Introduction

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

INDIVIDUAL HEALTH CARE PLANS

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

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

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

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

As a leader of the school health team, the registered nurse is responsible for first assessing the student's health status; identifying health problems that may create a barrier to educational progress, safety or well-being; and devel Isoped el Istantthe and to(P)12.(P)12.(P.6 (s)-2 (ed)10.6 (520.011 Tw [

The IHCP can assist in many areas:

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

- Impetigo
- Influenza
- Juvenile Idiopathic Arthritis
- Kidney Disease
- Laceration
- Meningitis
- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Molluscum Contagiosum
- Mononucleosis (Mono)
- Nosebleed
- Pinworms
- Rash
- Ring Worm

Adrenal Insufficiency

- Foods, including peanuts, milk, eggs, shellfish, whitefish, and other nuts, as well as food additives.
- Medications, including certain antibiotics, seizure medications, muscle relaxants, aspirin, and non-steroidal anti-inflammatory agents.

Signs and Symptoms:

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

For mild allergic reactions:

- Observe the student constantly for difficulty breathing, st unc.6 (t)-6.7 (on)10.5D 0ul 2.(S)2 (i)-6.3 (m)6.6 (i

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

Asthma is characterized by:

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

Signs and Symptoms of Asthma

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

More SERIOUS Signs Which Require Prompt Medical Attention

- The student is breathless and may be unable to talk or may talk in one-to-two word phrases.
- The student’s neck muscles may tighten with each inhalation.
- The student’s lips and nail beds may have a bluish color.

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6. Parent/guardian of the student who was bitten and the student who was biting should be notified that their children may have been exposed to blood from another student. Individual confidentiality must be maintained when sharing information.
7. Recommend that the student follow up with their health care provider if more than 5 years since last Tdap vaccine.

BLEEDING DISORDERS

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

Hemophilia

Hemophilia is a rare bleeding disorder that prevents the blood from clotting properly. They are deficient in factor VIII and IX. Hemophilia A, also known as factor VIII deficiency, is the cause of about 80% of cases. Hemophilia B, which makes up the majority of the remaining 20% of cases, is a deficiency of factor IX. Patients are classified as mild, moderate or severe, based on the .BDCs:(al)2. -6.6/TT1 18.f

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

- Breathing difficulty

CARDIOVASCULAR DISORDERS

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

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

Symptoms:

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

CEREBRAL PALSY

Cerebral palsy is a neurological disorder that appears in infancy or early childhood. It is characterized by a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); altered muscle tones (too stiff or too loose); altered gait (toe walking, “scissored” gait, dragging one leg or foot). It is caused by

Implications for School

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

CYSTIC FIBROSIS

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

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

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

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

If a student is diagnosed with Cystic Fibrosis, please contact the School Health Services Department.

DENTAL INJURIES

Knocked out permanent tooth

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

- DO NOT attempt to clean the tooth as this may interfere with the re-implantation process.
- Apply a cold compress to face to minimize swelling.
- Accident and incident reports are to be completed as applicable.

Chipped/Broken tooth

- Save large fragments and see dentist immediately because break could extend down to the root of the tooth.
- Rinse mouth with warm water.
- Cover sharp edge of tooth with gauze to prevent laceration of tongue or cheek.
- Apply cold pack to face next to injured tooth to minimize d3 (t)-6.6 (d pac)h5lDdli.
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Object in Ear

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

EYE CONDITIONS

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

With any eye problem ask the student if he/she wears contact lenses. Have student remove Kontact orem10.5 ( )gfeng tan sinst lad / ueye unencheecals e psahe n the 10.5 ( )ye. subinst

- Encourage student to drink a cup of water as tolerated.
- Student may rest for a short time with a cool cloth or ice pack on forehead.
- Call the parent/guardian if the student is too ill to return to class, headache persists, or if the student has blurred vision or dizziness.
- Refer to health care provider if student has reoccurring headaches.

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

HEAT EXHAUSTION/HEAT STROKE

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

Signs and symptoms

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

Intervention:

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

Herpes Simplex (Cold Sores/Fever Blisters)

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

Implications for School

Student should NOT be excluded from school.

