers are billing different entities, both services can be provided as long as providers coordinate care and avoid duplication of services.

Random Moment Time Study

For nursing/medical services, therapy services and behavioral health services that are provided by an employee of the LEA, CMS uses a reimbursement methodology known as the **Random Moment Study (RMTS)**. The RMTS has one purpose – to document what a provider was doing in a specific moment (date and time, and to determine if that task was a Medicaid billable service (or related administrative activity).

When considering how to reimburse schools, CMS recognizes that as employees, practitioners who are providing health services may also be required to perform educational duties such as lunch duty, attending school assemblies, assisting with state testing and any number of other non-health related activities. CMS only wants to pay for the portion of time providers spend providing health services, and the administrative tasks required to provide those services. In order to determine what that percentage of time was, states are allowed to use the RMTS. The RMTS takes all the moments from across the state and combines them into one study. This means that how one LEA responds to the study has an impact on all other school system's reimbursement in the state. To ensure the moments are answered, LEAs are required to answer a minimum of 85% of the moments.

Every employee provider in an LEA who bills Medicaid must be enrolled in the RMTS. Because different provider types have their time divided up differently, there are 3 different provider pools. In Louisiana, the pools are:

- Nursing
- Therapy
- Behavioral Health

Each pool has its own study. At the end of the year, all the answers to all the moments are combined. From this data, a reimbursable state percentage (the percentage of time spent providing health services and the administrative activities required to provide those services) for each pool is calculated. The reimbursable percentage is then used to calculate the overall cost reimbursement for an LEA. School system providers may refer to the RMTS guide for more information.

Reimbursement for Medicaid Administrative Claiming (MAC)

In addition to paying for direct services, Medicaid will also pay for some very specific administrative activities. The [CMS guide](#) to school-based Medicaid Administrative Claiming provides an overview of allowable activities. The RMTS is used to determine the percentage of time that can be allocated to administrative activities. MAC payments are based on the three cost reports for direct services (nursing, behavioral health and therapy) and, instead of using the direct service percentage from the time study data, the cost report uses the MAC percentage data and also only takes into account 50% of the costs – in keeping with the CMS regulations. In addition to a cost settlement for the three direct service pools, LEAs will also receive a cost settlement for MAC.

Documentation

Most clinicians understand “if it was not documented, it did not happen”. Proper documentation not only plays a vital role in Medicaid reimbursement but, for most health care providers, it is required by their practice. There are several categories of documentation that are required by Medicaid. The [documentation quick checklist](#) provides specifics on documentation requirements.

- Written Plan of Care – document that authorizes the service
- Service Documentation – document that shows that the services was provided
- RMTS Documentation – documentation required to support the RMTS answer for monitoring
- Licenses – licenses held by providers from licensing board
- Parental consent – two types of parental consent are required:
 - Consent to bill Medicaid and consent to share student information in claiming of services
 - Consent to provide service
 - School systems must document the initial consent to bill Medicaid for services along with documenting the appropriate annual notice. This annual notice is student specific and general bulletins or announcements in the student handbook do not satisfy this requirement.

Monitoring Process

School districts are monitored 1-2 years after submission of cost reports. Documentation to support RMTS answers, verification of licensure, payroll and finance records may be requested.

Add to each unique handbook:

Nursing Resources

- [Introduction to School Medicaid from NASN](#)

Therapy Resources

Speech

- Coding & Reimbursement Modules -
<http://www.asha.org/Practice/reimbursement/modules/>
- The ASHA Leader: Coding and Billing 101:
<http://leader.pubs.asha.org/article.aspx?articleid=2656648>
- Establishing Medical Necessity:
<http://www.asha.org/practice/reimbursement/medical-necessity-for-audiology-and-SLP-services/>
- ASHA’s Practice Portal: <http://www.asha.org/practice-portal/>

- Documentation for SLPs in Health Care:
<http://www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Health-Care/>
- Introduction to Medicaid:
https://www.asha.org/practice/reimbursement/medicaid/medicaid_intro/

PT

[APTA Documentation](#)

OT

[AOTA Coding and Billing](#)

[AOTA Guidelines on Documentation](#)

AOTA New Medicaid Guidance:

[New Medicaid guidance for school-based services, new opportunities | AOTA](#)

Behavioral Health Resources

- [SSWAA](#)
- [NASP resources on Medicaid in schools](#)

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 Procedure*
- *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 the 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: _____

SKILLS	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					

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 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

Student Specific Epinephrine Auto-Injector Skills Checklist

Person Trained: _____

Position: _____

SKILLS	Demo Date	Date	Date	Date	Date	Date	Date
1. Washes hands							
2. Retrieves student's medication and medication log							
3. Checks the 7 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 for 10 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 **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

Student Specific Medication Inhaler Skills Checklist

Person Trained: _____ Position _____

SKILLS	Demo Date	Date	Date	Date	Date	Date	Date
1. Washes hands							
2. Retrieves student's medication & medication log							
3. Checks the 7 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, attach a spacer.							
9. Inhales and exhales slowly one time.							
10. Holds mouthpiece 1-2 inches from mouth or places mouthpiece of inhaler or spacer between lips, and closes mouth around mouthpiece. ,							
11. Presses the inhaler & inhale slowly & deeply over 3-5 sec							
12. Hold 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 **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

Student Specific Nebulizer Skills Checklist

Person Trained: _____ Position: _____

SKILLS	Demo Date	Date	Date	Date	Date	Date	Date
1. Cleans top of the area where medication will be administered.							
2. Washes hands.							
3. Retrieves students Medication log.							
4. Checks the 7 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 **three** demonstrations with 100% accuracy
 _____ **FAIL** Procedure 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: _____

Procedure	Date	Date	Date	Date	Date	Date	Date
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 7 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. Applies 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 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 Medication Skills Checklist

[] Initial [] Review

Person Trained: _____

Position: _____

Skills	Demo Date	Date	Date	Date	Date	Date	Date
1. Cleans 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, birth date, etc.							
5. Obtains appropriate equipment							
6. Unlocks medication storage area & obtain medication							
7. *1 st check: Check medication label according to the 7 Rights of Medication Administration							
8. Shakes medication well, if liquid							
9. *2 nd check: using the 7 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, pour the correct dosage. Places pills in medicine cup							
13. Wipes top of bottle, if liquid, and replaces cap							
14. Do 3 rd check of label using the 7 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

Diazepam 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 diazepam 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 Rectal Diazepam

- ❖ 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.
- ❖ Administer diazepam 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 diazepam syringe and lubricant packet from packaging.
 - Remove the protective tip of the syringe.
 - Lubricate tip with the packet of gel included in the diazepam package.
 - Put the student on side and flex the student's upper leg forward. Separate the buttocks to expose the rectum.
 - Insert syringe. Rim around the rectal tip should be snug against the 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 the 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.
 - ❖ After diazepam 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.
 - ❖ Follow all standard precautions for handling bodily fluids.
 - ❖ Complete the Report of Administration of Diazepam Form and forward a copy to the School RN. (see form).

Procedure for Administration of Intranasal Diazepam

- ❖ 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.
- ❖ Administer intranasal diazepam in accordance with student-specific parameters previously determined by the school RN based on the physician’s order and health assessment
 - Put on gloves.
 - This medicine is for use only inside the nose. Do not get any of it into your eyes or on your skin. If it does get on these areas, rinse it off right away.
 - This device sprays one time only. Do not test or prime it before use.
 - Hold the device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - Gently insert the tip of the nozzle into the nostril until your fingers are against the bottom of the student’s nose.
 - Press the bottom of the plunger firmly with your thumb to give a dose.

- Remove the device from the nostril after each dose.
- After giving this medicine, keep or move the student onto their side, facing you, so you can watch them closely. Loosen any tight clothing and provide a safe area, away from furniture and other objects, where they can rest.
- Note the time you first give the dose, as well as the second dose if needed.
- Keep the student on his/her side and monitor for change in breathing or color.
- Begin CPR if breathing stops.
- Dispose of container as per manufacturer protocol.
- ❖ After intranasal diazepam 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.
- ❖ Complete the Report of Administration of Diazepam Form and forward a copy to the School RN. (see form)
- ❖ 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 diazepam is administered. The use of oxygen depends on the characteristics of the seizure, not the use of diazepam. 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 Diazepam:

The school RN may delegate administration of rectal or intranasal diazepam to a trained unlicensed school employee (TUSE/UAP) only if the following requirements have been met:

- ❖ 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.
- ❖ The school RN has determined that according to the LSBN rules and regulations, delegation of diazepam is safe and appropriate for the specific student in the school setting.
- ❖ The environment, student condition, and the competency of the TUSE/UAP meet the LSBN criteria for delegation of nursing functions.
- ❖ The school TUSE/UAP has the capability to communicate with the school RN for supervision and assistance at all times.
- ❖ If the school RN delegates to the TUSE/UAP, then two additional full-time qualified unlicensed school personnel must be identified and trained in student specific procedures.
- ❖ The school RN remains responsible for the total nursing care of the student,

decision making regarding delegation and the use of diazepam.

Supplies and Equipment Needed for Rectal Diazepam Administration:

The following equipment must be made available where diazepam is administered:

1. Properly labeled medication (diazepam) 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 of rectal Diazepam.
5. Gloves.
6. The RN's phone number and access to a communication device (e.g. phone, walkie talkie, etc.).

Supplies and Equipment Needed for Intranasal Diazepam Administration:

The following equipment must be made available where diazepam is administered:

1. Properly labeled medication (diazepam) with pre-dosed nasal spray and the correct dosage.
2. Labeling matching the physician's request.
3. Gloves.
4. 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 diazepam 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/UAP can administer rectal or nasal diazepam.
4. At least two full-time TUSE/UAPs must be trained in the procedure for the students prescribed rectal or nasal diazepam.
5. Documented understanding of the student-specific parameters for use of diazepam in the school setting
6. Documented proficiency in procedures necessary after administration of diazepam in the school setting.
7. Documented proficiency in standard procedures and universal precautions.
8. Understanding that administration of diazepam 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 diazepam 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/UAP has successfully completed student-specific training in diazepam administration.

PROCEDURE FOR RECTAL DIAZEPAM 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 7 Rights of Medication administration
d. Gather supplies	1. <i>Right Medication</i>
1) Properly labeled medication (diazepam)	2. <i>Right Dose (Medication is set and locked by pharmacist)</i>
2) Screen or Drape	3. <i>Right Individual</i>
3) Lubricant	4. <i>Right Route</i>
4) Gloves	5. <i>Right Time</i>
5) RN's phone number	
2. Procedure	
a. Loosen clothing & drape	Aids in privacy
b. Remove diazepam syringe and lubricate	Universal precautions
c. Don gloves	Push up with thump and pull to remove cap Ensures smooth procedure
d. Remove protective tip of syringe	Turn student on side facing you
e. Lubricate tip of syringe	
f. Flex student's upper leg forward	Rim around rectal tip should be snug against rectal opening
g. Separate the buttocks to expose rectum	Always count as follows: "one-one thousand, two-one thousand, three-one thousand."
h. Gently insert syringe	
i. Slowly count 1-2-3 while gently pushing plunger until it stops	
j. Slowly count 1-2-3 before removing syringe from rectum	Prevents leakage of medication
k. Slowly count 1-2-3 while holding buttocks together	

PROCEDURES FOR RECTAL DIAZEPAM ADMINISTRATION(CONTINUED)

Essentials Steps	Key Points and Precautions
<ul style="list-style-type: none">l. Keep student on side and monitor for changes in breathing and colorm. While waiting for EMS to arrive, follow the written instructions (student specific) for observationn. Begin CPR if breathing stops and no pulse is felto. May perform rescue breathing if pulse is presentp. Documents using correct standardsq. Dispose of leftover medication in syringe	<p>Student should always be facing you when monitoring for vital signs, further seizures, choking, and blueness around the lips</p> <p>Document per seizure in Observation Record Dispose in accordance with manufacturer's protocol</p>

