

# School Nurse Manual

## *Guidelines for Nursing Management of Students with Chronic Disease or Health Conditions in School Settings*



Bureau of Family Health  
Children and Families Section

2007

*Our vision: Healthy Kansans Living in Safe and Sustainable Environments  
Our mission: To Protect the Health and Environment of all Kansans by Promoting Responsible Choices*

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## School Nurse Manual

# *Guidelines for Nursing Management of Students with Chronic Disease or Health Conditions in School Settings*

### **Introduction**

This manual complements the documents: *Guidelines for Serving Students with Special Health Care Needs Part I* published in July of 1996, and the *Guidelines for Serving Students with Special Health Care Needs, Part II: Specialized Nursing Procedures* published in February of 1999. Both documents are available on-line at <http://www.kdheks.gov/c-f/index.html> under School Health Resources, Documents. These two manuals delineate laws, regulations and school personnel responsibilities relating to the Individualized Health Care Plans (IHP) for students with special health care needs, including IDEA Section 504 Plans, Individual Family Service Plans (IFSP), and Individual Educational Plans (IEP). It is understood that the professional school nurse is knowledgeable about Standards of Care, the Kansas Nurse Practice Act, the Health Information Portability and Accountability Act (HIPAA) and the Family Educational Records Protection Act (FERPA).

School health services are an integral component of a comprehensive and coordinated school health program; however, not all school districts may have a professional registered nurse or medical advisor on faculty. School districts are encouraged to have a school nurse on faculty or, as an alternative, may contract for nursing services through local health departments or medical facilities. Schools must meet the health needs of students within their facilities in a timely, safe, and reasonable manner. School health services should be provided to the student in an inclusive, educational environment and the team of educators, school health service providers, community health providers and lawful custodians should ensure plans for effective and safe delivery of these services to students with any special health care needs or considerations.

The content of this manual, *Guidelines for Nursing Management of Students with Chronic Disease or Health Conditions in School Settings*, gives nurses who are providing school

health services with an overview of the more commonly encountered chronic health conditions, illnesses and concerns that impact children. This includes students through age 21 and young children attending child care homes, centers and preschools. In addition to a brief overview of each condition, the practitioner will find links to websites with expert resources relating to students' special health needs. It is through these links located in *References* and *Other Resources* at the end of each chapter that specific information regarding the condition, current recommended treatment modalities, and educational resources can be accessed to develop the student's IHP or the health component of the child's IFSP or IEP.

This manual is intended to enhance the educational process by providing guidance to school nurses, community health care providers, teachers, other staff members, and parents on the care of students with special health care. The manual is mindful of federal and state laws and regulations, as well as current research and information within medical and nursing literature. As the school nurse develops the appropriate health care plans for Kansas's students with chronic health conditions, State and local school district-level educational and health policies should be considered.

This manual does not provide procedural information, but rather, assists the school nurse with accessing resources that will aid in the development of individual plans of care, implementing health promotion and prevention activities, and linking to educational materials to be used with the student and the family, school faculty, and health personnel. For specific procedural information, consult *Guidelines for Serving Students with Special Health Care Needs, Part II: Specialized Nursing Procedures*.

## Essential Resources for Kansas School Nurses

A vital printed resource is available through the National Association of School Nurses and includes information about roles and functions, legal considerations in school nursing, the well child, and a section on chronic health conditions in school children. *School Nursing: A Comprehensive Text*, Janice Selekman, DNSc, RN, Editor, University of Delaware, Newark, Delaware. F.A. Davis Company, Philadelphia, 2006, is available at

<http://www.nasn.org/store/>

Other printed resources that are helpful to nurse's providing health services in the school setting are:

- *Public Health Nursing: Scopes and Standards of Practice (American Nurses Assoc.)*
- *School Nursing: Scope and Standards of Practice (American Nurses Assoc.)*

There are numerous links throughout this document that will provide information about specific chronic disease conditions. In addition to these resources, the following are vital links to the practice of the Kansas school nurse:

Kansas Department of Health and Environment (KDHE)

KDHE is the lead agency for health in the State of Kansas providing links to other agencies, services, and resources nationwide. <http://www.kdheks.gov/>

Children & Families Section, Bureau of Family Health, KDHE

This section serves as the primary contact for clinical practice questions for nurses practicing in schools. In addition, health promotion and prevention activities are critical components of School Health Services as school nurses work towards reducing morbidity in school age children. Information these topics can be found at the Children and Families website <http://www.kdheks.gov/c-f/index.html>

For questions or concerns, you are encouraged to contact the State school health consultants:

***Brenda Nickel, R.N., B.S.N., Child and School Health Consultant***  
(785) 296-7433 [bnickel@kdhe.state.ks.us](mailto:bnickel@kdhe.state.ks.us)

***Jane Stueve, R.N., B.S.N., Adolescent and School Health Consultant***  
(785) 296-1308 [jstueve@kdhe.state.ks.us](mailto:jstueve@kdhe.state.ks.us)

Kansas Legislature

<http://www.kslegislature.org/legsrv-legisportal/index.do>

This site can be used to locate statutes and bills through exact number citation and/or key words.

Kansas State Board of Nursing (KSBN)

The Kansas Nurse Practice Act is located at this website

<http://www.ksbn.org/index.htm>

In the event that there are questions related to the practice of nursing in the school setting or issues related to delegation of nursing tasks to school personnel other than a registered nurse, there is a list of contacts in the Legal Division that can be contacted.

Kansas State Nurses Association (KSNA)

This site provides resources to nurses practicing in Kansas, including school nurses

<http://www.ksna.org>

National Association of School Nurses (NASN)

In addition to printed resources that can be purchased, there are *NASN Position Statements* and *Issue Briefs* that address “best practice” for nurses practicing in schools <http://www.nasn.org/>

## **Acknowledgements**

The following individuals have contributed to the content and/or review of the manual. The assistance of these professionals is greatly appreciated and has enhanced the usefulness of this manual for practitioners working with Kansas's children.

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# **Allergies and Anaphylaxis**

## **Nursing Management of Allergies and Anaphylaxis in the School Setting**

An allergy is an exaggerated or abnormal reaction to a substance or situation that may result from administering a foreign substance or drug, the digestion of an offending food, an insect sting, or a casual contact with an allergy triggering substance.

Anyone, even those without a history of allergies, may present with an allergic reaction. Increasing awareness and a growing list of allergens makes prevention to exposure a daunting task at best. A school nurse's best preparation for the management of an allergic or anaphylactic event is to identify those students and staff with known allergies and work with their health care providers to develop an Anticipated Crisis Plan. The information provided on the Internet varies considerably and school nurses are advised to discuss treatment management with the health care provider. In addition, school nurses should collaborate with their school medical advisors or community medical providers to discuss issues related to undiagnosed severe allergy symptoms, epinephrine use and develop written treatment guidelines / plans in the event of unidentified anaphylaxis in students or staff that do not have epinephrine available. With many schools located in rural locations, time required for Emergency Medical Services (EMS / 911) response is often insufficient to successfully manage a life-threatening allergic reaction in a timely manner.

On July 1, 2005, KSA 72-8252 *Policies to allow student to self-administer certain medications*, was passed and signed into law (Appendix A). This statute serves as a template for development of district policy that will allow students in kindergarten through twelfth grade to carry and self-administer emergency medication. However, it is imperative that students have a thorough understanding of the management of their health conditions and that this is documented prior to allowing them to carry and self-administer medication. This statute is intended to allow students to have immediate access to emergency medications, particularly asthma inhalers.

A thorough review of student health history identifying allergies or history of anaphylaxis will assist the school nurse in development of the IHP and an Anticipated Crisis Plan that may

include allowing the student to carry and self-administer emergency medication. The school nurse may use judgment in determining what other emergency medications students will be allowed to carry. These medications may be to treat allergies / anaphylaxis or low blood sugars. It is imperative that students have a thorough understanding of the management of their health conditions, when to administer emergency medication, and most importantly, the need to secure the immediate assistance of the school nurse or an available adult so that emergency medical intervention may be secured.

In the event of an allergic reaction, early recognition and treatment is critical and requires good communication between the student and school staff. An allergic reaction can occur when the school nurse is not available therefore bus drivers, substitute teachers and cafeteria staff must be trained to respond to the distress message. The reaction may range from hives, sneezing and itching to anaphylactic shock, which is a potentially life-threatening reaction.

Immediate intervention including administering medically authorized interventions is always necessary as symptoms can escalate rapidly even with attempts to remove or lessen the trigger. Some students have antihistamine medications, as well as auto-injectable epinephrine that they carry for self-administration. If auto-injectable epinephrine is used, the drug effect lasts only 15 minutes and symptoms may reoccur, thus EMS is to be contacted immediately on identification of anaphylaxis so that the student may receive further assessment and treatment. The person who is exhibiting anaphylaxis should not be left alone and should be monitored until care is assumed by EMS. Once on site, EMS will direct all emergency care with school personnel assisting as directed. A record of the event should be sent with medical personnel, including any known history of allergies, the exposing allergen (if known), course of symptoms, interventions provided, including the any medications administered and the time, as well as vital signs taken.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Asthma / Allergies*. Site accessed September 26, 2007.