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

- Control bleeding by applying direct pressure with gauze.
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Implications for School
Student should NOT be excluded from school. The student should try to keep the affected area covered while at school.

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

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

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

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

NOSEBLEED

Intervention:
- Wear disposable gloves.
- Place student in sitting position with the head slightly forward.
- Encourage mouth breathing and discourage nose blowing or repeated wiping or rubbing.
- If blood is flowing freely from the nose, provide constant uninterrupted pressure by pressing the nostrils firmly together for about 15 minutes.
- Apply ice to the nose.
- Reassure student.

- If blood is still flowing freely after applying pressure and ice, notify principal and contact parent/guardian and refer student to health care provider.

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

PINWORMS

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

Prevention:

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

Implications for School

Student should be excluded from school. The student must have a note from their healthcare provider, nurse, or parent indicating that t

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

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

SCARLET FEVER/STREP THROAT

Scarlet fever is a rash that sometimes occurs in people who have strep throat. The rash starts as tiny red bumps on the chest, abdomen, and groin and spreads to the rest of the body. It looks like sunburn and feels like sandpaper. It generally lasts 2 - 5 days. Sometimes, after the rash is gone, the skin peels. The throat is very red and Tw 9.e f(n and s)-2 (pr (oi)22 (3uD)2.6 (d)10.52 (3uD)2.6 (d)1

minutes between swipes, and swipes before any emergency medication. Training must be provided by a Registered Nurse.

SICKLE CELL ANEMIA

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

Symptoms:

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

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

SORE THROAT

Intervention:

- Take temperature to rule out fever (temperature of 100.4^{o}F or greater).

If temperature is elevated:

- Call parent/guardian.

If temperature is not elevated:

- Send student back to class.

SPINA BIFIDA

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

SPINAL INJURIES – BACK OR NECK

Damage to the spinal cord that protects the nerves of the spine; most often caused from motor vehicle or bicycle accidents, sports injuries or falls involving bending, twisting or

Intervention:

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

If the Student is Unconscious:

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

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

- Notify parent/guardian.

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

Intervention:
- Call parent/guardian and inquire if they are aware of the problem and if any treatment has been initiated.
- Instruct student not to rub or touch the eyes.
- Teach student proper hand washing techniques.
- May apply warm compress.
- Send student back to class.
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- Central causes (signals from the brain) such as headaches, inner ear problems, head injuries, and heat related illnesses
- Atypical symptom of another disease: Some illnesses will cause nausea and vomiting, even though there is no direct involvement of the stomach or gastrointestinal tract such as heart attacks, sepsis, bulimia
- Side effects from medications and medical treatments
- Mechanical obstruction of the bowel
- Pregnancy

Implications for School

The student should be excluded from school if actively vomiting. The student may return to school

MENTAL HEALTH CONDITIONS

Attention Deficit Hyperactivity Disorder (ADHD)

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

Anxiety Disorders

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

Bipolar Disorder

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

Depression

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

Drug/Alcohol Abuse

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

- Marijuana: causes increased blood pressure, pulse and temperature, red eyes, reduced coordination and concentration, dry mouth, and laughing.
- Cocaine: causes increases temperature, blood pressure and heart rate, dilated pupils, and frequent sniffing.
- Hallucinogens (ecstasy, Acid, LSD): causes large dilated pupils, fatigue, difficulty concentrating, nausea, sweating, heart rate, anxiety, panic, and aggression.

- Narcotics (Demerol, Codeine and Morphine): causes pinpoint pupils, slow respirations, nausea, vomiting, drowsiness, euphoria, cold skin, and needle tracks on arms and body.
- Stimulants (Speed, Crack, Crystal, and Ritalin like Meds): causes dilated pupils, increased heart rate, blood pressure and respirations, blurred vision, dizziness, anxiety, glossy eyes, inability to focus eyes, irritability, and insomnia.
- Depressants (Valium, Yellow Jackets): causes slowed breathing and heart rate, pinpoint pupils, mental confusion, drowsiness, droopy eyelids, staggering, and slurred speech.

Oppositional Defiant Disorder (ODD)

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

Schizophrenia

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

Self-Harming/Self-Injury

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