Student Specific Rectal Diazepam Skills Checklist

[] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

Procedure	Date	Date	Date	Date	Date	Date	Date
Identifies student							
Reads Physician Statement							
Verifies medication due and not yet given							
Cleans area and washes hands							
Follows seizure emergency plan including calling 911, principal, and school RN							
Loosens clothing, drapes							
Puts on gloves							
Removes diazepam syringe and lubricant packet from packaging							
Removes protective tip of syringe							
Lubricate strip with packet of gel included in the diazepam 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 diazepam 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							
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

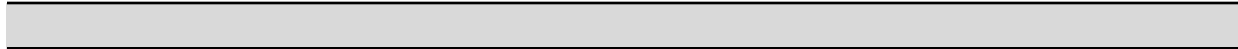
 Date Employee Signature

PROCEDURE FOR INTRANASAL DIAZEPAM ADMINISTRATION

<u>Essentials Steps</u>	<u>Key Points and Precautions</u>
<u>1. Call 911, the parent/guardian, and school RN</u>	<u>School personnel can assist with notifications</u>
<u>2. Preparation</u>	
a. <u>Wash hands</u>	<u>Universal precautions</u>
b. <u>Identify student</u>	<u>Ensures correct student</u>
c. <u>Verify physician orders</u>	
d. <u>Gather supplies</u>	<u>7 Rights include the right patient, medication, dose, time, route and documentation</u>
1) <u>Properly labeled medication (diazepam)</u>	<u>Universal precautions</u>
2) <u>Gloves</u>	
3) <u>RN's phone number</u>	
<u>2. Procedure</u>	
a. <u>Remove nasal spray device from packaging</u>	<u>Open the blister pack by peeling back the corner tab with the arrow. Remove the nasal spray device from the blister pack</u>
b. <u>Don gloves</u>	<u>Universal Precautions</u>
c. <u>Hold the nasal spray device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Do not press the plunger yet.</u>	<u>Priming the plunger before inserting into the nostril will result in loss of medication. Nasal spray device only contains one dose.</u>
d. <u>Insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the nose.</u>	
e. <u>Press the bottom of the plunger firmly with your thumb to give dose.</u>	<u>Prevents leakage of medication</u>
f. <u>Remove the nasal spray device from the nose after dose given</u>	<u>Each nasal spray device has one dose that will be administered in one spray</u>

PROCEDURE FOR INTRANASAL DIAZEPAM ADMINISTRATION (Continued)

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



Intranasal Diazepam Skills Checklist

[] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	Return Demonstration Dates					
1. <u>Identifies student</u>							
2. <u>Reads Physician Statement</u>							
3. <u>Verifies medication due and not yet given</u>							
4. <u>Cleans area and washes hands</u>							
5. <u>Follows seizure emergency plan including calling 911, principal, and school RN</u>							
6. <u>Put on gloves</u>							
7. <u>Removes nasal diazepam from packaging by opening the blister pack by peeling back the corner tab with the arrow</u>							
8. <u>Hold the nasal spray device with thumb on bottom of plunger and first and middle finger on sides of nozzle ensuring not to prime. Priming will result in loss of medication.</u>							
9. <u>Insert tip of nozzle into 1 nostril until fingers on side of nozzle are against bottom of nose.</u>							
10. <u>Press bottom of plunger with thumb to give nasal Diazepam then remove nasal spray device from the nose</u>							
11. <u>Keeps student on side and monitor for change in breathing or color</u>							
12. <u>Begins CPR if breathing stops and no pulse is felt</u>							
13. <u>If after diazepam is administered and 911 has been called, document the EMS time of arrival</u>							
14. <u>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</u>							
15. <u>Understands Universal Precautions, seizure precautions</u>							

16. <u>Documents using correct standards</u>							
17. <u>Communicates any significant changes to school RN.</u>							

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

PROCEDURE FOR INTRANASAL VERSED ADMINISTRATION

Essential Steps	Key Points and Precautions
<ol style="list-style-type: none"> 1. Call 911, the parent/guardian, and school RN 2. Preparation <ol style="list-style-type: none"> a. Wash hands b. Identify student c. Verify physician order d. Gather supplies <ol style="list-style-type: none"> i. Properly labeled medication ii. Tissue iii. Gloves iv. RN's cell number 3. Procedure <ol style="list-style-type: none"> a. Remove plastic wrap off the needless access device, the syringe, and the Mucosal Atomization Device (MAD) b. Put needless access device onto the tip of the syringe, twisting to the right to lock in place. c. Take cap off of vial of medicine and the cap off the needless access device d. Pull back the plunger on syringe to the number of milliliters needed for the dose of medicine to be given e. Insert needless access device into the rubber stopper of medicine vial and turn upside down. f. Push plunger on syringe up and then pull back to the amount of liquid medicine to be given. g. If air bubbles are in the syringe, tap the side of syringe to bring bubbles to top. Push plunger just 	<p>School personnel can assist with notifications</p> <p>Universal precautions</p> <p>Ensures correct student</p> <p>7 rights include the right patient, medication, dose, time, route, and documentation</p> <p>Universal precautions</p> <p>Prevent leakage of medication</p> <p>Inserting the same amount of air into the medicine vial makes it easier to extract the liquid.</p> <p>Inverting the medicine vial allows the liquid medicine to be extracted</p> <p>If air bubbles are in the syringe then the</p>

- enough to push bubbles back into the vial then pull down again until there is only liquid remaining in the syringe
- h. Remove needleless access device out of the vial, put cap back on, twist top to the left, and take the needleless access device off.
 - i. Put MAD on the syringe by twisting the large open end onto the syringe tip.
 - j. Don gloves
 - k. If the student has a runny nose, clean the nose before giving the medicine
 - l. Insert the tip of the MAD device into one nostril snugly
 - m. Give half of the contents of syringe in one nostril and then insert in opposite nostril and give other half of dose
 - n. Remove the MAD device from the nose after dose given and note time.

dosage will be less than what is ordered

Save the needleless access device and syringe if there is medication remaining in the vial for emergency use later. If no medication is left dispose of properly.

Universal precautions

Never give more than one milliliter in a nostril

Intranasal Versed Administration Skills Checklist

[] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	<u>Demo Date</u>	<u>Return Demonstration Dates</u>					
<u>1. Identifies student</u>							
<u>2. Reads Physician Statement</u>							
<u>3. Verifies medication due and not yet given</u>							
<u>4. Cleans area and washes hands</u>							
<u>5. Follows seizure emergency plan including calling 911, principal, and school RN</u>							
<u>6. If there is another adult present, have them call 911/EMS as you administer the medication.</u>							
<u>7. Put on gloves.</u>							
<u>8. Twist or place the needle onto the syringe.</u>							
<u>9. Remove the cap from the vial of medication.</u>							
<u>10. Insert the needle into the vial and withdraw prescribed amount of medication.</u>							
<u>11. Pull the needle and syringe out of the vial and verify the dose of the medication.</u>							
<u>12. Twist off or remove the syringe from the needle.</u>							
<u>13. Attach the atomizer tip to the syringe and twist into place.</u>							
<u>14. Discard the needle in a sharps container.</u>							
<u>15. Look into the child's nostrils to determine if there is fluid or mucous in the nostrils.</u>							

16. <u>If drainage or mucous is present, use a bulb syringe to remove it.</u>							
17. <u>Using your free hand to hold the crown of the head stable, place the tip of the atomizer snugly against the nostril aiming slightly up and outward.</u>							
18. <u>Quickly compress the syringe plunger to deliver half of the medication into the nostril.</u>							
19. <u>Move the device over to the opposite nostril and administer the remaining medication into that nostril.</u>							
20. <u>Remove gloves.</u>							
21. <u>If EMS/911 has not been called yet, call 911 or EMS services .</u>							
22. <u>Stay with the child, monitoring breathing.</u>							
23. <u>If breathing stops, begin rescue breaths.</u>							
24. <u>If breathing and heartbeat stop, begin CPR.</u>							
25. <u>Once rescue squad arrives, inform them of medication administered, including type of medication, dose and time.</u>							
26. <u>Dispose of all used equipment and bottles of medicine safely out of the reach of children.</u>							
27. <u>Wash hands.</u>							
28. <u>Document the date, time and dose of medication given in addition to what was observed during the seizure the Medication Administration Record and Seizure Reporting Form, if applicable.</u>							
29. <u>Follow up with the parent or guardian and healthcare provider, as needed.</u>							

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

PROCEDURE FOR NALOXONE NASAL SPRAY ADMINISTRATION

Essential Steps	Key Points and Precautions
<p>1. Once unresponsiveness is established call 911, the parent/guardian, and school RN</p> <p>2. Preparation</p> <ol style="list-style-type: none"> a. Wash hands b. Identify student c. Verify physician standing orders are current for administration of Naloxone d. Gather supplies <ol style="list-style-type: none"> i. Properly labeled medication (Narcan nasal spray) ii. Gloves iii. RN's phone number <p>3.. Procedure</p> <ol style="list-style-type: none"> a. Remove nasal spray device from packaging b. Don gloves c. Hold the nasal spray device with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Do not press the plunger yet. d. Insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the nose. e. Press the bottom of the plunger firmly with your thumb to give dose. f. Remove the nasal spray device from the nose after dose given and note time. g. Start rescue breathing if not breathing or CPR if no pulse. h. Allow 1-3 minutes for medication to work. If there is no change in condition after 2-3 minutes, give another dose of naloxone (if available) and continue rescue breathing or CPR as indicated. 	<p>School personnel can assist with notifications</p> <p>Universal precautions</p> <p>Ensures correct student</p> <p>Open the box by peeling back the corner tab with the circle and remove the nasal spray device</p> <p>Universal Precautions</p> <p>Priming the plunger before inserting into the nostril will result in loss of medication. Nasal spray device only contains one dose.</p> <p>Prevents leakage of medication</p> <p>Each nasal spray device has one dose that will be administered in one spray</p> <p>DO NOT place your mouth on victim but instead use a mask with a one way valve device or some form of a barrier device to give rescue breaths. (rational: victim could have residue of Fentanyl around mouth or nose area)</p>

i. Note time and date given and stay with person until EMS arrives on scene	
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Naloxone Nasal Spray Skills Checklist [] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	Return Demonstration Dates					
1. <u>Identifies student</u>							
2. <u>Reads school standing orders for Narcan nasal spray</u>							
3. <u>Verifies medication in stock supply</u>							
4. <u>Cleans area and washes hands</u>							
5. <u>Sends another staff member to call 911, principal, and school RN and to get the AED</u>							
6. <u>Puts on gloves</u>							
7. <u>Removes Narcan nasal spray from packaging by opening the blister pack by peeling back the corner tab with the circle</u>							
8. <u>Hold the nasal spray device with thumb on bottom of plunger and first and middle finger on sides of nozzle ensuring not to prime. Priming will result in loss of medication.</u>							
9. <u>Insert tip of nozzle into 1 nostril until fingers on side of nozzle are against bottom of nose.</u>							
10. <u>Press bottom of plunger with thumb to give nasal Diazepam then remove nasal spray device from the nose</u>							
11. <u>Keeps student on side and monitor for change in breathing or color while awaiting for EMS to arrive</u>							
12. <u>Begins CPR if breathing stops and no pulse is felt</u>							
13. <u>If after Narcan nasal spray is administered and 911 has been called, document the EMS time of arrival</u>							
14. <u>If there is no change in condition after 2-3 minutes, give another dose of naloxone (if available) and</u>							

<u>continue rescue breathing or CPR as indicated.</u>							
<u>15. Understands Universal Precautions, seizure precautions</u>							
<u>16. Documents using correct standards</u>							
<u>17. Communicates any significant changes to school RN.</u>							