<http://www.aap.org/healthtopics/asthma.cfm>

This site provides a variety of materials for health care professionals and parents on a variety of health topics, including allergies and asthma. Family and community resources, resources for professionals, and links to sites providing information are accessed through the AAP site. The most current research applicable to this subject is highlighted at this site. Information that pertains to allergies includes:

- Understanding allergies
- Allergy trigger
- Treatment of allergies
- Management of allergy triggers

American Academy of Allergy Asthma and Immunology. Site accessed September 26, 2007.

<http://www.aaaai.org/>

This site provides information / resources / links available for patients / consumers, professionals, and members. The “professionals” page links the school nurse to an *Allergy and Asthma Tool Kit for School Nurses* that provides an educational section, power point presentations, and handouts that include a variety of informational sheets and sample forms for use with allergies and asthma. The link to the toolkit is

[http://www.aaaai.org/members/allied\\_health/tool\\_kit](http://www.aaaai.org/members/allied_health/tool_kit)

Food Allergy and Anaphylaxis Network. Site accessed September 26, 2007.

<http://www.foodallergy.org/>

This site provides resources / publications / links that are checked for scientific accuracy by a Medical Advisory Board comprised of leaders in allergy research. Information is available on allergens, anaphylaxis, research, alerts, and recipes. There are extensive topics / resources for preschools, schools and post secondary schools that include:

- School guidelines for managing children with food allergies
- School safety
- Food and allergy management crisis preparedness
- References and Position Papers
- Publications

School Guidelines for Managing Students with Food Allergies. Site accessed September 26, 2007.

<http://www.foodallergy.org/school/SchoolGuidelines.pdf>

Outlines family, school and student responsibilities.

## Additional Resources

American Academy of Family Practitioners. Site accessed September 26, 2007.

<http://familydoctor.org/online/famdocen/home/common/allergies/basics/254.html>

Information about latex allergy is available in English and Spanish and includes:

- What is a latex allergy
- Symptoms of latex allergy
- Who's at risk
- What to do if a latex allergy is known

Allergy Advisor. Allergy Resources International. *Hidden Allergens in Foods: Soy, Wheat, and Peanuts*. Site accessed September 26, 2007.

<http://www.allergyadvisor.com/hidden2.htm>

This links to an article printed in the Journal of Allergy and Clinical Immunology on hidden allergens in food.

<http://www.allergyadvisor.com/index.html>

This is the homepage site for the Allergy Advisor and provides links to additional resources.

Food and Allergy Network. *Anaphylaxis*. Site accessed September 26, 2007.

<http://www.foodallergy.org/anaphylaxis/>

Treatment of anaphylaxis can be accessed using the left menu on this website and includes a link to on-line video that will demonstrate how to use injectable epinephrine delivery systems.

Spina Bifida Association. Site accessed September 26, 2007.

[http://www.sbaa.org/site/c.liKWL7PLlrF/b.2642297/k.5F7C/Spina\\_Bifida\\_Association.htm](http://www.sbaa.org/site/c.liKWL7PLlrF/b.2642297/k.5F7C/Spina_Bifida_Association.htm)

A link to the current Latex List is available through this site.

Subscribe to Special Allergy Alerts. Site accessed September 26, 2007.

<http://www.foodallergy.org/maillinglist1.html>

This site allows individuals to register for alerts sent out via email.

# Asthma

## **Nursing Management of Asthma in the School Setting**

Approximately 2 out of 15 children, according to the *National Heart, Lung and Blood Institutes*, have been diagnosed with asthma before they reach 18 years of age. This is considered to be the leading cause of school absenteeism. Although it cannot be cured, it can be controlled keeping students in the classroom.

Unfortunately, exposure to triggers outside of the school domain still impacts the student's health and readiness to learn. Educational materials and collaboration with the parents and health care provider may support home and community improvements that will reduce triggers that can precipitate a flare-up or exacerbation of symptoms. School staff can set good examples and practice asthma-friendly policies to assure that while the student is in school, exposure to known allergens is minimized.

Strong cologne, second hand smoke, cockroach droppings, poor air quality, improper venting equipment and offensive cleaning compounds can trigger an asthma attack. Immediate response by removing the student from the trigger source and administering prescribed treatment as ordered requires the student be permitted to carry his emergency inhaler. In Kansas, KSA 72-8252 *Policies to allow student to self-administer certain medications*, was passed and signed into law, July 1, 2005. This statute serves as a template for development of district policy and the role of the school nurse. This statute allows students in grades kindergarten through twelfth to carry emergency medication. The legislation is available at <http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/72-8252.html>

For students who require more clinical interventions, or medication administered through a nebulizer, scheduling of treatment times with parents and coordinating classroom activities can minimize loss of educational time due to visits to the school nurse office.

The development of the IHP, including an anticipated crisis plan, needs to be developed for students who continue to have acute symptoms. For students who have a "history" of asthma, it is important to have this noted in the event that acute symptoms occur. Often parents will

report that the student has “outgrown” the asthma, however, symptoms may reoccur with exposure to a trigger and the student may not have rescue medication available for immediate use. A thorough history of previous and current asthma management is essential in understanding the student’s health needs.

When students are developmentally ready they should be allowed to assume responsibility for maintaining equipment, supplies, making appointments and self-directing their health care needs. Expectations and consequences should be detailed in the individual education plan as supported by the parents and health care provider. Engaging the students as young as possible empowers them to meet the challenges in the various life stages and better prepares them to master the skills needed to successfully manage their asthma conditions in adult settings.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Asthma*. Site accessed September 26, 2007.

<http://www.aap.org/healthtopics/asthma.cfm>

This site provides a variety of materials for health care professionals and parents on a variety of health topics including allergies and asthma. Family and community resources, resources for professionals, and links to sites providing information are accessed through the AAP site. The most current research applicable to this subject is highlighted at this site. Information that pertains to asthma includes:

- Understanding asthma
- Common asthma triggers
- Recognizing an attack
- Using a peak flow meter

American Lung Association (ALA). Site accessed September 26, 2007.

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22542>

Asthma can be a life-threatening disease if not properly managed. This website provides you with in-depth information including teens and asthma, asthma medication, home control of allergies and asthma, and peak flow meters. Of interest to school nurses is the *Asthma Friendly Schools* resource that is a comprehensive toolkit with six major sections that include:

- Maximizing school health services
- Building asthma education awareness
- Health school environments
- Physical activity and resources

ALA provides training and toolkits for practitioners to use with students. The following resources are available to school nurses:

- ***Asthma-Friendly Schools Initiative (AFSI) Toolkit***  
<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22590#toolkit>

- ***Open Airways for Schools (OAS)***  
This is an asthma management program for school children that has been diagnosed with asthma. Nurses can access training information at:  
<http://ks.train.org>

Centers for Disease Control and Prevention (CDC). *Asthma and Allergies*. Site accessed September 26, 2007.

<http://www.cdc.gov/health/asthma.htm>

The CDC supports the goals and objectives of Healthy People 2010 for asthma. Information available on this site includes:

- General Information
- Interventions
- Resources
- Data and surveillance

- Legislation and policy

This CDC site specifically addresses strategies for addressing asthma within a Coordinated School Health Program and provides links to national resources to assist the school nurse in addressing asthma in the school setting.

<http://www.cdc.gov/HealthyYouth/asthma/strategies.htm>

National Asthma Education and Prevention Program: *Managing Asthma: A Guide for Schools*. NIH Publication No. 02-2650, originally printed 1991, revised July 2003. Site accessed September 26, 2007.

[http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth\\_sch.htm](http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm)

The US Department of Education, Office of Safe and Drug-Free Schools attached its seal of endorsement to this article and the asthma-friendly policies and procedures with an overview of asthma and how to develop an asthma management school program. Content includes school policies on inhaler and medication usage, emergency procedures for school staff when a student has an asthma attack. Education material and community resources are outlined.

U.S. Environmental Protection Agency. Site accessed September 26, 2007.

[www.epa.gov/iaq/schools/index.html](http://www.epa.gov/iaq/schools/index.html)

This site provides materials and resources for management of indoor air quality in the school setting including "*Managing Asthma in the School Environment*." Other resources schools include:

- Indoor air quality tools for schools
- Environmental asthma triggers
- Materials for parents, professionals, educational staff, and media

## Additional Resources

CDC Health Topic: *Asthma and Allergies*. Site accessed September 26, 2007.

<http://www.cdc.gov/health/asthma.htm>

The Center for Disease Control and Prevention supports the goals and objectives of Healthy People 2010 for asthma. Information available at this site includes: general information, interventions, resources, data and surveillance, legislation and policy.

National Heart Lung and Blood Institute. Site accessed September 26, 2007.

<http://www.nhlbi.nih.gov/health/public/lung/index.htm#schools>

This site provides detailed information for patients and the public about asthma. In addition, there are asthma care plans and specific information for schools and child care centers.

ALA. Search LungUSA. (October 2006). *What You Really Need to Know*. Site accessed September 26, 2007

<http://www.lungusa.org/site/apps/s/content.asp?c=dvLUK9O0E&b=34706&ct=67464>

Written “in things you really need to know” format, the content covers why, when and how asthma symptoms should be managed. It encourages youth to identify asthma triggers, take proper steps in order to participate in physical activities and protect themselves by using a peak flow meter to confirm the clinical symptoms and monitor if the treatment is effective.

