

# Monthly Activities Report

## Essential School Health Services Program

**2011-2012**  
School Year

1. Month in which these health encounters occurred: \_\_\_\_\_ / \_\_\_\_\_ District: \_\_\_\_\_  
month year
2. Person completing report (include Name and Position): \_\_\_\_\_

### Department of Elementary and Secondary Education Return to Classroom Rate by School Nurse as utilized in District Analysis and Review Tool (DART):

3. **Number of STUDENT encounters for nursing services this month:**

**Note:** This number is used to calculate the return to class rate which is the number of students returning to class divided by the total number of encounters. Each student visit to the health office or nursing assessment/intervention occurring outside health office (i.e. classroom, playground, cafeteria, etc.) counts as a SINGLE encounter, regardless of the number of procedures done or medications administered during that visit. Mandated screenings DO NOT count as visits. A student seen more than once during the school day would be counted as a new encounter for every new visit.

**Example:** If a student with Type 1 diabetes is seen at 10am for blood glucose testing, carbohydrate count and insulin administration, that is ONE encounter for nursing services. If that same student falls at recess and suffers an injury requiring first aid, that is another encounter, i.e. one student, two encounters.

4. **Disposition of Students Utilizing Nursing Services (all encounter types)\***

Dispositions this month:

- A. Dismissals from school
  - i. Dismissed from school due to illness/non-injury
  - ii. Dismissed from school due to injury
- B. Other disposition (e.g. stayed in health room, referred to Counselor's office, sent home to return later that day).
- C. Returned to class

Students Only

\*EVERY student encounter to access nursing services should result in ONE disposition only.

### 5. Health Services Activity

Types of student and staff health services following a nursing assessment this month. (Do not count health screenings or casual conversations)

	Number of Office Visit Types by Primary Assessment			
	Health Maintenance <sup>1</sup>	Injury / First Aid	Mental / Behavioral Health <sup>2</sup>	Miscellaneous <sup>3</sup>
STUDENT				
STAFF				

**Note:** It is assumed that every office visit will include nursing assessment and health education.

<sup>1</sup> An office visit for Health Maintenance should include all visits for an illness assessment, acute illness, chronic health condition, etc. It includes scheduled medication administrations (e.g. daily med administration for ADHD) and scheduled procedures completed (ostomy care, scheduled glucose testing) as well as all individual health education provided. These visits do not include visits for mandated screenings (vision, hearing, BMI or postural screenings).

<sup>2</sup> Mental/Behavioral Health includes any office visit related to a mental/behavioral health need although the student or staff may present with a somatic complaint.

<sup>3</sup> Miscellaneous Office visits are those that do not require any nursing assessment (eg, requests for sanitary supplies, cleaning clothes and shoes, etc).

### 6. Incident Reports Involving an Injury

Number this month

Injury Reports filed this month by the school nurse

- A. Unintentional
- B. Intentional
- C. Intent unknown

I. Students	II. Staff

(Do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed.)

### 7. Emergency Referrals

- A. Medical 911/Ambulance calls\*
- B. Behavioral-health 911/Ambulance calls
- C. Mobile Crisis Unit calls
- D. Other referrals to *emergency* health services\*

I. Students	II. Staff

\*7A: Only count calls for non-behavioral health issues in 7A

7D: Including transportation to emergency services by parents

### 8. Number of Diagnosed or Suspected Head Injury\*

- A. Occurring during school hours
- B. Occurring during extra-curricular activities

I. Students	II. Staff

\*Head Injury means direct or indirect trauma to the head resulting in a concussion or traumatic brain injury.

### 9. Medication Management

Number of daily and PRN *prescriptions* kept on file, and *doses* administered or supervised by school nurses, for each of the following types of medication, *based upon usage*:

Students					
Type of Medication	Scheduled Prescriptions <sup>3</sup>	Scheduled Doses Administered	PRN Prescriptions	PRN Doses Administered per Prescription	PRN Doses Administered per School Protocol <sup>4</sup>
1. Analgesics					
2. Antibiotics					
3. Anticonvulsants					
4. Antihypertensives					
5. Antihistamines					
6. Asthma Medications					
7. Epinephrine (non asthma related)					
8a. Glucagon					
8b. Insulin					
9. Psychotropic Medications					
10. Other Prescription/OTC Medications <sup>5</sup>					
	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>

<b>Staff</b>	
Types of Medication	Doses Administered
1. Epinephrine (non-asthma related)	
2. Prescription Medication	
3. OTC/PRN Medication	
<b>Total</b>	

<sup>3</sup>Scheduled medications are those that are ordered to be given on a scheduled basis (qd, bid, q4h, etc).

<sup>4</sup>Medications administered by school protocol consistent with the Board of Registration in Nursing's requirements and signed by the school physician.

<sup>5</sup>Other Prescription Medications/OTC: Count prescription and over the counter medications that do not fall into one of the above medication categories.

Examples of other prescription meds = eye drops, GI meds, etc.

Examples of other OTC meds = benadryl, tums, antihistamines, calamine lotion, etc.

## 10. Nursing Assessments/ Interventions/ Procedures/Treatments

Number of procedures performed on students and staff this month.