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

PROCEDURE FOR ALBUTEROL STOCK INHALER

Essential Steps	Key Points and Precautions
1. Take off the cap of the inhaler	Cap is to protect contents of inhaler
2. Shake the inhaler for approximately 3-5 secs or 10-15 times	Mixes medication properly
3. Prime the inhaler	Spray into the air up to four times for new inhalers (floor stock should be new and never used on another person once first used)
4. Breath out	Breathe out as much air as possible
5. Place mouthpiece in mouth between teeth, and close lips around inhaler.	This is to reduce medication from leaking out
6. Breathe slowly and deeply through mouth while spraying inhaler one time	This allows for as much of medication to enter into lungs
7. Have them hold breath for 5-10 secs	This will hold medication in the lungs for a few more seconds before exhaling
8. Repeat dose after one minute if still needed	Standard dosage is one to two puffs but no more than two
9. Document time given	Important to note time given if another dose is needed at a later time.
10. Rinse out mouth with water and spit out	It is important to remove any remaining medicine vent side effect such as oral thrush, hoarseness, throat irritation and dry mouth
11. Call 911 if still experiencing respiratory distress	Have someone notify front office, go get the AED and stay with person until EMS arrives

ALBUTEROL STOCK INHALER SKILLS CHECKLIST [] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	Return Demonstration Dates					
1. <u>Recognizes signs and symptoms of possible possible respiratory emergency</u>							
2. <u>Washes hands</u>							
3. <u>Retrieves Albuterol stock medication & medication log</u>							
4. <u>Removes cap from inhaler.</u>							
5. <u>Have the person stand up, feet slightly apart, or sit up straight.</u>							
6. <u>Shakes inhaler for approximately two seconds.</u>							
7. <u>Positions inhaler upright.</u>							
8. <u>Primes inhaler one time into the air. If spacer is used, attaches spacer.</u>							
9. <u>Have the person inhale and exhale slowly one time.</u>							
10. <u>Holds mouthpiece 1-2 inches from mouth or places mouthpiece of inhaler or spacer between lips, and closes mouth around mouthpiece..</u>							
11. <u>Presses the inhaler & inhale slowly & deeply over 3-5 sec</u>							
12. <u>Hold breath as long as possible – up to 10 seconds to allow medication to settle as deeply as possible into air passages. Exhales</u>							
13. <u>Wait approximately 1-2 minutes, repeat the process. This technique should allow delivery of medicine into air passages opened by first puff.</u>							

14. If using spacer and person is unable to hold his/her breath, have the person breath in and out through the spacer, 3-5 times							
15. Documents on medication log name of person and time given							

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

Procedure for Solu-Cortef Administration

1. After recognizing signs and symptoms of possible adrenal crisis, go or send someone to get the student's Solu-Cortef emergency injection kit	
2. Check expiration date on Solu-Cortef vial	
3. Wash hands and put on gloves.	Do not give expired medications. If kit does not contain a vial of unexpired Solu-Cortef, call 911
4. Push down on the vial's cap	Universal Precautions
5. Remove tab on top of vial to reveal the rubber stopper underneath.	Pushing the cap down allows the liquid to mix with the powder in the vial. The medications will be clear when mixed. DO NOT USE if the medication stays cloudy.
6. Wipe off top of vial with an alcohol swab.	
7. Take syringe out of the protective covering, if any, and remove cap from needle.	To help reduce the risk of infection
8. Turn the vial upside down and stick needle into the middle of the rubber stopper.	Always use a new syringe when giving injections.
9. While holding vial in one hand and syringe in other, pull back on plunger of syringe and extract the liquid medication in the vial into the syringe.	Inverting the vial allows the needle to reach the liquid medication inside.
10. Remove syringe from vial and check for air bubbles in syringe. If there are air bubbles, gently tap the syringe to get the air bubbles	

to come to the top near the needle. Slowly push the plunger up to force air bubbles out but be careful not to push any medication out of the syringe.	
11. Put cap back on syringe until you are ready to inject the student.	This technique is used for all methods of injections in order to ensure the full dose of medication is being given.
12. Wipe the injection site of the student with a new alcohol swab. The injection site is about halfway up the thigh towards the outer part of the thigh.	
13. Remove cap from syringe, hold syringe in your fist, and with other hand press down on skin around the area where injection will be given and spread your index finger and thumb apart forming a C shape. Insert needle straight down in the C area of exposed skin.	To help reduce the risk of infection
14. Push the plunger of the syringe with the thumb of the hand holding the syringe. Keep the needle in the thigh for 10 seconds and count out loud “one one thousand, two one thousand, three one thousand.....”	
15. Remove syringe and dispose in a proper sharps container. DO NOT recap syringe.	Universal Precautions
16. Call 911. Notify the student’s parent or guardian and school administration	The student must go to a nearby emergency treatment and evaluation.

SOLU-CORTEF ADMINISTRATION SKILLS CHECKLIST Initial Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	<u>Demo Date</u>	<u>Return Demonstration Dates</u>					
1. Identifies student							
2. Recognizes and sites signs and symptoms of possible adrenal crisis							
3. Reviews Licensed prescribers student specific orders for emergency administration of Solu-Cortef							
4. Cleans area and washes hand							
5. Sends another staff member to call 911, principal, and school RN and to get the AED							
6. Puts on gloves							
7. Retrieves student's emergency Solu-Cortef injection kit and take out all supplies							
8. Checks expiration dates on vial							
9. Pushes down on vial to mix liquid with powder							
10. Removes tab on top of vial.							
11. Removes cap from syringe provided in kit							
12. Inserts needle in top of vial and pulls plunger back slowly							
13. Removes any excess air from syringe							
14. Replaces cap then prepares to clean injection site with alcohol swab							
15. Holds syringe in fist of one hand and uses other had to form a C shape with thumb and index finger while pushing down skin on thigh							

16. Inserts needle and slightly pulls back plunger and then pushes medication in slowly							
17. Keeps needle in place for at least 10 seconds and counts out loud one one thousand, two one thousand, three one thousand.....							
18. Removes needle and covers site with bandaid.							
19. Notes time and documents when Solu-Cortef given while waiting for EMS to arrive.							

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 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

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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 the 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 the 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
<ul style="list-style-type: none"> • Gather equipment: Audiometer and headphones. • Determine that the audiometer is in working order prior to beginning screening. • Give careful directions and practice with the student before beginning the screening. 	<p>Select a room in the quietest part of the building.</p>
<p>4. Place the earphones on each ear with the red earphone on the right ear and the blue earphone on the left.</p>	<p>Check audiometer at 50db at all frequencies that are being used for testing.</p>
<p>5. Start screening with the right ear.</p>	<p>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.</p>
<p>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.</p>	<p>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.).</p>
<p>7. Move dial to 20db (25db if 18 years and older).</p>	<p>If a student reports greater hearing problems in right ear, begin with left ear.</p>
<p>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".</p>	<p>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.</p>
<ul style="list-style-type: none"> • Change frequency selector to 2000 Hz and present the tone at 20db (25db). Follow the procedure used for 100Hz and record results. 	<p>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.</p>
<ul style="list-style-type: none"> • Change frequency selector to 4000 Hz and again present the tone at 20db (25db) as described above. Record the results. 	<p>Avoid establishing a rhythm of tone presentation.</p>
<ul style="list-style-type: none"> • Switch audiometer's output to left (right) ear and then repeat steps 7 through 11. 	<p>Avoid looking down at the audiometer and then up at the student every time a tone is presented.</p>
	<p>Do not ask the student during the screening, "Did you hear it?"</p>

Do not allow student to chew gum during the screening.

Re-refer within two weeks (for possible congestion), possible third re-check in two weeks for continued signs of congestion then refer 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. 17:156. 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 1- 2 years (PreK and K every year. Then, 1st grade and up every two years thereafter, unless problem.)
 - b. Color vision deficiency screening (1st 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 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
- Stereoacuity- All Ages (Recommended use of PASS Test 2)
- Color Vision Deficiency Screening for PreK or First Time 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
<ol style="list-style-type: none"> 1. Through visual inspection of student’s eye note whether any abnormal conditions are present. 2. Refer to physician for the following abnormalities noted: <ol style="list-style-type: none"> a. Pupils b. Iris (colored portion of eye) c. Eye condition d. Eye movements/alignment e. Eyelids f. Any other abnormal conditions observed should be noted <p>NOTE: Eyes should not “dance” or “roam” and should be looking straight ahead in a primary position. Stereoacuity can be conducted for further assessment or referral, if necessary, to ensure both eyes look together to see a 3-D object.</p>	<p>To ensure 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.</p> <p>Appearance signs:</p> <ol style="list-style-type: none"> 1. Crossed eye or “wall” eye (eye turning in, out, up, or down). Eye turn may be continuous or intermittent, particularly when the child is tired. 2. Continually watering eyes 3. Red-rimmed, encrusted or swollen eye lids 4. Cloudiness/haze 5. Unequal pupil size; should be black, round and equal in shape and size. Iris: should be the same color, size and shape 6. 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. 7. Sties or infections on eyelid 8. 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. 9. Possible eye injury. Watch for eyes that are reddened, bloodshot, blackened, bruised or swollen, or show evidence or lacerations or abrasions. <p>Behaviors:</p> <ol style="list-style-type: none"> 1. Body ridged when looking at distant objects. 2. Clumsiness or decreased

	<p>coordination</p> <ol style="list-style-type: none">3. Thrusting head forward or backward while looking at distant objects.4. Tilting head to one side most of the time.5. Squinting or frowning when trying to focus, rubs eyes frequently.6. Excessive blinking7. Closing or covering one eye while doing near work, holds objects very close to eyes when reading. <p>Complaint signs:</p> <ol style="list-style-type: none">1. Closing or covering one eye while doing near work, holds objects very close to eyes when reading.
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GENERAL VISION SCREENING PROCEDURE

Essential Steps	Key Points and Precautions
<ol style="list-style-type: none"> 1. Test each eye separately; right eye first, then left. (While testing, instruct student to keep both eyes open.) 2. To test the right eye; occlude the left eye. 3. To test the left eye; occlude the right eye. 4. Ask student to identify symbols in order, moving across the line from left to right starting at the referral line. 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. 	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 years old and older 20/32.</p> <p>Change direction with each line presented, i.e., follow a "snake" pattern, to make it more difficult for the student to memorize the responses.</p>

<ol style="list-style-type: none"> 6. If the student can read the 20-foot line correctly, record the visual acuity attained as 20/20. 7. If the student fails to read a line, repeat this line in the reverse order. If the line has 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. 	<p>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+.</p> <p>Color perception with the use of pseudoisochromatic plates, i.e., Ishihara, or equivalent. Document screening results and inform parents and teachers, no referral.</p>
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Referral Criteria

<ol style="list-style-type: none"> 1. 3 year olds/PreK - Vision in either eye of 20/50 or poorer (or equivalent measurement). 2. 4 years and older – Vision in either eye if 20/40 or poorer (or equivalent measurement). 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. 	<p>This means the inability to correctly identify one more than half the symbols on the 50-foot line on the chart at a distance of 20 feet.</p> <p>This means the inability to identify correctly one more than half the symbols on the 40-foot line at a distance of 20 feet.</p> <p>This means the inability to identify correctly one more than half the symbols on the 32-foot line at a distance of 20 feet.</p>
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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.	This position makes it easy to feel the pulse in the radial artery at the wrist.
b) Sitting with his arm bent at the elbow, resting on the chair or your arm, palm down.	
4. Place one to three fingers over the pulse point along the 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.
6. Note the rhythm and character (or quality) of the pulse as well as the rate.
7. Praise the student for his participation and cooperation.
8. Return the student to comfortable position.
9. Record the rhythm and character on the daily log.

If you count for less than one minute, you may miss irregularities.

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. This is one cycle or one breath.
2. Method	Young children often breathe irregularly.
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.	
c) Observe the rise and fall of the chest.	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).
d) Record the rate per minute and any unusual observations.	