# **Attention Deficit/ Hyperactivity Disorder**

## **Nursing Management of Attention Deficit/Hyperactivity Disorder In the School Setting**

Attention Deficit Disorder (ADD) is also known as Attention Deficit Hyperactivity Disorder (ADHD) (renamed by the American Psychiatric Association in 1994). The American Psychiatric Association estimates that 3%-7% of children suffer from ADHD.

A membership survey conducted by the *National Association of School Nurses* revealed that 97 percent of respondents rated ADHD second only to asthma as the health problem for which school nurses have the most concerns and need additional information.

ADHD is a neurobiological-based developmental disability. Ongoing research is focused on understanding the genetic relationship and the chemical imbalance or deficiency in certain chemicals (neurotransmitters) that regulate behavior. At this time research divides ADHD into three subtypes based on the main features associated with the disorder: inattentiveness, impulsivity, and hyperactivity. Most children will exhibit these behavioral features at some point in their development and the behaviors may be exacerbated at times of change, such as the birth of a sibling. In addition, these behaviors may be related to an undiagnosed health condition such as hearing loss.

Only a licensed health care provider may make a diagnosis of ADHD although parents, teachers, and other ancillary school personnel may assist with gathering and reporting information regarding behavior, academic performance, and peer interaction. The *American Academy of Pediatrics* reports that many children who have been diagnosed with ADHD may have at least one coexisting condition with the most common being oppositional defiant disorder or conduct disorders, mood disorders, depression, anxiety disorders and learning disabilities. Children with ADHD often have frequent, severe problems that interfere with their ability to live normal lives.

Almost all of the behaviors exhibited by a child with ADHD may be found in children considered "gifted." Until now, little attention has been given to the similarities and

differences between the two groups of students, thus raising the potential for misidentification of students who exhibit “giftedness” and ADHD.

To adequately manage the condition and support the child’s developmental and educational needs, close communication between parents, health care providers, school psychologists, school nurses and teachers are essential. Once a diagnosis is obtained, a student may receive the following treatment modalities:

- Behavior management / counseling services, i.e. mental health consultation / services.
- Ongoing medical care, including medication management and monitoring of health.
- Academic interventions, i.e. development of organizational / time management skills, evaluation for a 504 Plan or special education services.

By developing the students' strengths, structuring their environments, and using medication when needed, youth with ADHD can lead very productive lives. Early dialog with the students about career choices can direct their academic choices and transition plans towards careers where high-energy behavior can be an asset.

## References

American Academy of Pediatrics (AAP). *Children's Health Topic: ADHD*. Site accessed September 26, 2007.

<http://www.aap.org/healthtopics/adhd.cfm>

Bulleted topics guide the reader to common conditions co-existing with ADHD:

- Common questions
- Diagnosis
- Establishing and evaluating treatments
- Management with medication
- Behavioral therapy.

Using free RealAudio Player you can listen to "A Minute for Kids" that highlights aspects of ADHD. Family and community resources, resources for professionals, and links to sites providing information are accessed through the AAP site. The most current research applicable to this subject is highlighted at this site.

Centers for Disease Control and Prevention (CDC). *ADHD: A Public Health Perspective*. Site accessed September 26, 2007.

<http://www.cdc.gov/ncbddd/adhd/publichealth.htm>

Web site content includes symptoms of ADHD, risks of injuries, other conditions and resources.

National Association of School Nurses (NASN). *Social empowerment Training and Responsibilities for Students with ADHD (STARS)*. Site accessed September 26, 2007.

<http://www.nasn.org/Portals/0/resources/stars.pdf>

This curriculum was developed and presented by Dr. Kathleen Frame at a General Session of the 2003 NASN Annual Conference during the session titled, "Meeting the Challenges, Finding the Joys: School Nursing Interventions for Children with ADHD."

National Resource Center (NRC) on ADHD: *A Program of Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)*. Site accessed September 26, 2007.

<http://www.help4adhd.org>

This program is funded through a cooperative agreement with the Centers for Disease Control and Prevention. The NRC was created to meet the information needs of both professionals and the general public. Links to a site, "In the News" and a blog for sharing information with children and adults with ADHD is available.

National Institute of Mental Health, National Institutes of Health, *Attention Deficit Hyperactivity Disorder*. Site accessed September 26, 2007.

<http://www.nimh.nih.gov/healthinformation/adhdmenu.cfm>

This site provides practitioners and families with the most current information available on ADHD. Current research information, publications, and related information is available at this site

Fowler, M., *Attention-Deficit/Hyperactivity Disorder*. Accessed from National Dissemination Center for Children with Disabilities (NICHCY). Site accessed September 26, 2007. <http://www.kidsource.com/NICHCY/ADD1.html>

This *NICHCY Briefing Paper* serves as a response to the numerous requests for information about the education and special needs of youth with ADHD. Mary Fowler, a parent of a child with ADHD and recognized as a leading authority has authored this comprehensive article addressing diagnosis, medications, educational interventions, remediation and rewards for behavior management. Additional references and organizations are also listed.

## Additional Resources

Kids Health. Site accessed September 26, 2007.

[http://www.kidshealth.org/kid/health\\_problems/](http://www.kidshealth.org/kid/health_problems/)

This website lists a variety of children's health problems, including ADHD. Information is presented in a "kid friendly" way.

[http://www.kidshealth.org/teen/diseases\\_conditions/](http://www.kidshealth.org/teen/diseases_conditions/)

This website lists a variety of diseases and health conditions for teens. There are personal stories shared as well as health information appropriate for teenagers and young adults.

Mental Health Integration ADHD Patient Management Plan. Site accessed September 26, 2007.

<https://kr.ihc.com/ext/Dcmnt?ncid=51078894>

This two-page plan includes medical, home and school plan with goals setting and ideas for setting and monitoring goals at home and school. A side bar provides possible rewards

# **Autism Spectrum Disorders**

## **Nursing Management of Autism Spectrum Disorders in the School Setting**

Autism is the most common condition in a group of developmental disorders known as the autism spectrum disorders (ASD). Autism is described as one of five disorders that fall under the umbrella of Pervasive Developmental Disorders (PDD), including Asperger's Disorder, Childhood Disintegrative Disorder, Rett's Disorder and a category "not otherwise specified." Scientists aren't certain what causes autism, but it's likely that both genetics and environment play a role. Experts estimate that three to six children out of every 1,000 will have autism with males being four times more likely to have autism than females.

Three distinctive behaviors including difficulty with social interaction, verbal and nonverbal communication delays, repetitive behaviors or narrow, obsessive interests characterize autism. Autism varies widely in its severity and symptoms and may go unrecognized, especially in mildly affected children or when more debilitating disabilities mask it. Fifty percent of children are diagnosed before the age of three. Parents report their child's behavior is unusual or the child is not meeting developmental expectations. Speech development may be delayed or begin to regress around the age of three. Seizures or seizure-like activity is more likely to occur in children whose language skills regress early in life.

Early diagnosis and interventions including therapies and behavioral interventions that target core symptoms have been found to bring about significant improvements. To date, there is no cure for autism and many children require supportive care as adults. Some children's symptoms may diminish with age and they can live normal or near normal lives. The school staff and parents should anticipate adjustments in the treatment plan to address evolving and changing behavioral patterns along with the student's ability to self-manage the behavior as more appropriate social skills are mastered.

The school nurse should be aware of the academic and structural supports designed for the student, as well as prescribed therapies and behavioral interventions that best support the student in the school setting. Other considerations for the school nurse include:

- Awareness of the student's potential inability to relay health symptoms correctly due to communication deficits should prompt the nurse to discuss with the parent patterns of illness and common health problems for the student. This information needs to be available to delegated staff.
- The student's potential for sensory overload and predictable routines may necessitate special consideration when screening, conducting an assessments, or providing care.
- Knowledge of the student's educational plans for behavioral interventions so that the school nurse can support and use the techniques and interventions are recommended.
- The school nurse is a front line contact for many families as well as a resource for the family and the multidisciplinary team on issues related to health and safety of the student.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Autism*. Site accessed September 26, 2007.

<http://www.aap.org/healthtopics/autism.cfm>

Family and community resources, resources for professionals, and links to sites providing information are accessed through the AAP site. The most current research applicable to this subject is highlighted at this site.

Centers for Disease Control and Prevention (CDC). National Center on Birth Defects and Developmental Disabilities (NCBDDD): Developmental Disabilities. Site accessed September 26, 2007.

<http://www.cdc.gov/ncbddd/autism/index.htm>

Overview of Autism, related spectrums, frequently asked questions, congressional activities and resources.

National Institutes of Health and Center Resources. Site accessed September 26, 2007.

<http://health.nih.gov/result.asp/62>

This site provides links to websites that address autism, as well as other disorders or conditions that are part of the autism spectrum. This site provides specific information and additional links to resources and information. There are links to:

- National Institutes of Health, National Institute of Child Health and Human Development (NICHD) – information on Autism in both English and Spanish.
- National Institutes of Disorders and Stroke – information on Asperger's, Autism, and Pervasive Developmental Disorder.
- National Institute of Mental Health
- National Institute on Deafness and Other Communication Disorders - information on communication in Autism.
- National Institute for Dental and Craniofacial Research – information on practical oral care for people with Autism.

National Institute of Neurological Disorders and Strokes. *Autism*. Site accessed September 26, 2007.