	<b>Student Procedures</b>	<b>Staff Procedures</b>
<b>A. Respiratory Procedures</b>		
1. Peak Flow Monitoring		
2. Nebulizer Treatment		
3. Oxygen Saturation Check		
4. Oxygen Administration		
5. Suctioning		
6. Tracheostomy (Care, Cleaning, Tube Replacement)		
7. Auscultate Lungs		
<b>B. Diabetic Procedures</b>		
1. Blood Glucose Testing (Glucometer)		
2. Insulin Pump Care (Does not include insulin administration via pump)		
3. Carbohydrate/Insulin Calculation		
4. Check Ketones		
<b>C. Cardiovascular Procedures</b>		
1. Blood Pressure Measurement		
2. IV Infusion: Monitor infusion/administration, Tube replacement/adjustment, Pump monitoring, IV bag change		
3. Central Line Care: Site care, Flushing		
<b>D. GI/GU Procedures</b>		
1. Naso-gastric, Gastrostomy, or Other Feeding Tube Care or Usage		
2. Ostomy Care (Colostomy/Ileostomy/Urostomy)		
3. Catheterization or Catheter Care		
4. Bathroom Assist or diapering		
5. Weight measurement for medical condition not related to screening		

<b>E. Orthopedic Procedures</b>		
1. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction		
2. Physical Therapy (Range of Motion Exercises, etc.)		
<b>F. Neurological Checks</b>		
1. Suspected Head Injury		
2. Suspected Substance Abuse		
3. Other (Illness)		
<b>G. Behavioral Health Interventions</b>		
1. Anti-Bullying Interventions by District Protocol		
2. Coping Enhancement Strategies		
3. Reassurance Check-in		
4. Restraint/Seclusion Assessment and/or Monitoring		
5. Self-Calming Activities; Stress/Anxiety Reduction Activities		
6. Emotional Support		
7. Monitor for Self-Harm		
8. Social Skills Support		
9. Relationship Guidance		
10. Other		
<b>H. Other Procedures</b>		
1. Wound Assessment and Care		
2. Head Checks for Pediculosis		
3. Administer Immunizations		
4. Ear, Eye, Nose and/or Throat Assessment		
<b>I. Other:</b>		
	<b>Total</b>	<b>Total</b>

**Nursing Case Management**

*Number this month*

<b>11.</b> Communications (phone calls, letters) with anyone regarding IEPs and 504 Plans.	
<b>12.</b> Communications with parents or guardians (with or without students present) about individual student health issues (excluding IEPs or 504 Plans). Do NOT count general communications (sent to all parents) OR home visits.	
<b>13.</b> Communications with <u>school staff</u> about student health issues (excluding IEPs or 504 Plans).	
<b>14.</b> Communications with <u>community agencies and health care providers</u> about student health issues (excluding IEPs or 504 Plans).	
<b>15.</b> Home visits by school nursing staff.	
<b>16.</b> Number of student meetings attended.	
<b>17.</b> Number of post-concussion graduated reentry planning meetings	

## Linkages

18. Individual students without primary care providers who were referred to new primary care providers (see Guidelines).	
19. Individual students with regular primary care who were referred to their own primary care providers and other specialists.	
20. Individual students referred to health insurance providers (including MassHealth and Children's Medical Security Plan) Do not include mass mailings.	
21. Individual students referred for dental care.	
22. Individual students referred for mental health services (internal or external).	

## Wellness Management

23. Hunger Management: Number of times food/snacks were provided this month

24. Number of health promotion/educational flyers or mailings in which school nurses were involved, that were distributed (by any means, e.g. automated voice message system, web sites) to parents/guardians this month: Do not count the size of the distribution of the distribution or mailing list, only the number of separate, distinct distributions.)

25. Wellness/Safety topics presented this month:

	# Presentations <sup>6</sup>	# Students	# Staff	# Community
Blood Borne Pathogens				
CPR/AED Programs				
Crisis Team				
Environmental Health				
Fitness/Nutrition/Wellness				
Growth/Development				
Life Threatening Allergies				
Mental Health/Wellness				
Oral Health/Hygiene				
Other: _____				

<sup>6</sup>If a presentation is done by more than one nurse, only one nurse is to record the statistics for the presentation.

## 26. Support Groups/Clubs

Support groups that meet regularly for a specific purpose/need with school nurse involvement (lead, co-lead, or participates):

Type of Support Group/Clubs	Number of group meetings this month	Number of participants this month (count participants only <i>once</i> per month, for each type of group)		
		Student	Staff	Parent/Community
A Alcohol or Substance Abuse				
B Anger/Conflict/Violence Management				
C Asthma				
D Diabetes				
E Emotional / Psychosocial Support				
F Food Allergy				
G Gay/Bisexual/Lesbian/Transexual				

H	Health Careers				
I	Nutrition/Physical Activity				
J	Peer Leadership				
K	Other: _____				

**27. Program Development**

Number of building or district-wide (non-student-specific) meetings attended:

Crisis Management	
Emergency Preparedness	
Environmental	
Mental Health	
Policy Development	
Professional Development	
Other	

**Comments About Public Health Problems**

28. Please provide information about *illness outbreaks* that occurred this month, *unusual screenings* that had to be conducted this month, or other significant public health occurrences:

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