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
<ol style="list-style-type: none">1. Preparation<ol style="list-style-type: none">a. Wash your hands.b. Inspect the thermometer for proper functioning.c. Explain the procedure to the student.d. Position the student appropriately for comfort and safety according to the method used.2. Method	<p>Prevents spread of microorganisms. Prevents inaccurate measurement.</p> <p>Encourages cooperation.</p>

<ul style="list-style-type: none">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.f. Record the temperature on the student’s chart.	<p>Decreases spread of microorganisms. Report abnormal temperatures to appropriate personnel and to parents.</p>
---	--

Vital Signs Skills Checklist [] Initial [] Review
(Pulse Rate, Respiratory Rate, and Temperature)

Person Trained: _____ Position: _____

SKILLS	Demo Date	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 the opening of the 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 any 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 any time. 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 warm 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
 - as 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
<p>Preparation</p> <ol style="list-style-type: none"> 1. Wash hands 2. Explain procedure to student 3. Have student perform as much of procedure as possible with supervision as needed. 4. Gather supplies <ol style="list-style-type: none"> a. Lubricant b. Catheter c. Cleansing supplies d. Container e. Gloves <p>Procedure</p> <ol style="list-style-type: none"> 1. Position the student for catheterization 2. Arranges equipment 3. Don clean gloves 4. Lubricate catheter with prescribed water soluble lubricant and set aside without contaminating catheter 5. Clean: <ol style="list-style-type: none"> a. <u>For females</u> – separate the labia (lips) and hold open with your fingers. 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. b. <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 	<p>Universal precautions. Aids in reducing anxiety, encourages cooperation, and fosters independence</p> <p>Ensures smooth procedure, saves time. As indicated in physician’s order</p> <p>i.e. On the toilet, in wheelchair with hand held urinal, on changing table</p> <p>Universal precautions Lubrication reduces irritation to the tissue. (Some catheters are self-lubricating)</p> <p>To reduce risk of introducing bacteria into urinary tract.</p>

penis.

6. 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.
7. Student specific – if prescribed, gently press on bladder to empty.
8. When the bladder is completely empty, pinch catheter and withdraw slowly.
9. Note color and appearance of urine.
10. Measure urine volume if ordered. Dispose of urine and wash and put away receptacle (if reusable).
11. Remove gloves and wash hands. Assist student in washing his/her hands.
12. Document procedure and amount of urine on procedure log.

Urine should be a clear pale yellow color. Notify parent and school RN if cloudy, foul smelling, or presence of blood noted.

Universal precautions.

Female Catheterization Skills Checklist

[] Initial [] Review

Student Name: _____ DOB: _____

Person Trained: _____ Position: _____

Skills	Demo Date	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 an emergency complete earlier rather than later.)							
3. Completes where _____. (Consider privacy and access to bathroom.)							
4. Position for catheterization:							
<u>Identifies Equipment:</u>							
1. Type & size of catheter according to physician's orders							
2. Lubricant as ordered							
3. Urine receiving receptacle							
4. Cleaning material as ordered							
<u>Identifies body parts:</u>							
1. Labia Majora							
2. Labia Minora							
3. Meatus							
4. Position of Urethra							
<u>Procedure</u>							
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							
14. Dries and dresses							
15. Washes equipment and puts used catheter into designated container.							
16. Reports any problems to parents							

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: _____

Male Catheterization Skills Checklist

[] Initial [] Review

Student Name: _____

Date of Birth: _____

Person Trained: _____ Position _____

Skills	Demo Date	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 1/2 inch more.							
11. Allows urine to flow by gravity into urine receiving receptacle.							
12. <u>Student Specific:</u> 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							

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: (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 FEEDING (SYRINGE)

Essential Skills	Key Points and Precautions
<p>1. Preparation</p> <ul style="list-style-type: none"> a) Prepare the student b) Wash hand c) Gather equipment d) Position student e) Don gloves <p>3. Method</p> <ul style="list-style-type: none"> a) Clamp feeding tube and remove cap. b) Remove plunger from syringe and attach syringe to feeding tube. c) Attach tubing to button (if applicable) d) Pour feeding into syringe until about $\frac{1}{2}$ to $\frac{2}{3}$'s full. e) Unclamp tube. 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 h) Pour prescribed amount of water into syringe to flush feeding tube. This is usually about an ounce. i) Before last of water flows in, clamp tube and remove syringe. j) Clamp/cap tubing or disconnect extension tubing. k) Remove gloves and wash hands <p>4. Post Procedure Care</p>	<p>Students need to be made aware of what to expect. Hand washing is essential to maintain hygiene and prevent the spread of germs.</p> <p>Organization saves time and prevents the student from being left alone.</p> <p>Proper positioning facilitates gastric emptying and reduces the risk of regurgitation. Also promotes the student's comfort during feeding.</p> <p>This prevents air from entering the stomach when syringe is removed. Plunger is removed so feeding can be poured into the syringe.</p> <p>Syringe is required to hold feeding.</p> <p>This will leave room for feeding to go up into the syringe without overflowing</p> <p>Tube must be opened before feeding can begin to flow.</p> <p>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.</p> <p>Pouring in formula before the syringe completely empties will prevent air from entering the stomach</p> <p>Water cleans the tube of formula and helps prevent dried particles from obstructing the tube.</p> <p>This will prevent air from entering the stomach. This prevents feeding from coming out of the tube. This helps prevent vomiting and/or aspiration</p> <p>Prevents growth of bacteria on equipment.</p>

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.)

Provides a record of the care provided

c) Documents on daily record sheet and reports and documents any problems

Gastrostomy Feeding (SYRINGE) Skills Checklist

[] Initial [] Review

Student's Name: _____

Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	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.							
<u>Identifies Equipment:</u>							
1. 60 cc catheter tip feeding syringe							
2. Adapter with tubing and clamp							
3. Prescribed diet at room temperature							
4. Bottled or Tap water							
<u>Procedure:</u>							
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 1/2 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 the 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

Gastrostomy Feeding: Warning Signs and Symptoms

Student

Date of Birth

Date

Potential Problem	Cause	*Solution
Nausea Vomiting Cramping and/or Diarrhea	<ol style="list-style-type: none"> 1. Too rapid feeding. 2. Feeding too cold. 	<ol style="list-style-type: none"> 1. Increase feeding time. 2. Ensure feeding is at room temperature. 3. If problem continues, contact parent.
Redness and Irritation around the stoma	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 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.	<ol style="list-style-type: none"> 1. Estimate amount of feeding lost. 2. Re-attach feeding adapter and resume feeding.
Plugging of a button	Occlusion from food and/or medication	<ol style="list-style-type: none"> 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

Louisiana Department of Education

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Gastrostomy Tube Feeding (Kangaroo Joey Pump)

Supplies:

Essential Steps	Key Points and Precautions
1. Gather supplies and equipment	
2. Clean work area	
3. Perform hand hygiene	Universal Precautions
4. Place the pump on stable surface or IV pole if available	Do not allow more than 6 inches of space between the middle of the feeding bag and the top of the pump due to length of tubing
5. Remove Kangaroo feeding bag with tubing from package	Bags should be changed every 24 hrs
6. Fill the bag with the amount of formula as per doctor's orders and close lid tightly	Only 8 hours of formula should be poured into the bag at a time if student is on continuous feedings
7. Connect the feeding bag tubing to the extension tubing	
8. Turn the pump on by pressing the bottom right button.	Screen will light up and an image of two kangaroos will "hop" across the screen A fully charged pump will run on battery for approximately 18 hours at 125 ml/
9. Press the arrow for KEEP SETTINGS	
10. LOAD A SET will flash next at the top of the screen. Follow these steps: <ol style="list-style-type: none"> a. Open the blue transparent door at the top of the pump b. Grasp the finger tab on the valve and insert the valve into the pump valve slot c. Grasp the black ring retainer and stretch the tubing 	Avoid over stretching the tubing

<p>counter clockwise around the rotor and lower the black retainer into slot</p> <p>d. SET LOADED will flash next</p>	<p>If SET LOADED does not display then tubing is not correctly loaded</p>
11. Press ADJUST FEED	
12. Click FEED RATE and enter prescribed feeding amount	
13. Press FEED VTBD (Volume To Be Delivered) and enter the amount of formula to be given	
14. Press DONE	
15. Press PRIME	<p>This can be done two ways: you can press auto prime or you may press HOLD TO PRIME</p>
16. When tubing is full of formula, priming is complete and now press DONE	
17. Connect primed tubing to the student's gastrostomy tube releasing the clamps and Press RUN to start the feeding	<p>Screen will show RUNNING and a green LED indicator will be lit</p>
18. To pause feeding, press HOLD. To resume feeding press RUN	<p>Screen will show HOLDING and a yellow LED indicator will be lit. Pump will alarm if left on HOLD for 10 minutes or longer</p>
19. When feeding is completed the pump will alarm. Press and hold POWER DOWN on right hand side of pump display to turn off pump	
20. Close clamps on student gastrostomy tube and pump feeding tube then disconnect and replace stopper end in student's gastrostomy tube.	
21. Flush student's gastrostomy tube with a syringe of at least 60 mls of water by:	

- | | |
|---|--|
| <ol style="list-style-type: none">a. Removing plunger from form 60 ml syringeb. Connect syringe to student's gastrostomy tubec. Pour in 30 ml of water into the syringe and unclamp gastrostomy tubed. Gradually add remaining amount of water to completely flush the student's gastrostomy tube and clamp once all of water reaches end of syringee. Remove extension tubing connected to the student's gastrostomy site if site is a MICKEY BUTTON | |
|---|--|

Gastrostomy Feeding (Kangaroo Joey Pump) Skills Checklist [] Initial [] Review

Student: _____

Date of Birth: _____

Person Trained: _____

Position: _____

Skills	Demo Date	Date	Date	Date	Date	Date	Date
Information (Verbal Recall) a. Defines-Procedure to feed per gastrostomy tube via pump b. Completes at : (time) c. _____cc (Amount) d. _____Formula/feeding type e. Feeding to be completed in _____minutes f. Positions for feeding g. Identifies equipment needed							
Procedure:							
1. Washes hands							
2. Gathers equipment							
3. Positions child							
4. Removes plug from feeding tube							
5. Checks for proper placement of tube by attaching syringe to the student's gastrostomy tubing and pulling bacon plunger to check contents of stomach							
6. Measures contents							
7. Returns contents to stomach							
8. If stomach contents are over _____ cc's, subtract from feeding							

9. If more than _____cc's hold feeding							
10. Clamps tube							
11. Removes syringe							
12. Places pump on stable surface or IV pole if available							
13. Removes Kangaroo feeding bag with tubing from package							
14. Fill the bag with the amount of formula as per doctor's orders and close lid tightly							
15. Connect the feeding bag tubing to the extension tubing							
16. Turn the pump on by pressing the bottom right button.							
17. Adjusts settings of pump							
18. Loads tubing correctly							
19. Adjusts feeding setting and enters rate, feeding amount to be given correctly and presses done							
20. Primes tubing and connects to student's gastrostomy tube							
21. Starts feeding							
22. Powers down pump when feeding complete and disconnects tubing							
23. Flushes student's gastrostomy tube with right amount of water, clamps and disconnects when done							
24. Cleans up area							
25. Verbalizes reason student is to							

remain in an upright position for at least 1 hour after feeding							
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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

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 (Clean Technique)

Essential Steps	Key Points and Precautions
<ol style="list-style-type: none"> 1. Verify at the beginning of each school day that all equipment and supplies are ready for immediate use. 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 a paper cup with water. Open the catheter package without touching the tip of the catheter. 4. Position student and place tissue or gauze nearby. Explain the procedure to the student. 5. Put gloves on both hands and use one hand to handle the catheter (the clean hand) 6. Holding suction connection tubing with “dirty” hand, attach catheter to suction tubing with “sterile” hand. Turn on machine with “dirty” gloved hand. 7. Suction as follows: <ol style="list-style-type: none"> 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 	<p><i>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.</i></p> <p>Saline may be indicated for use when secretions are thick and need to be liquefied. Reduces the risk of contaminating catheter.</p> <p>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.</p> <p>Gloves keep catheter and hands clean. They also reduce the possibility of exchange of body fluids. 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</p> <p>Suction loosens secretions and stimulates coughing. When introducing catheter, never cover the vent.</p>

slightly

- c. Place “dirty” gloved thumb over the vent. With a “sterile” gloved hand, gently rotate the catheter between thumb and forefinger while slowly withdrawing catheter.
 - d. Withdraw the catheter immediately when the student begins to cough.
 - e. Each insertion and withdrawal of the catheter to suction should last no longer than 10 seconds at a time. Allow 3 to 5 deep breaths between suctioning.
 - f. Repeat steps (7b) through (f) as needed
 - g. Supply deep breaths with resuscitation bag as needed
8. Suction sufficient amount of water through catheter to clean out tubing. Occlude the thumb port of the catheter and suck air through the catheter to dry it. Wipe the exterior of the catheter with tissue or gauze and store in a 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.
 12. Record procedure on log and permanent health record. Document

This prevents injury to tissues and prevents vomiting and possible aspiration. If the catheter remains in one place, the mucous membranes will be drawn against it. This occludes and injures tissue.