<http://www.ninds.nih.gov/disorders/autism/autism.htm>

This website contains information on autism, including prognosis and research. In addition, this website has resources that include:

- Autism fact sheet
- Pervasive Developmental Disorders information page
- Asperger's Syndrome information page
- Organization and information links

U.S. Department of Health & Human Services. *Autism*. Site accessed September 26, 2007.

<http://healthfinder.gov/scripts/SearchContext.asp?topic=81>

The Office of Disease Prevention and Health Promotion sponsor this site.

Although much of the information is contained in the other articles, different wording may meet the needs of the reader looking for a specific diagnosis title.

## References

Autism Society of America (ASA). The Voice of Autism. Site accessed September 26, 2007.

<http://www.autism-society.org>

ASA is the oldest and largest grassroots organization in the autism community. Chapters nationwide continue to grow as more and more parents and professionals unite to form a collective voice representing the autism community. This site provided a links to *Autism Source* that is the Autism Society of America's on-line referral database of autism related services and supports. *Autism Source* is free, searchable by location or service type, and provides resource listings throughout the United States. Listings include: many types of service providers, ASA Chapters, support groups, medical professionals, educational facilities, legal services, government agencies, research centers, and more.

National Dissemination Center for Children with Disabilities (NICHCY). *Autism and Pervasive Developmental Disorder*. (March 2006). Site accessed September 26, 2007.

<http://www.nichcy.org/pubs/factshe/fs1txt.htm>

Reviews the differences between autism and PPD. Provides parents and teachers with tips for supporting the child and a list of organizations that can provide current resources.

National Research Council (2001). *Educating Children with Autism*. Committee on Educational Interventions for Children with Autism. Catherine Lord and James P McGee, Eds. Division of Behavioral and Social Sciences and Education, Washington, DC: National Academy Press. Site accessed September 26, 2007.

This book is available from various sources, including the publisher, National Academy Press. Visit the publisher's website for more information at [http://www.nap.edu/catalog.php?record\\_id=10017](http://www.nap.edu/catalog.php?record_id=10017).

# **Blood Disorders**

## **Nursing Management of Blood Disorders In the School Setting**

The most common blood disorders are hemophilia, sickle cell, thalassemia, and anemia conditions. The nurse should suspect anyone who has frequent nosebleeds, excessive bleeding after a cut or who bruises easily of having a possible disorder of the blood. Most students are aware of their genetic based conditions (due to newborn screening tests) and may have experienced acute exacerbations of their condition. They will need reassurance that the school nurse has an action plan to provide immediate care and where to go for immediate help.

Persons with hemophilia may bleed for a longer time than others after an injury or accident. They also may bleed internally, especially in the joints (knees, ankles, and elbows). Physical activity helps keep muscles flexible, strengthens joints, and helps in maintaining a healthy weight. Children and adults with hemophilia should get regular physical activity, but they may have certain physical activity restrictions due to safety considerations.

In the United States, sickle cell disease (SCD) occurs in approximately 1 in 2,500 newborns. SCD can affect persons of any race or ethnicity but is more common in persons of African, Mediterranean, Middle Eastern, and Indian ancestry and persons from the Caribbean and parts of Central and South America. SCD occurs in approximately 1 in 350 African-Americans. Dehydration can be a contributing trigger to a sickle cell crisis. School-aged children should participate in physical education, but teachers should allow children with sickle cell anemia to rest if they tire and to drink fluids after exercise. Children and teenagers may play competitive sports, however coaches should watch for signs of fatigue and allow the athlete to rest. Long hours at strenuous activities should be avoided.

Thalassemia is among the most common inherited disorders caused by a single abnormal gene. Thalassemia occurs most frequently in people of Italian, Greek, Middle Eastern, Southern Asian and African ancestry. Based on the severity of the thalassemia condition, the student may require blood transfusions every 2-3 weeks to maintain adequate hemoglobin

levels to support normal growth and development and minimize heart failure and bone deformities.

Von Willebrand disease is a genetic condition in which there are deficiencies in the clotting factor and equally affects girls and boys. The signs and symptoms of this disease depend on the type and severity of the disease with the mild form of Von Willebrand disease often going undiagnosed until adulthood. Some people have the gene for the disease but do not have bleeding symptoms. The first sign of this disease may be when a young girl begins her menses and has heavy menstrual bleeding and, if untreated, can lead to [iron-deficiency anemia](#).

Caution should be given when administering any medications that may thin the blood. The school nurse or delegate should verify daily that an ice pack is available for immediate use, prescribed emergency measures are in place for field trips, and emergency contacts can be accessed. The student should be advised to wear a medical identification bracelet, not a necklace (for safety reasons) alerting anyone about the medical condition and whom to call.

As with any disability, self-image issues and self-care management must be addressed in the students' IHPs, as well as anticipatory crisis plans. Active and independent lifestyles are possible but may be compromised by secondary disabilities. Proactive interventions and engaging the students early in their care prepares students to understand and manage their health needs within daily living activities.

## References

Centers for Disease Control and Prevention (CDC). *Blood Disorders: Topic Home*. Site accessed September 26, 2007.

<http://www.cdc.gov/ncbddd/hbd/default.htm>

This site provides information about bleeding and clotting disorders, including hemochromatosis, a condition that results in excessive iron retention, and thrombophilia.

National Heart Lung and Blood Institute. *Blood Diseases and Conditions*. Site accessed September 26, 2007.

<http://www.nhlbi.nih.gov/health/dci/Browse/Blood.html>

The site allows the reader to select from a menu of over twenty blood disorders that include:

- Anemia conditions
- Hemophilia
- Sickle cell
- Thalassemia

The articles provide detailed information with graphics for each disease condition, how it is diagnosed, treatment options, medication that can complicate the condition, and daily activity guidelines including school activities.

National Institutes of Health: *Bleeding Disorders*. Site accessed September 26, 2007.

<http://health.nih.gov/result.asp/80>

This site provides links to information on genetic disorders and blood / lymphatic system disorders.

## Additional Resources

American Academy of Pediatrics (AAP). National Center for Medical Home Initiatives.

Site accessed September 26, 2007.

[http://www.medicalhomeinfo.org/health/SickleCell/Fact%20Sheets/Gen\\_SCD.pdf](http://www.medicalhomeinfo.org/health/SickleCell/Fact%20Sheets/Gen_SCD.pdf)

In the United States, sickle cell disease occurs in approximately 1 in 2,500 newborns. It is more prevalent than any other condition identified by newborn blood screening.

Hemophilia Galaxy. *Flight Gear: The Hemophilia Starter Kit*. Site accessed September 26, 2007.

[http://www.hemophiliagalaxy.com/hcp/resources/hcp\\_flight.html](http://www.hemophiliagalaxy.com/hcp/resources/hcp_flight.html)

Packaged in a carrying bag, *Flight Gear* contains a Caregiver Binder filled with helpful information on topics including: Understanding Hemophilia, Treatment of Hemophilia, Types of Bleeding Episodes, Keys to Healthy Living, Day Care Center Evaluation Checklist, Treatment Log Entry Forms.

Mandell, E., (December 2000). *Care Coordination for Patients with Sickle Cell Disease*.

Massachusetts: Brigham and Women's Hospital. Joint Center for Sickle Cell and Thalassaemic Disorders. Site accessed September 26, 2007.

<http://sickle.bwh.harvard.edu/coordination.html>

This article written by a hematology nurse practitioner provides a good overview of the extensive interventions needed to effectively treat blood disorders and how the school nurse fits into the health care delivery system.

March of Dimes. Pregnancy and Newborn Health and Information Center. Site accessed September 26, 2007.

[http://www.marchofdimes.com/pnhec/4439\\_1229.asp](http://www.marchofdimes.com/pnhec/4439_1229.asp)

This site provides links to inherited disorders such as thalassemia and sickle cell with quick references and fact sheets. Preconception education information is available and should be made available to persons of childbearing age who may have a family history of genetic disorders so conception choices can be considered.

The Sickle Cell Information Center. Site accessed September 26, 2007.

<http://www.scinfo.org/>

Subcategories direct the reader to specific topics such as Americans With Disabilities Act (ADA), PowerPoint's on this subject, and questions submitted to the Web site by patients, clinicians, and others.

# Depression

## Nursing Management of Depression in the School Setting

One in five children before the age of 18 will experience depression, as it may co-exist with a variety of both physical and mental conditions. In addition, a variety of factors may perpetuate the risk of depression:

- Increasing pressures in the academic setting, in extracurricular activities, and in children being exposed to events beyond their developmental readiness where they lack the coping skills to deal with complex life situations.
- Divorce impacts the well being of children and they need supports to regain a sense of security.
- Domestic violence continues to impact children in the home setting. On November 2, 2006, 564 adults and children in Kansas sought services from domestic violence agencies. This startling data comes from a one-day national count *Domestic Violence Counts: the National Census of Domestic Violence Services (NCDVS)*.

School nurses can readily identify children who appear sad, have a flat affect or lack interest in activities normal for their age group. They can be knowledgeable about health conditions or treatment modalities that put a student at risk for depression and they can serve as resources for teachers, other school staff, and families who may observe these behaviors in children and youth.

Depression can seriously impair a student's ability to function in the classroom. In addition to the aforementioned symptoms, a student may exhibit other symptoms such as aggressive behavior (bullying) or an eating disorder. Children exhibiting these behaviors should be screened for depression if the signs persist.