The catheter acts as foreign object and may interfere with bringing up secretions.

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 the end of suctioning.

Use of a resuscitation bag provides deep breathing and/or stabilizes disrupted breathing patterns. ****If a resuscitation bag is not available, allow student to take deep breaths.***

and verbally report any unusual occurrence such as change in color or consistency of secretions, presence of blood or vomiting.

13. At the end of the school day or more frequently if needed, use universal precautions to empty the contents of the suction bottle into the toilet. Wash bottle with soap/water

Suctioning: Nasal and Oral Technique Skills Checklist Initial Review

Student's Name: _____

Date of Birth: _____

Person Trained: _____ Position: _____

Skills	Demo Date	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:

<input type="checkbox"/> Resuscitator Bag	<input type="checkbox"/> Blunt scissors
<input type="checkbox"/> Portable suction machine	<input type="checkbox"/> A passive condenser
<input type="checkbox"/> Suction catheters and sterile gloves	<input type="checkbox"/> Water-soluble lubricant
<input type="checkbox"/> De Lee suction catheters	<input type="checkbox"/> Emergency phone numbers
<input type="checkbox"/> Disposable exam or sterile	<input type="checkbox"/> 3 cc syringe (cuffed trach only)

<p>gloves</p> <ul style="list-style-type: none"><input type="checkbox"/> Saline (sterile vials)<input type="checkbox"/> Spare trach tube<input type="checkbox"/> Spare trach ties	<ul style="list-style-type: none"><input type="checkbox"/> Plastic bag for waste disposal<input type="checkbox"/> Tissues, wipes<input type="checkbox"/> One or two bulb syringes<input type="checkbox"/> A go Bag List
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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
<ol style="list-style-type: none"> 1. Assemble supplies: <ol style="list-style-type: none"> a) Student’s personal suction machine with b) Tubing c) Catheter d) Saline e) Cup of tap water f) Resuscitator bag (Ambu) 	<p>Additional supplies should be with the student at all times in the “Go Bag”. Protective eyewear and mask should be worn if splashing of body fluids is likely to occur.</p>
<ol style="list-style-type: none"> 2. Wash hands. 	<p>Except in an emergency. (Prepared hand wipes or hand sanitizer can be used if a sink is not available.)</p>
<ol style="list-style-type: none"> 3. Turn the suction machine on and check for function. 	<p>Place thumb over the end of the tubing to check for the vacuum.</p>
<ol style="list-style-type: none"> 4. Open package and remove kit. 	
<ol style="list-style-type: none"> 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. 	<p>*If ordered as sterile, then use of sterile gloves and sterile field will be maintained.</p>
<ol style="list-style-type: none"> 6. Pick up the catheter from prescribed number down.. 	<p>Be careful not to touch from the prescribed number down.</p>
<ol style="list-style-type: none"> 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. 	
<ol style="list-style-type: none"> 8. Use the resuscitator bag (Ambu) to give 3-5 breaths, if needed. 	<p>This is done because air, as well as secretions, is removed during the procedure.</p>
<ol style="list-style-type: none"> 9. Insert the catheter into the trach tube to the prescribed number without the suction being applied. 	<p>Decreases amount of air removed during suctioning.</p>

10. Gently advances the catheter to the prescribed 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.

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..

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

PROCEDURES FOR SUCTIONING USING CLEAN TECHNIQUE (page 2 of 2)

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 _____

SKILLS	Demo Date	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.							
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

“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.

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 bag.

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: _____

Skills	Demo Date	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.	Student's "Go Bag" should be intact with trach tube and necessary supplies easily accessible.
5. Open same size tracheostomy tube package.	Trach tube may be in a Ziploc bag or another device/container used for storage.
6. Don disposable exam gloves.	
7. Insert obturator (if applicable) into same size trach tube. Lubricate end of tube and obturator with sterile, water-soluble lubricant – <u>Do Not Use Vaseline</u> .	
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.
10. Be sure the trach tube holder/twill tape is not too tight.	A Velcro tracheostomy tube holder may be used.
11. Observe spontaneous air movement by rise and fall of chest. Attach resuscitation bag to trach and give breaths if needed.	One finger should be able to be passed under tie. 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: _____

Skills	Demo Date	Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure							
B. Identifies Supplies:							
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. Steps:							
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. Students 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 the 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
<ol style="list-style-type: none"> 1. Preparation of the student <ol style="list-style-type: none"> a) Ensure appropriate intake of food and fluids. b) At home the caregiver will give or insert stool softeners as prescribed. c) Explain the procedure and the participation expected to the student. d) Provide assistance or wash student's hands: provide gloves if appropriate. e) Position the student appropriately. 2. Preparation: <ol style="list-style-type: none"> a) Collect equipment and arrange conveniently near the student. b) Wash your hands, apply disposable exam gloves. 3. Method: <ol style="list-style-type: none"> a) Implement the school portion of the bowel/bladder training program. b) Provide the prescribed stimulation. c) Position appropriately for elimination. d) Clean the rectal and/or genital area. e) Provide the prescribed procedures. f) Dispose of gloves and waste. g) Clean the equipment. h) Return student to appropriate place/position. 4. Post bowel/bladder procedure: <ol style="list-style-type: none"> 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. c) Record the characteristics of the stool, including: amount; odor; color; consistency; and presence of blood, mucus, or parasites. d) Record the characteristics of the urine, including: amount; clearness; odor; color; and presence of any blood. 	<p>Fluids are extremely important in keeping the stool soft. At home only.</p> <p>The emotional, cognitive and physical development will determine the goals for student participation.</p> <p>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.</p> <p>The school staff is responsible only for diet, exercise, bladder catheterization or training and toileting. The process should be broken into small steps for student tolerance and participation.</p> <p>Varies widely. Depends on the procedures and the abilities of the students.</p> <p>Praise the student for any attempt to participate in the procedure. Be patient, but firm.</p> <p>Record successes and failures for elimination, as well as the student's toleration and/or participation.</p> <p>Report any changes or problems.</p>

Bowel and Bladder Training Program (Prescribed) Skills Checklist

[] Initial [] Review

Student: _____

Date of Birth: _____

Person Trained: _____

Position: _____

Skills	Demo Date	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)							

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 items, 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: _____

Skills	Demo Date	Date	Date	Date	Date	Date	
A. States name and purpose of procedure:							
1. Verbalizes reason for modifications.							
2. Defines: Universal Precautions.							
B. Identifies Supplies:							
1. Diaper							
2. Wipes							
3. Wet, soapy paper towels							
4. Plastic bag							
5. Covering for changing pad							
6. Disposable gloves							
C. Steps:							
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: _____

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*

 FAIL *100% accuracy
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. 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.
3. Check wheelchair/adaptive equipment daily for safe operating condition.	
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: _____

Skills	Demo Date	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, sidelayer, 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							
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 MODIFIED ORAL/DENTAL HEALTH

Essential Steps	Key Points and Precautions
<ol style="list-style-type: none"> 1. Gather and arrange equipment for convenient use. 2. Wash your hands and don disposable exam gloves. Assist student to wash his/her hands. 3. Explain procedure to student. 4. Maintain privacy of student. 5. Place student in a sitting position if appropriate. 6. Move student near you. 7. Place emesis basin on paper towels. 8. Spread a towel over student's chest. 9. Stand behind student. 10. Allow student to rinse his/her mouth with warm water, if possible. 11. Apply a small amount (the size of a pea) of toothpaste on the wet bristles of the toothbrush 12. Encourage student participation. Praise student. 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 no moving forcefully back and forth. Brush back and forth. Brush from the gum onto the crown of each tooth. 	<p>Ensures smooth procedure, saves time</p> <p>Universal precautions, reduces spread of germs</p> <p>Encourages cooperation and participation by the student.</p> <p>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. Reduces strain on muscles to make task easier.</p> <p>Protect student's work area and clothing.</p> <p>Facilitates easier brushing. A mirror allows both caregiver and student to see.</p> <p>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.</p> <p>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.</p> <p>Increases self confidence</p> <p>There are several methods of brushing. The student's dentist should be consulted. Brushing too forcefully can damage the gums and 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</p>

<p>14. Brush for 3 minutes</p> <p>15. Brush anterior $\frac{2}{3}$ surface of the tongue, being careful not to cause the student to gag.</p> <p>16. Allow student to rinse his/her mouth by swishing several sips of water around his mouth and spitting it into the basin.</p> <p>17. Remove and dispose of gloves and wash hands.</p> <p>18. Return student to classroom/appropriate position.</p> <p>19. Clean and store equipment properly.</p>	<p>front.</p> <p>Brushing increases the chance of cleaning all surfaces. Microorganisms will be removed. The mouth will feel clean and fresh.</p> <p>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. That may encourage the student to clean more carefully.</p> <p>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 the mouth.</p> <p>Universal precautions.</p>
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Modified Oral/Dental Hygiene Skills Checklist

[]Initial []Review

Student's Name: _____

Date of Birth: _____

Age: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	Date	Date	Date	Date	Date	Date
I. Information: Critical Points Re: Student's health							
A. <i>Defines, gives reason for modifications</i>							
B. <i>Describes diet, care to minimize tooth decay.</i>							
C. <i>Identifies safety issues</i>							
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. <i>Describes techniques for appropriate hand washing.</i>							
E. <i>Describes psychosocial issues.</i>							
F. <i>Identifies equipment: Student's own toothbrush, paste, basin with water, basin for spitting, glass with drinking water.</i>							
1. Modifications – different toothbrushes for hypersensitive oral areas (e.g. Nuk, foam brush, swab)							
G. <i>Identifies Education Goals</i>							
II. Procedure:							
A. <i>Assembles equipment.</i>							

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.							

Modified Oral/Dental Hygiene Skills Checklist (page 2 of 3)

Student's Name:

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. <i>Return the student to appropriate</i>							
1. Place							
2. Position							

Modified Oral/Dental Hygiene (page 3 of 3)

Student's Name: _____

SKILLS	Demo Date	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 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

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.	
7. Clean student's hands and face.	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.
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: _____

Skills	Demo Date	Date	Date	Date	Date	Date	Date
A. Information:							
<u>Critical Points Re: Student's Health</u>							
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
<ol style="list-style-type: none"> 1. Determine the elimination pattern for stool and urine through hourly diaper checks. 2. Record the amount and type of fluids the student ingests each day for 2 weeks. 3. Determine readiness of the student for toilet training. 4. Coordinate the planning and implementation of the procedures with caregiver at home. Include the student when appropriate. 5. Set realistic goals for 2-4 scheduled trips to the toilet or bedpan daily for one week without making changes. 6. Prepare the student for the procedure 7. Wash hands and don gloves. 8. Maintain the privacy and dignity of the student. 9. Position the student comfortably and safely on the commode, bedpan or potty. 10. Remain with the student. 	<p>Document wet, stool or dry diaper over an eight-hour period daily for 2 weeks</p> <p>A special diet may be required for some students. When appropriate a diet high in fiber and liquid may be helpful in maintaining regularity.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Explain the procedure to the student in a positive manner that it is time to go to the bathroom.</p> <p>Universal precautions.</p> <p>Speak softly. Remove clothing in a private area, appropriate for the student.</p> <p>The toilet seat should have an opening that is</p>

<ol style="list-style-type: none"> 11. Provide appropriate praise. 12. Assist the student in wiping the genital area. 13. Remove used gloves. 14. Dress or assist the student in pulling up his/her pants. 15. Assist the student in washing his/her hands. Wash your hands 16. Return the student to the classroom. 17. Put on new gloves and clean the toilet area. Wash your hands 18. Record the procedure on the daily log. Note and report any unusual occurrences. 19. Keep accurate records. 20. Evaluate the program. 21. Adjust the schedule. 	<p>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.</p> <p>You may read or talk to the student, don't force him/her to sit a few minutes.</p> <p>Do not scold if the student was not successful</p> <p>Girls wipe/clean from the front to the back</p> <p>Use soap, running water, dry appropriately.</p> <p>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.</p> <p>Record successes as well as wet or soiled diapers for one week.</p> <p>Maintain daily feedback to and from caregivers. Do not make changes in the schedule during the first week.</p>
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Modified Toilet Training/Toileting Training Skills Checklist []Initial []Review

Student's Name: _____

Date of Birth: _____

Person Trained: _____ Position: _____

Skills	Demo Date	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 ServiceL

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 bloodstream 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 bloodstream. 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.

- c) 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
- d) 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 student's blood glucose is still low and he/she is 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
<ol style="list-style-type: none"> 1. Preparation <ol style="list-style-type: none"> a) Gather supplies b) Soap, water, and paper towels, or alcohol swabs c) Gloves d) Student’s personal blood glucose meter Lancets e) Test strips f) Sharps container g) Gauze 	<p>Ensures smooth procedure, saves time. If preferred, parent may provide alcohol swabs. To reduce risk of cross-contamination.</p>
<ol style="list-style-type: none"> 2. Procedure <ol style="list-style-type: none"> a) Wash hands and don gloves (not necessary if student performs procedure independently). b) Explain the procedure to the student. c) Turn meter on: <ol style="list-style-type: none"> 1) Press on/off button or insert test strip d) Match code numbers if indicated: <ol style="list-style-type: none"> 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. 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. g) Wait until site is dry. Then using lancet, obtain blood sample. h) Apply sample of blood to test strip. Remember: no wiping. 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. 	<p>Universal precautions – reduces risk of disease transmission</p> <p>Encourages cooperation.</p> <p>Follow instructions on specific meter. Not done with all meters.</p> <p>To obtain clean sample. If parent prefers, they may provide alcohol swabs.</p> <p>Wiping may contaminate sample. Time to process sample varies for each meter.</p>

Blood Glucose Monitoring Skills Checklist

[] Initial [] Review

Student Name: _____

Date of Birth: _____

Person Trained: _____

Position: _____

SKILLS	Demo Date	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.							
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	Ensures smooth procedure, saves time
a. Test strips (check expiration date)	Increases validity of test results
b. Clean cup to collect urine specimen	
c. Disposable gloves	
d. Clock/watch with second hand	
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	Encourages cooperation and participation by student
c) Instruct student to urinate in clean cup	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: _____

SKILLS	Demo Date	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 subcutaneous 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 be 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
<ol style="list-style-type: none"> 1. Preparation <ol style="list-style-type: none"> a) Gather supplies: <ul style="list-style-type: none"> - Insulin – verify type and expiration date - Syringe with needle - Alcohol wipes - Disposable gloves - Puncture-resistant container b) Wash hands and apply gloves c) Clean top of insulin vial with alcohol wipe. d) Allow student to select injection site e) Clean injection site with alcohol wipe f) Review DMMP to determine the dose of insulin to be administered. g) Remove cap from the syringe 2. Dosing <ol style="list-style-type: none"> a) Pull plunger down to the number of units to be administered. b) Inject the air into the insulin bottle. c) Withdraw the prescribed number of units of insulin as per the DMMP. 3. Injecting <ol style="list-style-type: none"> a) Pinch up the skin. b) Push needle into skin at a 90° angle. 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. g) Document the time, dosage, site, and blood glucose value. 	<p>Organization saves time and prevents the student from being left alone</p> <p>Universal precautions Reduces the risk of spreading germs. Encourages student participation, promotes independence.</p> <p>Using the 7 Rights of Medication Administration:</p> <p>Collects that amount of air in the syringe.</p> <p>Assist in withdrawing insulin into the syringe. According to the 7 rights of medication administration.</p> <p>Reduces the risk of an intramuscular injection. Reduces the risk of leakage</p> <p>In puncture-resistant container to reduce the risk of accidental exposure.</p>

Insulin Administration: Injection-Syringe Skills Checklist [] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	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° 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							

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 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 subcutaneous 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
<ol style="list-style-type: none"> 1. Preparation <ol style="list-style-type: none"> a. Gather supplies: <ol style="list-style-type: none"> i. Pen device-(with cartridge) ii. Verify type and expiration date iii. Pen needle iv. Alcohol wipes v. Disposable gloves vi. Puncture-resistant or sharps container b. Wash hands and apply gloves c. Allow student to select injection site d. Clean injection site with alcohol wipe e. Screw on pen needle f. Prime: Dial “2” units <ol style="list-style-type: none"> i. If pen is being used for the first time, prime 4-6 units as per manufacturer’s instruction. 2. Dosing <ol style="list-style-type: none"> 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 3. Injecting <ol style="list-style-type: none"> a. Pinch up the skin b. Push needle into skin at a 90 degree angle c. Release the pinched skin. d. Push down on the plunger and count to “5” e. Remove and dispose of the pen needle. 4. Document on student’s log 	<p>Organization saves time and prevents the student from being left alone.</p> <p>Universal precautions-reduces the risk of disease transmission. Encourages student participation, promotes independence. Reduces the risk of spreading germs.</p> <p>Increases accuracy of administering proper dosage of the insulin.</p> <p>Using 5 of the 7 Rights of Medication Administration: Right Medication, Right Dose, Right Individual, Right Route, and Right Time</p> <p>Pinching the skin reduces the risk of an intramuscular injection.</p> <p>Reduces the risk of leakage</p> <p>In puncture-resistant container to reduce the risk of accidental exposure.</p>

Insulin Administration: Injection - Insulin Pen Skills Checklist

[] Initial [] Review

Student's Name:

Date of Birth:

Person Trained: _____ Position: _____

SKILLS	Demo Date	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° 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 the 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
<ol style="list-style-type: none"> 1. Preparation for Bolus <ol style="list-style-type: none"> a. Gather supplies: <ol style="list-style-type: none"> 1) Pump 2) CHO Intake Count 3) Blood Glucose Meter b. Wash hands and apply gloves. c. Allow student to select testing site. d. Clean testing site with alcohol swab or soap and water. e. Perform pre-meal blood sugar check f. 2. Dosing <ol style="list-style-type: none"> a. Calculate CHO intake 3. Delivery <ol style="list-style-type: none"> a. Follow manufacturer direction for insulin each individual pump used. <ol style="list-style-type: none"> 1) Enter pre meal blood glucose value 2) Enter CHO intake 3) Double check recommended bolus 4) Press appropriate button to administer bolus b. Document the time, blood glucose value, CHO intake and units bolused via pump. 	<p>Organization saves time and prevents the student from being left alone</p> <p>Universal precautions - reduces the risk of disease transmission Encourages student participation, promotes independence. Reduces the risk of spreading germs</p> <p>Increases accuracy of administering proper dosage of the insulin</p> <p>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.</p>

Insulin Administration: Injection - Insulin Pump Skills Checklist

[] Initial [] Review

Student: _____

Date of Birth: _____

Person Trained: _____

Position: _____

SKILLS	Demo Date	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							
<i>A. Preparation and Blood Glucose Check</i>							
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							
<i>B. Dosing</i>							
6. Determine student's CHO intake based using CHO intake calculation chart							
<i>C. Delivery</i>							
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							
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Student Specific/Comments:_____

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

 ___ **FAIL** *Practical must be repeated. The trainer must complete a 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	When in doubt, always treat
a. If possible, check blood glucose, however, don't delay care.	Glucagon is an emergency medication. Emergency personnel should be alerted immediately.
b. Delegate activation of EMS and calls to parent/guardian and school RN.	
c. Gather supplies:	Check the "7 Rights" of Medication Administration at least 3 times before administering the glucagon.
1) Medication and Medication Administration Log. Check the "7 Rights" of Medication Administration	
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 "7 Rights" of medication administration	Check the "7 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	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 “7 Rights” of medication administration.	Check the “7 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 vom
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 Name: _____

Date of Birth: _____

Person Trained: _____ Position: _____

SKILLS	Demo Date	Date	Date	Date	Date	Date	Date
1. Washes hands							
2. Retrieves medication and medication log							
3. Checks the “7 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 Not 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.							
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, turn 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 follows 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 _____

PROCEDURE FOR Intranasal Glucagon ADMINISTRATION

Essential Steps	Key Points and Precautions
<p>1. Preparation</p> <ul style="list-style-type: none"> a. If possible, check blood glucose, however, don't delay care. b. Delegate activation of EMS and calls to parent/guardian and school RN. c. Gather supplies: <ul style="list-style-type: none"> i. Medication and Medication Administration log ii. Check the "7 Rights" of Medication Administration iii. Gloves iv. Sharps container <p>2. Procedure</p> <ul style="list-style-type: none"> a. Wash hands and put on gloves b. Remove the shrink wrap by pulling on the red stripe c. Open the lid and remove device from the tube d. Hold device between fingers and thumb e. Insert tip into one nostril until fingers touch the outside of the nose f. Push plunger firmly all the way in g. Remove device from nostril and note time given and document h. Leave student on his/her side to prevent choking / aspiration. 	<p>When in doubt, always treat</p> <p>Intranasal Glucagon is an emergency medication. Emergency personnel should be alerted immediately.</p> <p>Check the "7 Rights" of Medication Administration at least 3 times before administering the glucagon.</p> <p>Universal Precautions.</p> <p>DO NOT press the plunger to prime because the device holds only one dose</p> <p>Dose is complete when Green Line disappears</p> <p>When student awakens, he/she may vomit</p>

<ul style="list-style-type: none">i. Remain with student until emergency responders arrive. Monitor for seizures and clear areas of potential hazards.j. Monitor breathing and be prepared to perform CPR if needed.k. Document on Medication Administration Log.	
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Intranasal Glucagon Skills Checklist

[] Initial [] Review

Student's Name: _____ Date of Birth: _____

Person Trained: _____ Position: _____

<u>SKILLS</u>	<u>Demo Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
1. <u>Identifies student</u>							
2. <u>Washes hands</u>							
3. <u>Retrieves medication and medication log</u>							
4. <u>Checks the "7 Rights" 3 times before giving medication</u>							
5. <u>States purpose of Intranasal Glucagon</u>							
7. <u>Lists symptoms of severe hypoglycemia</u> a) <u>disorientation</u> b) <u>unconsciousness</u> c) <u>seizures</u> d) <u>convulsions</u>							
7. <u>Verbalizes indications for use</u>							
a) <u>the student is unconscious</u>							
b) <u>the student is unable to eat sugar or a sugar- sweetened product</u>							
c) <u>the student is having a seizure</u>							
d) <u>repeated administration of sugar or a sugar- sweetened product does not improve the student's condition</u>							
8. <u>Demonstrates directions for giving Intranasal Glucagon</u>							
a) <u>Removes shrink wrap</u>							
b) <u>Opens the lid and removes the device from the tube</u>							
c) <u>Holds device between fingers and</u>							

thumb d) <u>Inserts tip in nose until fingers touch the outside of the nose</u> e) <u>Pushes plunger firmly all the way in and holds in place until green line disappears</u> f) <u>Removes device from nose and documents time given</u>							
<u>9. Places student on side and follows student's emergency plan for continued care.</u>							
<u>10. Documents in student's medication log</u>							
<u>11. Leaves student on his/her side to prevent choking / aspiration.</u>							
<u>12. Remains with student until EMS arrive</u>							

Student Specific/Comments:

Overall Rating:

_____ Pass (Successful completion of a minimum of five demonstration 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 the 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: _____

SKILLS	Demo Date	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
	Tater 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 Oz	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/UAP 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 trocar 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 referred 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 mucus 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/UAP 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 a school employee qualified as a TUSE/UAP 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 Student Health Information

- 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 Diazepam
- 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

Medicaid Cost Recovery

The Centers for Medicaid and Medicare Services (CMS) oversees the Medicaid program at the federal level and sets the basic rules. CMS recognizes that schools provide vital health care services to students. “Health care services delivered in schools are an opportunity to meet children where they are and deliver services to children in a setting where they spend a majority of their time – in school. School based services can include all services covered under **E**arly **P**eriodic **S**creening, **D**iagnostic, and **T**reatment (EPSDT), which provides a comprehensive array of services for eligible individuals under 21 enrolled in Medicaid. These services include, but are not limited to, preventive care, mental health and substance use disorder (SUD) services, physical and occupational therapy, and disease management” [CMCS Informational Bulletin 5-2-23](#).