During the teen years, adolescents experience higher rates of depression. Careful listening and monitoring for changes in habits, clothing choices and avoiding peers can guide the nurse to initiate a screening for depression.

Since suicide is the third leading cause of death for this age group and depression may be a factor in suicide, regardless of the age of the student, suicide risk and intervention should be considered. As some prescription medications used to treat other chronic health conditions can contribute to feelings of depression or can exacerbate depression it is imperative that the school nurse thoroughly understand the medications that a student is taking. Often, a thorough

physical exam is recommended to rule out a physical cause for the depression and if no physical cause is found, a referral to an appropriate mental health provider should be made. Careful documentation of symptoms is critical as misdiagnosis and treatment of a person with drugs appropriate for ADHD can exacerbate symptoms of depression. More information on suicide interventions can be found under that topic.

Concerns regarding depression in children and youth should not be overlooked because early intervention and referral to school counselors or psychologists, health care provider, or mental health professionals, can create an important support system for the student and the family. Programs co-taught by teachers, psychologists, principals and nurses on problem solving, anger and frustration coping skills, communication skills, cooperation skills and conflict resolution techniques provide the support for students to help them through difficult times. Depression is treatable with high recovery rates. However, many youth and adults do not receive these services for lack of a referral.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Depression and Suicide*. Site accessed September 27, 2007.

<http://www.aap.org/healthtopics/depression.cfm>

This site discusses depression and suicide in children and youth providing links to specific topics. Of particular interest to the school nurse may be: “when to seek professional help for behavior problems.” It provides a nicely formatted educational page that discusses signs and symptoms in children and youth that should prompt a parent to seek out a health provider and a list of situations that can increase the potential for emotional problems in children. This would serve as an excellent anticipatory guidance tool.

National Institute of Mental Health (NIMH). Site accessed September 27, 2007.

<http://www.nimh.nih.gov/healthinformation/depchildmenu.cfm>

This health information page covers topics related to depression in children and adolescents, including both printed and web-based resources available to families and practitioners.

State Mental Health Resources for Kansas. Site accessed September 27, 2007.

<http://mentalhealth.samhsa.gov/databases/kdata.aspx?state=KS>

This site is provided through the U.S. Department of Health and Human Service, Substance Abuse and Mental Health Services Administration (SAMHSA) and provides links to a variety of mental health resources in Kansas, including:

- Facilities locator
- Services directory
- State resource guide
- State suicide prevention programs
- Public / private organizations funded to provide mental health services.
- State statistics

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. Site accessed September 27, 2007.

<http://www.samhsa.gov/>

This site is a portal to a variety of web-based resources for mental and physical health for consumers and professionals. The entire site warrants review by the school nurse. Of particular interest, is the wealth of information / links / resources for working with children and families [http://www.samhsa.gov/Matrix/matrix\\_families.aspx](http://www.samhsa.gov/Matrix/matrix_families.aspx)

## Additional Resources

American Academy of Child and Adolescent Psychiatry. Site accessed November 20, 2007.

<http://www.aacap.org/>

This site provides resources for families as well as professionals. The resources for families include information on:

- Kids and Culture
- Disaster Resources
- Child and Adolescent Mental Illness and Drug Abuse Statistics
- Clinical trials

American Academy of Pediatrics (AAP). *Children's Mental Health in Primary Care*. Site accessed September 27, 2007.

<http://www.aap.org/commpeds/doch/mentalhealth/>

This site provides links and information regarding State of Kansas mental health resources.

American Psychological Association (APA) Online. *Psychology Matters, School-Based Program Teaches Skills That Stave Off Depression*. Site accessed September 27, 2007.

<http://www.psychologymatters.org/gillham.html>

Family Guide: *Depression Hurts*. Site accessed September 27, 2007.

<http://www.family.samhsa.gov/monitor/depressionhurt.aspx>

A guideline that can be printed as a resource to assist the school nurse to screen for depression, types of depression, how to talk to students and early referral suggestions.

*Major Depression in Children and Adolescents*. SAMHSA. Site accessed September 27, 2007.

<http://mentalhealth.samhsa.gov/publications/allpubs/Ca-0011/default.asp>

In this fact sheet, "mental health problems" for children and adolescents refers to the range of all diagnosable emotional, behavioral, and mental disorders. They include depression, attention deficit/hyperactivity disorder, and anxiety, conduct, and eating disorders.

National Institute of Mental Health (NIMH). Site accessed September 27, 2007.

<http://www.nimh.nih.gov/health/publications/index-publication-booklet.shtml>

This site provides a variety of fact sheets and booklets in both English and Spanish. Topics include: depression, anxiety disorders, assisting children and adolescents in coping with disasters, and others.

# Diabetes

## **Nursing Management of Diabetes in the School Setting**

Diabetes management is the balance between food, exercise and insulin. The school nurse may expect to see two types of diabetes as well as youth at risk of developing diabetes. Type 1 diabetes is an autoimmune disorder in which the body's immune system destroys the specialized beta cells in the pancreas that make insulin necessitating the need for insulin therapy replacement. With Type 2 diabetes, insulin-producing cells are still present but the level of insulin produced is insufficient or the body does not respond to it. Some people with Type 2 diabetes can keep it under control by losing weight, changing their diet and increasing their exercise. Others take one or more medications, including insulin. High caloric intake, less physical exercise, and an increasing rate of obesity are putting children and youth at risk for diabetes and the associated life long disabilities.

Effective diabetes management allows the student full participation in all areas of the school curriculum and extra curricular activities. The nurse plays a key role in obtaining necessary health information, consulting with the student's dietitian or diabetes educator regarding dietary recommendations / plans, development of the individual health care plan, and education of school personnel who will assist with diabetes management in the nurse's absence. These personnel may include:

- Teachers
- Para-educators / teacher aides
- Coaches
- Administrative personnel / secretaries
- School Nutrition Services / food service employees
- Transportation / bus drivers
- Building first responders

Any school personnel who will interact with the student on a regular basis should be trained to observe for signs that are indicative of a low or high blood sugar and receive instruction regarding diabetes management with the crucial involvement of the school nutrition services. The school staff must be prepared to support the student's needs with a minimal amount of classroom disruption and a productive learning environment with consideration of extracurricular school activities. For instance, a student at the secondary level may begin to

participate in athletic practices prior to the beginning of academic classes in August, thus an anticipated crisis plan should be in place for coaches / support staff.

School policies should support the student's capabilities to provide self-care and self-regulation of calories, activity and insulin as documented by the parent and care provider.

Depending on the impact that the student's diabetes management has on the academic progress, the nurse may develop an IHP only, a Section 504 Plan, as well as participate in the development of an IEP. All plans should contain:

- Meal planning with school nutrition services
- Anticipated Crisis Plan for Hypoglycemia / Hyperglycemia
- Location of student's foods / beverages to treat hypoglycemia
- Preventive and health promotion activities, i.e. teaching regarding wound management, ketone testing, importance of vision screening.
- Where the student would prefer to manage care, i.e. in the classroom or the health services office
- Medication care plan with location of emergency medications / physician orders for self-carry of emergency medications
- Emergency contacts
- Special events impacting management, i.e. class parties, extended field trips

Students may manage their diabetes with:

- Dietary management, including carbohydrate counting
- Exercise
- Oral diabetes medications
- Insulin administered via an injection using a vial / syringe, insulin auto-injector pen, or insulin pump.

With the varied treatment options available for students, it is vital that school nurses have a thorough understanding of each student's individual health needs related to their diabetes care, psychosocial issues associated with having a chronic health condition, and developmental status of the student to facilitate teaching of self-care. With proper and consistent management of diabetes, students can have a successful and fulfilling school experience.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Diabetes*. Site accessed September 27, 2007. <http://www.aap.org/healthtopics/diabetes.cfm>

Family and community resources, resources for professionals, and links to sites providing information are accessed through the AAP site. The most current research applicable to this subject is highlighted at this site. Two documents of interest to the school nurse at this site are:

- Helping the Student with Diabetes Succeed: A Guide for School Personnel
- Type II Diabetes in Children and Adolescents

American Diabetes Association (ADA). *Diabetes Management in School*. Site accessed September 27, 2007.

<http://www.diabetes.org/for-parents-and-kids/for-schools/diabetes-management.jsp>

The ADA has extensive information on diabetic management with sub links covering sick days, hyper- and hypoglycemia, meal planning options, types and actions of insulin, storage and administration steps to highlight a few topics. Lou, a cartoon like character guides the listener as they watch a movie and learn the basics about type 1 and type 2 diabetes. The ADA website links you to age related resources, games and gift ideas. An extensive teen section addresses how to tell friends you have diabetes, dating, preparing to live on your own and sponsors a teen chat room.

National Diabetes Education Program (2003). *Helping the Student with Diabetes Succeed: A Guide for School Personnel*. Bethesda, MD: National Institutes of Health, NIH Publication No.03-5217. Site accessed September 27, 2007.

[http://ndep.nih.gov/diabetes/pubs/Youth\\_NDEPSchoolGuide.pdf](http://ndep.nih.gov/diabetes/pubs/Youth_NDEPSchoolGuide.pdf)

This 88-page guideline has the endorsement of the American Academy of Pediatrics. Information is divided into the following sections: 1) Diabetes Primer for School Personnel, 2) Actions for School Personnel, Parents and Students, 3) Tools for Effective Diabetes Management in Schools, 4) School Responsibilities Under Federal Laws. The American Diabetes Association's Position Statement: "Care of Children with Diabetes in the School and Day Care Setting" references Federal laws, general guidelines for the care of the child in the school and day care setting, responsibilities of parents and other care providers, expectations of students and blood glucose monitoring in the classroom.

## Additional Resources

Diabetes Prevention and Control Program, Kansas Department of Health and Environment, Office of Health Promotion. Site accessed September 27, 2007.

<http://www.kdheks.gov/diabetes/index.htm>

Contact information for the program manager, the nurse chronic care specialist, a health educator, and an advanced epidemiologist are available.

Lorenz, R.A. *Medical Management Needs of Children with Diabetes at School*, Nurse News (November, 2003). Site accessed September 27, 2007.

[http://ndep.nih.gov/diabetes/pubs/SNN\\_November\\_2003.pdf](http://ndep.nih.gov/diabetes/pubs/SNN_November_2003.pdf)

This article nicely summarizes the 77 page document, "Helping the Student with Diabetes Succeed: A Guide for School Personnel". Dr Lorenz has provided an outline of the nurse's responsibilities in a side table.

United States Department of Agriculture, Food and Nutrition Information Center, *Diet and Diabetes*. Site accessed September 27, 2007.

[http://fnic.nal.usda.gov/nal\\_display/index.php?info\\_center=4&tax\\_level=2&tax\\_subject=278&topic\\_id=1382](http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=278&topic_id=1382)

This website provides numerous links to resources that include general information on diabetes, carbohydrate counting and exchange lists, children and diabetes, diabetes organizations and more.

# Eating Disorders

## **Nursing Management of Eating Disorders in the School Setting**

This section does not cover physical eating, swallowing conditions or allergic reaction to food. Tube feedings, for example, are in the technical section and food allergies can be found in the allergy section. The section cites references for three serious eating disorders: anorexia nervosa, bulimia, and binge eating.

By addressing healthy eating habits schools can help ensure that all school-age youth attain their full educational potential and maintain good health. The American society at large is a poor example of complying with nutritional recommendations. To have an impact on changing this trend, we must work toward educating our children at a very young age on the benefits of good nutrition. Research indicates that early intervention makes a big difference in the outcome of treating eating disorders. The foundation for making good choices is based on early learning and healthy practices before an eating disorder becomes evident.

Because of the cultural and food selection preferences, using the most current food pyramid and activity guideline is recommended to honor diversity and assure best practice outcomes.

Awareness of behaviors or situations that can lead to eating disorders is helpful:

- Food aversions
- Dieting behavior
- Overeating
- Participation in activities that focus on or emphasize weight, i.e. wrestling, dance, cheerleading, modeling.
- Excessive exercise
- Preoccupation with weight and / or food
- Emphasis on overachievement
- Stressful environments or events

It is essential that weight concerns be taken seriously and monitored without adding to the student's low self esteem or co-existing psychiatric condition. Left untreated, heart problems and kidney failure are two secondary disability outcomes the individual may face. In addition, bingeing and purging behaviors can impact dental health, physical health, and pose a safety concern for choking.

The school nurse is also reminded that avoidance of certain food groups can lead to deficiencies that can have negative outcomes. Examples of health problems associated with nutritional deficiencies are:

- Growth retardation
- Pubertal delay or interruption
- Increased risk for neuro-tube (Spina Bifida) defects in the fetus related to decreased folic acid or vitamin B intake
- Osteoporosis
- Tooth decay

The school nurse should conduct assessment of weight and the Body Mass Index (BMI) being sensitive to the student's concerns, being mindful that these screenings should be used with added caution with students who are struggling with eating disorders or weigh obsession as this may precipitate additional emotional stress.

Due to the complexity of issues involved in eating disorders, inclusion of health and mental health providers, as well as a dietitian, should be considered in developing the IHP. In addition, recommendations made by these professionals should be included in the student's educational plans incorporating dietary and psychiatric recommendations into the daily activities at school. The school nurse can assist and serve as the liaison with the family, health providers, school counselor and / or psychologist in promoting continued interventions in the school, home and community settings.

## References

Anorexia Nervosa and Related Eating Disorders (ANRED). Site accessed September 27, 2007.

<http://www.anred.com/toc.html>

ANRED is a nonprofit organization that provides information about anorexia nervosa, bulimia nervosa, binge eating disorder, and other less well-known food and weight disorders. The material includes self-help tips and information about recovery and prevention.

healthfinder.gov. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Site accessed September 27, 2007.

<http://www.healthfinder.gov/scripts/SearchContext.asp?topic=267&targaud=183>

This link is from the “parent’s” section of the website. The site provides an index of topics. This link is under “eating disorder” and provides portals for health news about eating disorders and organizations that can provide resources and information.

National Institute of Mental Health (NIMH). *Facts About Eating Disorders and the Search for Solutions*. Site accessed September 27, 2007.

<http://www.nimh.nih.gov/health/publications/eating-disorders-facts-about-eating-disorders-and-the-search-for-solutions.shtml>

Symptoms, treatment strategies and references are provided for anorexia nervosa, bulimia nervosa, and binge eating. Recognition and early intervention increases treatment success rates. These disorders frequently begin in adolescence or early adulthood, but have been reported in younger age groups.

## Additional Resources

*American Academy of Family Physicians (AAFP)*. Eating Disorders: Facts for Teens.

Site accessed September 25, 2007.

<http://familydoctor.org/277.xml>

One page overview available in English or Spanish with warning signs to raise the awareness of potential harmful eating habits.

*BAM! Body and Mind*, Centers for Disease Control and Prevention. Site accessed on September 25, 2007.

<http://www.bam.gov/>

This website is an interactive site that allows children and youth to explore a variety of topics, including information on body image and nutrition. This site would be good teaching tool for health or classroom use.

*If Those Dolls Were Real People*.

[http://www.bam.gov/teachers/body\\_image.html](http://www.bam.gov/teachers/body_image.html)

This 60-minute lesson plan assists teachers in teaching children and youth how to assess the messages conveyed by media. A variety of “risk” behaviors are addressed,. However, the focus is on the unrealistic body images portrayed in the media and in forms of entertainment.

Green, M., (2002). *Beneath the Surface of Eating Disorders*. National Association of School Nurses. Site accessed September 25, 2007.

<http://www.nasn.org/store/>

This manual gives the school nurse a more thorough understanding of the complexities of eating disorders and proposes effective intervention strategies. A basic knowledge of the diagnostic criteria of eating disorders, a general overview of the epidemiology and etiology of eating disorders, and an understanding of the stereotypical images of eating disorders will increase the school nurse’s ability to identify students struggling with eating disorders or disordered eating patterns

National Association of Anorexia Nervosa and Associated Disorders. Site accessed September 25, 2007.

<http://www.anad.org>.

This site sponsors the eating disorders awareness week and has packets that can be ordered for schools.

National Eating Disorder Association. Site accessed September 25, 2007.

[www.edap.org](http://www.edap.org)

This site has educational information including a hotline number for information and referral information and access to an Eating Disorders Information Index.

National Eating Disorder Screening Program (NEDSP). Site accessed September 25, 2007.

<http://www.mentalhealthscreening.org/events/nedsp/index.aspx>

This site focuses on three main types of eating disorders: anorexia nervosa, bulimia nervosa, and binge eating.

The Alliance for Eating Disorder Awareness. Site accessed September 25, 2007.  
<http://www.eatingdisorderinfo.org>

*Treatment of Eating Disorders in Children, Adolescents, and Young Adults*, (Pediatrics in Review. 2006; 27:5-16.) Site accessed September 25, 2007.  
<http://pedsinreview.aappublications.org/cgi/content/extract/27/1/5>

United States Department of Agriculture (USDA) *My Pyramid*. Site accessed September 25, 2007.  
<http://www.mypyramid.gov/>  
Provides educational tools to help student design a healthy diet and incorporate activity around personal preferences. Site provides online links to games to reinforce learning.

# Hearing Impairment

## **Nursing Management of Hearing Impairment in the School Setting**

Prevention of hearing loss should be the school nurse's primary role in managing hearing deficits. Hearing loss is the third most common health problem in the United States with the potential for extensive damage to hearing occurring before a diagnosis of a hearing loss is made. Although hearing problems are commonly associated with the normal aging process, more than half of all hearing impaired persons are under the age of 65. In Kansas, *Sound Beginnings* is the Newborn Hearing Screening Program whose goal is to identify congenital hearing loss in children before three months of age with appropriate intervention no later than six months of age. This affords early identification and intervention for children who are born with a congenital hearing loss.

The National Health and Nutrition Examination Interview Survey (2002) revealed that noise is the number one cause of impaired hearing. Noise induced hearing loss (NIHL) is a sensory neural type loss involving injury to the inner ear in which the severity of the loss depends on the intensity and the frequency of the sound exposure. Noise induced hearing loss occurs gradually and without pain and is most frequently identified in older students. Recognition of potential risks of hearing loss associated with exposure to loud noises, i.e. firearms or fireworks, noisy work environments, high volumes on MP3 player and other "in the ear" is important from the aspect of prevention and health promotion. School nurses need to be cognizant of the accumulative effects of intermittent exposure to noises within the school setting. Some noise exposures are found in band practice, woodworking shops and at sporting events.