Methodology for Louisiana school-based service program reimbursement is different from traditional Medicaid. CMS understands schools are paying practitioners to provide these health services in schools. Louisiana utilizes a **cost-based reimbursement** methodology to reimburse for school based services. School systems are reimbursed for the cost of providing the health services in schools, including salaries, benefits and indirect costs associated with the health services. Medicaid includes a section known as EPSDT (Early and Periodic Screening, Diagnostic and Treatment).

For more information on the Louisiana School Based Medicaid Program the [LDOE School Based Medicaid Resource Page](#) provides in depth information on specific services and requirements.

Who is Eligible for Services?

In general, in order for services provided to a student to be eligible for reimbursement, that student must:

- Be enrolled in Medicaid on the date the service was performed
- Require medically necessary services
- Have a written plan of care that addresses that diagnosis and that requires the specific service
- Have a licensed and allowed provider providing the services
- Have parental consent to bill Medicaid

Who Can Provide Services?

Only appropriately licensed practitioners can provide Medicaid-reimbursable services in schools. It is the responsibility of each school district to ensure the individuals performing health services on campus have active and appropriate licenses. Providers cannot be 100% federally funded to participate in Medicaid reimbursement.

Each type of licensure is overseen by a different licensure board. The job of the licensure board is to determine what types of credentials are required in order to have the licensure, maintain a list of licensed individuals, determine what types of services providers can provide, and oversee their licensees. Boards are the governing bodies for each different type of practitioner. The licensure board and not LDH or LDOE determines practice guidelines.

Reimbursement

LEA's complete a cost report to determine the maximum cost allowable for reimbursement. The calculations take into account:

- Amount of general fund dollars the LEA spent on the service (provider salary, benefits, etc.)
- Random Moment Time Study determined reimbursable percentage
- Indirect cost percentage (a number specific to each LEA that is set by LDOE)
- Louisiana's FMAP for that year
- LEA's Medicaid population (called the Medicaid Discount Factor)
- LDH admin fee

There are three important phases to

reimbursement:

1. Interim Claiming is documentation submitted for a fee for a particular service. LDH requires services documented using the [EPSDT fee schedule](#). Fees are intentionally set lower to ensure a district does not claim more than the cost allowed in the cost reporting process. This is an interim payment until the cost settlement process is completed.
2. The cost report is the form that LEAs complete at the end of the year to determine how much reimbursement school systems are eligible for based on salaries/benefits of employees or funds paid to vendors for services. Results of the Random Moment Time Study are applied to the cost report to determine the percentage of reimbursement for each provider pool.
3. The cost settlement is the amount calculated by the Cost Report minus the paid interim billing (minus any audit finding fees that may have been levied against the LEA). It is the final amount of money reimbursed to the school system.

This different approach is also why students are able to receive services in school without it affecting services received outside of school. This is because school-based services are "carved out" (addressed outside the purchased health insurance plan) of Louisiana Medicaid. When Medicaid services are provided outside a school setting by a private provider, the student's Medicaid plan is billed. Since schools and private

providers are billing different entities, both services can be provided as long as providers coordinate care and avoid duplication of services.

Random Moment Time Study

For nursing/medical services, therapy services and behavioral health services that are provided by an employee of the LEA, CMS uses a reimbursement methodology known as the **Random Moment Study (RMTS)**. The RMTS has one purpose – to document what a provider was doing in a specific moment (date and time, and to determine if that task was a Medicaid billable service (or related administrative activity).

When considering how to reimburse schools, CMS recognizes that as employees, practitioners who are providing health services may also be required to perform educational duties such as lunch duty, attending school assemblies, assisting with state testing and any number of other non-health related activities. CMS only wants to pay for the portion of time providers spend providing health services, and the administrative tasks required to provide those services. In order to determine what that percentage of time was, states are allowed to use the RMTS. The RMTS takes all the moments from across the state and combines them into one study. This means that how one LEA responds to the study has an impact on all other school system's reimbursement in the state. To ensure the moments are answered, LEAs are required to answer a minimum of 85% of the moments.

Every employee provider in an LEA who bills Medicaid must be enrolled in the RMTS. Because different provider types have their time divided up differently, there are 3 different provider pools. In Louisiana, the pools are:

- Nursing
- Therapy
- Behavioral Health

Each pool has its own study. At the end of the year, all the answers to all the moments are combined. From this data, a reimbursable state percentage (the percentage of time spent providing health services and the administrative activities required to provide those services) for each pool is calculated. The reimbursable percentage is then used to calculate the overall cost reimbursement for an LEA. School system providers may refer to the [RMTS guide](#) for more information.

Reimbursement for Medicaid Administrative Claiming (MAC)

In addition to paying for direct services, Medicaid will also pay for some very specific administrative activities. The [CMS guide](#) to school-based Medicaid Administrative Claiming provides an overview of allowable activities. The RMTS is used to determine the percentage of time that can be allocated to administrative activities. MAC payments are based on the three cost reports for direct services (nursing, behavioral health and therapy) and, instead of using the direct service percentage from the time

study data, the cost report uses the MAC percentage data and also only takes into account 50% of the costs – in keeping with the CMS regulations. In addition to a cost settlement for the three direct service pools, LEAs will also receive a cost settlement for MAC.

Documentation

Most clinicians understand “*if it was not documented, it did not happen*”. Proper documentation not only plays a vital role in Medicaid reimbursement but, for most health care providers, it is required by their practice. There are several categories of documentation that are required by Medicaid. The [documentation quick checklist](#) provides specifics on documentation requirements.

- Written Plan of Care – document that authorizes the service
- Service Documentation – document that shows that the services was provided
- RMTS Documentation – documentation required to support the RMTS answer for monitoring
- Licenses – licenses held by providers from licensing board
- Parental consent – two types of parental consent are required:
 - Consent to bill Medicaid and consent to share student information in claiming of services
 - Consent to provide service
 - School systems must document the initial consent to bill Medicaid for services along with documenting the appropriate annual notice. This annual notice is student specific and general bulletins or announcements in the student handbook do not satisfy this requirement.

Monitoring Process

School districts are monitored 1-2 years after submission of cost reports. Documentation to support RMTS answers, verification of licensure, payroll and finance records may be requested.

Add to each unique handbook:

Nursing Resources

- [Introduction to School Medicaid from NASN](#)

General School Health Forms

STATE OF LOUISIANA HEALTH INFORMATION

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 <input type="checkbox"/> F <input type="checkbox"/>	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 _____

 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.

<p>A. Specify the records to be released for the treatment date(s) listed below in Part 3:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> COMPLETE RECORD(S)</td> <td><input type="checkbox"/> Emergency Room</td> </tr> <tr> <td><input type="checkbox"/> Discharge Summary</td> <td><input type="checkbox"/> Lab</td> </tr> <tr> <td><input type="checkbox"/> History & Physical</td> <td><input type="checkbox"/> Pathology</td> </tr> <tr> <td><input type="checkbox"/> Operative Report Results</td> <td><input type="checkbox"/> Radiology</td> </tr> <tr> <td><input type="checkbox"/> Consultation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Progress Notes</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Cardiopulmonary</td> <td>_____</td> </tr> </table> <p>(Indicate EKG, Stress Test, Sleep Study)</p>	<input type="checkbox"/> COMPLETE RECORD(S)	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Lab	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Pathology	<input type="checkbox"/> Operative Report Results	<input type="checkbox"/> Radiology	<input type="checkbox"/> Consultation	<input type="checkbox"/> Other _____	<input type="checkbox"/> Progress Notes	_____	<input type="checkbox"/> Cardiopulmonary	_____	<p>B. If initialed below, I specifically authorize release of the following:</p> <p>Psychotherapy notes and records indicating psychological or psychiatric impairment(s)</p> <p>_____ Initials of parent/legal guardian</p>
<input type="checkbox"/> COMPLETE RECORD(S)	<input type="checkbox"/> Emergency Room														
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Lab														
<input type="checkbox"/> History & Physical	<input type="checkbox"/> Pathology														
<input type="checkbox"/> Operative Report Results	<input type="checkbox"/> Radiology														
<input type="checkbox"/> Consultation	<input type="checkbox"/> Other _____														
<input type="checkbox"/> Progress Notes	_____														
<input type="checkbox"/> Cardiopulmonary	_____														

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:

<input type="checkbox"/> Evaluation to determine eligibility or continued eligibility for special education services	<input type="checkbox"/> Providing occupational therapy treatment
<input type="checkbox"/> Providing physical therapy treatment	<input type="checkbox"/> Determining appropriate placement for treatment needs
<input type="checkbox"/> Designing an individual educational program	
<input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> 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

Student's Name _____	Date of Birth _____	<input type="checkbox"/> Special
Education School _____	Grade _____	<input type="checkbox"/> General
Education _____		

BACKGROUND INFORMATION/NURSING ASSESSMENT (Complete all applicable sections.)

Brief Medical History/Specific Health Care (Additional information is attached.)

Psychosocial Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (Additional information is attached.)	Family Concerns/Strengths <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach medication guideline and administration log.)	3) Diet: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach description.)
---	--

4) Special Transportation Needs: <input type="checkbox"/> No <input type="checkbox"/> Yes Additional information is attached.	5) Class/School Modifications: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach additional information.)
---	--

6) Equipment and Supplies: <input type="checkbox"/> Parent <input type="checkbox"/> LEA <input type="checkbox"/> None	7) Safety Measures: <input type="checkbox"/> No <input type="checkbox"/> 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 guidelines 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 them 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

- Relevant Diagnosis(es): _____ ICD-10 Code: _____
- Student's General Health Status: _____
 - 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 the school nurse.)
 - Duration of medication order: Until end of school term Other _____
 - Desired Effect: _____
 - Possible side-effects of medication: _____
 - Any contraindications for administering medication: _____
 - Allergies to food or medicine include: _____
 - Other medications taken at home: _____
 - Next visit date: _____

Licensed Prescriber's Name (Printed)	Address	Phone/Fax Numbers
Licensed Prescriber's Signature	(MD, NP, DO) NPI #	APRN# Date

Each medication order must be written on a separate order form. Any future changes in directions for medication orders 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
 inhalers.