In addition to sensory neural type of hearing loss due to noise, repeated injury from middle ear infections (otitis media) can lead to both temporary and permanent hearing loss. Preschool and elementary aged children are most at risk for otitis media. Proper training and practice with otoscopes and hearing screening tools in the school setting can help guide the nurse to make referrals with supporting health history information, otoscopy, and screening results.

A more challenging condition is auditory processing. This term is used to describe what happens when the brain recognizes and interprets the sounds. Hearing difficulties are often unrecognized by the person involved. A hearing screening and consultation with the school audiologist should be made for a child who is falling behind, not paying attention, demonstrating behavioral issues or giving inappropriate responses to questions.

Any child who is known to have a hearing loss or repeated ear infections should be screened yearly and as indicated. Students with mild or unilateral hearing loss should also be closely monitored. Even mild hearing loss can significantly interfere with the reception of spoken language and education performance. Research indicates that children with unilateral hearing loss (in one ear) are ten times more likely to be held back at least one grade compared to children with normal hearing. Students with mild hearing loss can miss 25-50% of speech in the classroom and may be inappropriately labeled as having a behavior problem. Similar academic achievement lags have been reported for children with even slight hearing loss.

Youth with unilateral hearing loss can benefit from preferential seating that allows them to be engaged with their normal hearing ear presented toward the learning objective or activity. Traffic noise and classroom activities should be minimized to provide the best hearing opportunity. Some students may benefit from amplification devices. Consulting with the teacher about supports such as seating preference and noise level monitoring to meet the academic needs of the student should be a collaborative effort that includes the audiologist and perhaps the speech therapist and psychologist.

The IHP should incorporate accommodation plans for optimal hearing in the classroom, management of the equipment and support the student's care, including the audiologist contact information for monitoring of hearing aids and batteries.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Vision and Hearing*. Site accessed September 27, 2007.

<http://www.aap.org/healthtopics/visionhearing.cfm>

Hearing loss is the most common congenital condition in the United States. Every day, 33 infants are born with some degree of hearing loss. This site provides general information, professional, and family and community resources related to hearing screening, referrals, and management of hearing loss.

American Speech-Language Hearing Association (ASHA). Site accessed September 27, 2007.

<http://www.asha.org/default.htm>

This site is primarily for speech-language professionals; however, the Topic Index provides information and resources on a variety of subjects and does not require that the user be a member for most of the topic areas.

Centers for Disease Control and Prevention (CDC). Early Hearing Detection & Intervention (EHDI) Program. *Mild and Unilateral Hearing Loss*. Site accessed September 27, 2007.

<http://www.cdc.gov/ncbddd/ehdi/unilateralhi.htm>

Mild and unilateral hearing loss may be overlooked or missed. The school nurse and school audiologist should monitor these students for future loss and or progression to bilateral hearing loss

Hearing Loss Association of America. *Facts on Hearing Loss*. Site accessed September 27, 2007.

<http://www.hearingloss.org/learn/factsheets.asp>

Bulleted facts on infant, children and adult hearing loss, evaluation, early intervention benefits are listed. Descriptions of hearing aids and cochlear implants are provided.

National Institute on Deafness and other Communication Disorders (NIDCD). Site accessed September 27, 2007.

<http://www.nidcd.nih.gov/health/hearing/>

Home page provides links to specific health topics, such as otitis media; noise induced hearing loss, Cochlear Implants, hearing aids, research and directory of organizations.

*Sound Beginnings*, Kansas Newborn Hearing Screening Program, Kansas Department of Health and Environment (KDHE). Site accessed September 27, 2007.

<http://www.soundbeginnings.org/index.html>

This site provides information regarding this screening program and program contact information.

## Additional Resources

Daily Hearing Aid Checklist for School Use. Site accessed September 27, 2007.

[http://www.ncoes.net/Policies/Hearing\\_Aid\\_Checklist\\_school.pdf](http://www.ncoes.net/Policies/Hearing_Aid_Checklist_school.pdf)

American Academy of Audiology. *Frequently asked questions about hearing aids*. Site accessed September 27, 2007.

<http://www.audiology.org/aboutaudiology/consumered/guides/hearingaids.htm>

Topics covered include when aids are necessary, how many aids are needed, overview of the types of aids. The article answers how to adjust for feedback noise and adapt to wearing hearing aid(s).

The Canadian Hearing Society. Fact on Hearing Aids

<http://www.chs.ca/info/ha/7.html>

Information provided at this site includes:

- Creating a hearing aid kit
- Daily hearing aid checks and care
- Trouble shooting common hearing aid problems

Kansas State Department of Education, *Hearing Screening Guideline and Resource Manual (2003)*. Retrieved September 27, 2007 from

<http://kansped.org/ksde/resources/hearingguide.pdf>

The manual outlines the criteria and training required to administer hearing screenings. It references laws, regulations, documentation formats and referral guidelines.

Kansas State School for the Deaf (KSD). Site accessed September 27, 2007.

<http://ksdeaf.org/>

Located in Olathe, Kansas, the Kansas State School for the Deaf has campuses for children birth through high school. The school provides:

- A placement option available to all deaf children in Kansas ages 3-21.
- A barrier-free communication environment that fosters early, fluent communication and on-going fluent communication as a means of broadening horizons and maximizing possibilities.
- Bilingual instruction, which builds on the strengths of a fluent, visual language [American Sign Language] to develop fluency in a second, written language [English].

National Association of School Nurses. *Position Paper on Hearing Loss (June 2003)*.

Site accessed September 27, 2007.

<http://www.nasn.org/Default.aspx?tabid=232>

One of the school nurse's roles is to provide education, leadership and actively advocate for protection from hearing loss. The position paper addresses the issue of hearing loss in students, the impact of hearing loss on student learning, and the primary role of the school nurse related to students with hearing loss.

# **Immunosuppressed Disorders**

## **Nursing Management of Immunosuppressed Disorders in the School Setting**

Immunosuppressed or immunodeficient disorders may be a primary genetic disorder or may be acquired through infections, other illnesses, or as an induced side effect from medications.

Some causes of immunodeficiency include:

- Primary genetic disorder of the immune system
- Cancer
- Human Immune Deficiency Virus / Acquired Immunodeficiency Disease Syndrome (HIV / AIDS)
- Malnutrition
- Chronic illness
- Poorly managed diabetes
- Medications used to minimize the body's immune response to inflammatory conditions, i.e. rheumatoid arthritis, organ transplant.

Students face the prospect of being isolated and possible discrimination because of their health status. The protection of the student's health status does not necessitate sharing the condition of a compromised immune system or the cause for the immunodeficiency.

Student's HIV / AIDS status is protected health information. KSA 65-6001 through 65-6007 addresses confidentiality related to acquired immune deficiency syndrome (AIDS) and hepatitis B. (See <http://www.kslegislature.org/legsrv-legisportal/index.do>) Educating school staff and students about the need for universal precautions with everyone, regardless of their health status, makes it unnecessary to share health information with school staff and students.

It is helpful for the school nurse to know who may be immunocompromised in order to facilitate communication and interventions in the event of a disease outbreak that could further compromise the student's immune system. The school nurse should share information only when necessary. Parents and students are not obligated to share health information.

Successful treatment of cancer usually restores the function of the immune system. Treatment with antiviral drugs can help improve white blood cell function, thus preventing additional infections due to immunodeficiency.

HIV / AIDS are a mixed set of conditions that require sensitivity and a good knowledge base to properly manage the conditions in the school setting. Strategies for reducing the risk of and for treating infections depend on the type of immunodeficiency disorder that is a result of the compromised immune system.

Good control of diabetes and other chronic health conditions that can compromise the immune system can help white blood cells function better and thus prevent infections.

Students who have an immunodeficiency disorder due to a deficiency of antibodies or compromised response to infections are at risk of bacterial infections. The following measures may be helpful in maintaining optimal health:

- Good personal hygiene, including conscientious dental care
- Good nutrition practices, including not eating undercooked food
- Drinking bottled water
- Avoidance of crowds during peak seasons of illness
- Consultation with healthcare providers with exposure to contagious disease or with illness
- Consultation with healthcare provider for medication management or vaccination questions

Students with immunodeficiency, as well as students who are not immunocompromised, will require practicing universal precautions that include:

- Good hand washing
- Avoiding body fluid exchanges
- Avoiding sources for bacteria and viral infections
- Monitoring for illness and must be protected from exposure to any infectious process

The school nurse serves as a liaison between the family and the student's healthcare provider and can be instrumental in assuring that the student's optimal health can be maintained. The school nurse assures communication of potential infectious diseases, development of IHPs to assist with needed accommodations and therapies while at school, and support of the student to include privacy regarding their conditions and management of their chronic health condition.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Infectious Diseases*. Site accessed September 27, 2007.

<http://www.aap.org/healthtopics/infectiousdiseases.cfm>

This site has an extensive section on HIV-Related AAP Policy Statements and links to resources for information.

Kansas Department of Health and Environment (KDHE). Bureau of Disease Control and Prevention. HIV/AIDS Prevention Center. Site accessed September 27, 2007.

<http://www.kdheks.gov/hiv/index.html>

This site provides resources that include:

- Quick guide to HIV / AIDS Services in Kansas
- Publications, Reports and Links
- HIV Prevention and Education

Merck Manuals: Online Medical Library: Immune Disorders: *Immunodeficiency disorders*. Site accessed September 27, 2007.