- Is the student a candidate for self-administration? Yes No
- 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	(MD, NP, DO) NPI #	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																									
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Initials																									
OCT																									
Code																									
Initials																									
NOV																									
Code																									
Initials																									
DEC																									
Code																									
Initials																									
JAN																									
Code																									
Initials																									

Medication Administration Log/Record (page 2 of 2)

FEB																				
Code																				
Initials																				
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
 W: Withheld O: No Show R: Refused
 X: 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
AUG																				
Time																				
Initials																				
SEPT																				
Time																				
Initials																				
OCT																				
Time																				
Initials																				
NOV																				
Time																				
Initials																				
DEC																				
Time																				
Initials																				
JAN																				
Time																				
Initials																				
FEB																				
Time																				
Initials																				

Report Of Administration Of Diazepam

Student's name: _____ DOB: _____

Student's normal respiratory rate: _____ Weight: _____

Time seizure began: _____ Time diazepam given: _____ Time seizure ended: _____
 Parent: _____ School Nurse: _____

Time notified: 911: _____

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 _____

Diazepam syringe/sprayer 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	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
Time of Onset							
Total Time Involved							
OBSERVATION BEFORE SEIZURE							
<input type="checkbox"/> Cries out							
<input type="checkbox"/> Other							
OBSERVATIONS DURING SEIZURE							
Extremity involvement							
Both upper & lower							
Arms affected right <input type="checkbox"/> left <input type="checkbox"/>							
Legs affected right <input type="checkbox"/> left <input type="checkbox"/>							
<input type="checkbox"/> straight							
<input type="checkbox"/> bent							
<input type="checkbox"/> stiff							
<input type="checkbox"/> limp							
Verbal sounds							
<input type="checkbox"/> before							
<input type="checkbox"/> during							
Face twitching							
Mouth							
<input type="checkbox"/> open							
<input type="checkbox"/> closed							
<input type="checkbox"/> grimacing							
Drooling							
Vomited							
Eye movement							
<input type="checkbox"/> staring							
<input type="checkbox"/> open							
<input type="checkbox"/> closed							
<input type="checkbox"/> rolled back							
<input type="checkbox"/> fluttering							
Head							
<input type="checkbox"/> turned right							
<input type="checkbox"/> nodding							
<input type="checkbox"/> turned left							
<input type="checkbox"/> turned down							

Seizure Report (page 2 of 2)

<input type="checkbox"/> hyper extended back								
Body-Trunk								
<input type="checkbox"/> rigid								
<input type="checkbox"/> jerking								
<input type="checkbox"/> sitting								
<input type="checkbox"/> laying								
<input type="checkbox"/> limp								
<input type="checkbox"/> standing								
<input type="checkbox"/> trembling								
Skin color								
<input type="checkbox"/> pale <input type="checkbox"/> blue								
<input type="checkbox"/> grey								
<input type="checkbox"/> red (flushed)								
Breathing								
<input type="checkbox"/> difficulty during								
<input type="checkbox"/> difficulty after								
<input type="checkbox"/> 15 seconds								
<input type="checkbox"/> 1 minute								
<input type="checkbox"/> longer (amount) _____								
Incontinent								
<input type="checkbox"/> urine <input type="checkbox"/> bowels								
OBSERVATION AFTER SEIZURE								
<input type="checkbox"/> drowsy								
<input type="checkbox"/> confused								
<input type="checkbox"/> sleep (length of time) _____								
Other								
<input type="checkbox"/> 911 called								
<input type="checkbox"/> school RN contacted								
<input type="checkbox"/> parent contacted								
<input type="checkbox"/> doctor contacted								
<input type="checkbox"/> 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/UAP) 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									
		Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri					
Go Bag Portable equipment to be with the student at all times.																										
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 5 trials.
- 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.

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 **W**: Withheld **AB**: Abnormal findings (Document on Back)

		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																										
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NOV																										
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Initials																										
DEC																										
Code																										
Initials																										
JAN																										
Code																										
Initials																										
FEB																										
Code																										
Initials																										

Gastrostomy Tube Feeding Daily Log/Record page 2.of 2 School Term:_____

	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: _____

DOB: _____

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's 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																														
Initials																														
SEPT																														
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FEB																														
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Initials																														
MAR																														
Code																														
Initials																														

Trach Suctioning/Care Daily Procedure Log

(School Term: _____)

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
AUG																									
Time																									
Code																									
Initial s																									
SEPT																									
Time																									
Code																									
Initial s																									
OCT																									
Time																									
Code																									
Initial s																									
NOV																									
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JAN																									
Time																									
Code																									
Initial s																									
FEB																									
Time																									
Code																									
Initial s																									

Diabetes Management and Treatment

Diabetes Medical Management Plan (DMMP)

To be completed by the 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: _____ School Year: _____ School: _____ Teacher: _____

Student Name: _____ DOB: _____ Grade: _____

Date of Diagnosis: _____ Type 1 _____ Type 2 _____ Other _____

Health Care Provider: _____ Office #: _____ Fax: _____

Ophthalmologist _____ Office #: _____ Fax: _____

Parent/Guardian: #1 _____ Home #: _____ Cell #: _____ Work # _____

Address: _____ Email: _____

Parent/Guardian: #2 _____ Home #: _____ Cell #: _____ Work # _____

Address: _____ Email: _____

Emergency Contact #1 _____ Relationship to Student: _____ Contact #: _____

Emergency Contact #2 _____ Relationship to Student: _____ Contact #: _____

Emergency Contact #3 _____ Relationship to Student: _____ Contact #: _____

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 high/low 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:
 - o Lunch: 1 unit of insulin per _____ grams of carbohydrate
 - o Snack: 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example

Grams of carbohydrate consumed = _____ units of
insulin Insulin-to-carbohydrate ratio

DIABETES MEDICAL MANAGEMENT PLAN (DMMP) Page 2 Of 4

- Carbohydrate Coverage/Correction Dose:
 - o Blood Glucose Correction Factor/Insulin Sensitivity Factor _____
 - o 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

- When to give adjustable Insulin Therapy
 - o Lunch
 - Carbohydrate coverage only
 - Carbohydrate coverage plus correction dose and _____ hours since last insulin dose
 - Other _____
 - o 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. o Other _____

Fixed Insulin Therapy Name of Insulin _____

_____ Units of insulin given pre-lunch daily and _____ hours since last insulin dose

_____ Units of insulin given pre-snack

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

<u>Meal and snack times:</u>	<u>Time</u>	<u>Carbohydrate Content (grams):</u>
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 healthcare professional or trained diabetes personnel of _____, to perform and carry out the diabetes care tasks as 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 healthcare professional to contact my child's physician/healthcare provider.

_____	_____	_____	_____
Parent/Guardian	Date	Witness	Date
Signature of School Nurse	_____		Date_____

Acknowledged by:

_____	_____
(Parent/Guardian)	Date

_____	_____
(Qualified School Health Care Personnel)	Date

_____	_____
(Qualified School Health Care Personnel)	Date

_____	_____
(Qualified School Health Care Personnel)	Date

Hypoglycemia and Hyperglycemia Protocol/Emergency Plan	
<i>Hypoglycemia (signs of low blood sugar)</i>	<i>Hyperglycemia (signs of high blood sugar)</i>
<p>Irritability or combative</p> <p>Sweating and shaky Fatigue or headache Sudden</p> <p>Hunger/Shakiness</p> <p>Sudden Nervousness</p> <p>Confusion or poor concentration</p> <p>Drowsiness or dizziness Paleness</p> <p>Inappropriate action</p>	<p>Extreme thirst, hunger or urination</p> <p>Blurry vision</p> <p>Fatigue</p> <p>Behavior changes</p> <p>Inability to concentrate</p> <p>Nausea or vomiting</p>
<p style="text-align: center;"><i>Treatment for Hypoglycemia</i></p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> ● 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 (<i>glucagon medication or glycol-Gel</i>) 	<p style="text-align: center;"><i>Treatment for Hyperglycemia</i></p> <ol style="list-style-type: none"> 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 assistant to retest blood sugar level in 30 min and treat using student's DMMP 4. Test urine for Ketones using ketostix 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
<p>Student health history</p> <p>Physicians health history</p> <p>Subjective or objective data</p>	<p>Potential for injury due to the development of acute complications related to hypoglycemia or ketoacidosis</p>	<p>Goal 1:</p> <p>Student will maintain target blood sugar level_</p> <hr/>	<ol style="list-style-type: none"> 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 	<p>Outcome:</p> <p>Blood Glucose Maintenance Log</p> <p>MD orders</p> <p>Student's DMMP</p>

			<p>plan with parent for school activities such as PE, testing, recess, or field trips</p> <p>8. Notify parent and school nurse of any problems or concerns</p> <p>9. Call MD if any problems or concerns with student's DMMP</p> <p>10. Allow student to have bathroom privileges</p>	
	<p>Potential for knowledge deficit related to diabetes, treatment, diet and exercise</p>	<p>Goal 2:</p> <p>Student will increase their knowledge of diabetes, treatment plan for blood glucose, insulin, meals, and managing signs and symptoms of</p>	<ol style="list-style-type: none"> 1. Assess students' knowledge of diabetes, glucose monitoring, medications plan, diet and exercise. 2. Provide teaching materials in balance with students' knowledge level and 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 	<p>Skills Check list</p> <p>Student Logs</p>

		hypoglycemia and hyperglycemia	<ol style="list-style-type: none"> 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 	<p>Medication Administration Records</p> <p>DMMP</p> <p>MD orders</p>
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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 RN or 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

OTHER RESOURCES

TRANSPORTATION PLAN

Student's Name: _____

Bus # _____ a.m. _____ p.m. Bus Driver _____

Address: _____ Home Phone _____

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)
- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> seat belt | <input type="checkbox"/> chestharnesson | <input type="checkbox"/> wheelchair brakes on |
| <input type="checkbox"/> tray off | <input type="checkbox"/> headrest and hip abductor in | <input type="checkbox"/> 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 _____

Substitute Bus Driver	Date of Training

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American Thoracic Society (2000). Care of the Child with a Chronic Tracheostomy. *American Journal of Respiratory and Critical Care Medicine* 161(1), 297-308. Retrieved March 16, 2012 from: <http://ajrccm.atsjournals.org/content/161/1/297.full>.

ADDITIONAL WEB RESOURCES

Blood borne pathogens

https://www.cdc.gov/niosh/healthcare/risk-factors/bloodborne-infection-us-diseases.html?CDC_AAref_Val=https://www.cdc.gov/niosh/topics/bbp/

Childhood Hearing Guidelines

https://www.cdc.gov/hearing-loss-children/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/hearingloss/documents/AAA_Childhood%2520Hearing%2520Guidelines_2011.pdf

Vision and Eye Health

<https://www.nasn.org/nasn-resources/resources-by-topic/vision-health>

American Academy of Pediatrics

<http://www.aap.org>

Naloxone Education for School Nurses

<https://learn.nasn.org/courses/58011>

IntraIntranasal Midazolam (Versed)

<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/intranasal-midazolam-versed--vial>

<https://www.childrenscolorado.org/globalassets/community/school-nurse/seizures/intranasal-midazolam-versed--how-to-prepare-and-give-for-seizures.pdf?v=49165b#:~:text=Midazolam%2C%20also%20called%20Versed%2C%20is,using%20a%20syringe%20and%20atomizer.>

Albuterol Inhaler

<https://www.lung.org/getmedia/7b211791-b4a6-4cda-890e-b5e05ab9c38f/MDI-w-Spacer-one-pager.pdf?ext=.pdf>

Solu-Cortef

https://www.nadf.us/uploads/1/3/0/1/130191972/nadf_solucortef_im_admin_training.pdf

<https://www.mskcc.org/pdf/cancer-care/patient-education/give-emergency-injection-using-solu-cortef-act-o-vial>

How to Administer Glucagon

<https://www.mskcc.org/cancer-care/patient-education/glucagon-emergency-kit-low-blood-sugar-glucagon-injection>

<https://www.IntranasalGlucagon.com/how-to-use-IntranasalGlucagon/>

Kangaroo Joey Pump

Repriming tubing:

<https://youtu.be/QjB8X-cPogc?si=9vb5XTUG6Mh4UUWi>

Priming the joey pump tubing

https://youtu.be/-u59eMv5ail?si=3LJNXxFIW0_cBbtv

Intermittent Mode:

<https://youtu.be/FI2rVbJmy3w?si=dvyNQq0Ov-YED5QL>

Enteral Feed rate:

https://youtu.be/hSR1UHNidg0?si=_iK49bDPnpQiyapf

Feeding and Flushing on the Joey Pump:

<https://youtu.be/FI2rVbJmy3w?si=2nG9KUqDSmOiMKjF>

Intermittent Feeding on the Joey pump:

<https://youtu.be/PUJ-uQ3HVjA?si=XXquYLHhzFtZG4I->

Intermittent Feeding on the Joey pump:

<https://youtu.be/BAf2g2X0dDs>

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

Infection Control – Handwashing

Date _____

Name _____

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 immediate 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 your 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 the 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

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 of 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 the 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. Students 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

Oral/Dental Hygiene, Oral Feeding, Gastrostomy Button and Tube Feedings

Name _____

Date _____

True/False

1. _____
2. _____
3. _____

Oral hygiene is a part of daily hygiene. Brushing the teeth will remove microorganisms.
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 a flexible rubber catheter held in place by a balloon.
- _____ 3. Liquid feeding solution should be at room temperature.

Lifting and Positioning / Body Mechanics

Name: _____

Date: _____

Match With Correct Definition

- 1) _____ Unstablestate 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 onto 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 count off

d) The shorter person at the head

8) _____

Which of the following is not correct 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 positions 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

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