[http://www.mercksource.com/pp/us/cns/cns\\_merckmanual\\_frameset.jsp?pg=http://www.merck.com/mmhe/sec16/ch184/ch184a.html](http://www.mercksource.com/pp/us/cns/cns_merckmanual_frameset.jsp?pg=http://www.merck.com/mmhe/sec16/ch184/ch184a.html)

Overview of immunodeficiency and the known causes. Immunodeficiency disorders are detailed by etiology: congenital, acquired, undernourished or drug induced. Known prevention and treatments are provided.

National Institutes of Health: *Immune Systems and Disorders*. Site accessed September 27, 2007.

<http://health.nih.gov/result.asp/358>

Links to additional information on immune system disorders, including primary immune deficiency, is available through this link.

## **Additional Resources**

Center for Chronic Disease Prevention and Health Promotion. *Sexual Behavior: School Health Guidelines*. Site accessed September 27, 2007.

<http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm>

In collaboration with leading experts the CDC has published *Guidelines for Effective School Health Education to Prevent the Spread of AIDS*. These guidelines can be used for teaching various age groups of students about HIV / AIDS and strategies to avoid infection.

# **Mood and Psychiatric Conditions**

## **Nursing Management of Mood and Psychiatric Disorders in the School Setting**

Emotional and mental health disorders are difficult to assess yet may begin as early as infancy. Symptoms that is unusual for the usual temperament of the child that continues longer than a week or two should be evaluated. Many mental health conditions such as schizophrenia and bipolar disorders first appear in adolescents. See depression and suicide sections for additional information specific to these topics.

Drop out rates among youth with mental health issues are high. Reasons include disturbances with learning due to mental disorders and drug side effects, lack of emotional support to overcome low self-esteem and missed school time due to lack of early recognition and intervention until exacerbations occur requiring more intense treatment interventions.

Stigma erodes confidence that mental disorders are real, treatable health conditions. This stigma and unwarranted sense of hopelessness fosters attitudinal, structural and financial barriers that have made treatment and recovery more difficult. National leaders revealing their struggles with mental illness have become positive role models and reinforce the importance of being engaged in the treatment process.

The influx of children and adolescents with serious emotional disturbance mainstreamed into the regular educational curriculum places a special urgency for the school nurse to acquire as much knowledge, skill and wisdom as possible in order to meet the needs of these students in a safe and therapeutic manner. It is not unusual for trials with various drugs to occur before the right match is found to address the symptoms with the fewest side effects. Access to current drug information is essential. The school nurse can facilitate the collaboration needed by monitoring and evaluating the effectiveness of the treatment plan on the academic performance and communicating with the legal guardians and appropriate providers.

The causes of the many and varied psychiatric disorders have been attributed to:

- Genetic
- Biochemical
- Environmental

- Neurobiological
- Drug-induced factors

In many cases, students will have more than one diagnosis with varying symptoms, such as aggressive behavior or poor impulse control. Each student must have an individualized treatment plan. Providing the student with as much therapeutic support as possible based on the willingness of the student to share / disclose information should be outlined in the student's IHP and if present, the IEP's level of performance and plan of action. A plan to deal with a psychiatric crisis developed with student's input provides the student with a sense of control and assurance that the supports are in place if needed.

The health care and/or IEP team should consist of a partnership including the student, lawful custodian, a qualified mental health professional, a teacher(s), the school nurse, a psychiatric provider and a medical provider. If the student has exhibited violent behavior or if such behavior is possible, the school resource office should be considered. Successful treatment includes the fostering of normal development as well as specific interventions directed at reducing problematic behaviors and diagnosing and treating associated conditions/disorders that allows the student to develop skills to manage behaviors in a more appropriate manner.

## References

American Academy of Pediatrics (AAP), *Children's Health Topics: Behavioral and Mental Health*. Site accessed September 27, 2007.

<http://www.aap.org/healthtopics/behavior.cfm>

This site provides links to multiple resources and topics related to behavior and mental health.

National Alliance on Mental Illness (NAMI). Site accessed September 27, 2007.

<http://www.nami.org>

This site is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families

National Institute of Mental Health. Site accessed September 27, 2007.

<http://www.nimh.nih.gov/publicat/bipolarupdate.cfm>

Child and Adolescent Bipolar Disorder: An Update from the National Institute of Mental Health

Schizophrenia.com. Site accessed September 27, 2007

<http://www.schizophrenia.com/family/sz.overview.htm> This website provides information, resources, and education that can be used without restrictions.

K.S. Griswold, K.S., & Pessar, L.F. (September 2000). *Management of Bipolar Disorder*. State University of New York at Buffalo, Buffalo, New York. Published American Academy of Family Physician, News and Publications. Site accessed September 27, 2007. <http://www.aafp.org/afp/20000915/1343.html>

## Additional Resources

American Academy of Pediatrics (AAP). *Children's Mental Health in Primary Care*. Site accessed September 27, 2007.

<http://www.aap.org/commpeds/doch/mentalhealth/>

This site provides links and information regarding State of Kansas mental health resources.

Jellinek, M., Patel, B.P., & Froehle, M.C. eds. (2002). *Bright Futures in Practice: Mental Health – Volume I. Practice Guide*. Arlington, VA: National Center for Education in Maternal and Child Health. Site accessed September 27, 2007.

<http://www.brightfutures.org/mentalhealth/index.html>

This site provides information for practitioners, as well as for families on:

- Mental health promotion
- Monitoring psychosocial development
- Preventing and identifying early emotional, behavioral, or substance abuse problems / disorders
- Providing anticipatory guidance and counseling
- Providing appropriate referral and follow-up
- Providing a framework for developing and implementing mental health promotion programs and policies in a variety of settings
- Including primary clinical care
- Infant mental health programs
- Child care centers
- School-based health centers
- Training programs
- Parent education programs.

In addition to educational materials, the guidelines publication can be downloaded.

Discover the Road Ahead: Support and Guidance for Everyone Affected by Schizophrenia. Retrieved September 27, 2007 from

<http://www.schizophrenia.com/pdfs/roadahead.pdf>

This 2004 100-page booklet serves as a guide and support for those with schizophrenia and their support systems.

Healthy & Ready to Work National Resource Center (HRTW). Site accessed September 27, 2007.

[http://www.hrtw.org/tools/laws\\_leg.html](http://www.hrtw.org/tools/laws_leg.html)

In response to these issues the Maternal and Child Health Bureau's Division of Services for Children with Special Health Care Needs (MCHB/DSCSHN) [www.mchb.hrsa.gov](http://www.mchb.hrsa.gov) has funded the development and demonstration of model Healthy & Ready to Work (HRTW) state programs focused on children and youth with special health care needs (CYSHCN). This site provides information on:

- Systems and Services
- Youth Involvement
- Tools and Solutions

- Health Care
- HRTW-U (Healthy and Ready to Work University) that links to audio transcripts and toolkits

Mental Illness: Myths and Facts. U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA). Site accessed September 27, 2007.

[http://www.whatadifference.samhsa.gov/learn.asp?nav=nav01\\_1&content=1\\_1\\_myths\\_facts](http://www.whatadifference.samhsa.gov/learn.asp?nav=nav01_1&content=1_1_myths_facts)

Others who think it is an uncommon condition frequently stigmatize people with mental illnesses. This site provides information on common myths and facts associated with mental illness

The Pacer Center. *Parent Advocacy Coalition for Educational Rights*. Site accessed September 27, 2007.

<http://www.pacer.org/>

PACER, a Minnesota based center, continues to be an essential resource for parents who wish to improve their advocacy skills, or who require information and assistance in accessing services for their children.

# Seizure Disorders

## **Nursing Management of Seizure Disorders in the School Setting**

Epilepsy is a brain disorder in which clusters of nerve cells, or neurons, in the brain sometimes signal abnormally. In epilepsy, the normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions, and behavior or sometimes convulsions, muscle spasms, and loss of consciousness. Having a seizure does not necessarily mean that a person has epilepsy. Only when a person has had two or more seizures is he or she considered having epilepsy. Epilepsy may be a single condition or part of a complex set of health related issues. An individual may have one or a combination of several types of seizures. A large percent of seizure activity has no known etiology.

Some events described as daydreaming (absence seizures) will require only reassurance and making sure the student receives the lesson content missed. It is not uncommon for this type of seizure to have gone undiagnosed for some time. Status epilepticus, (a prolonged seizure or one seizure after another without regaining consciousness in between them), must be treated as a life threatening event.

Medication side effects must be evaluated as they can produce symptoms similar to intoxication or abusing illegal drugs. Sedation, slurring of speech and unsteadiness are common effects of antiepileptic medications that can be dose related. Other side effects are associated with specific medications, and occur fairly frequently, regardless of dose. Depending on the drug involved, these effects may include double vision, weight gain, hyperactivity (in children), sleep disturbances, irritability, gum dysplasia, hirsutism (excessive hair growth) and changes in mood. The most common side effects associated with epilepsy medicines are: drowsiness, irritability, nausea, rash and clumsiness. School reports to parents and the attending physician can enhance the control of seizures with fewer side effects that impede concentration and learning.

Outlined expectations between school staff, health care providers, parents and the student in order to promote student involvement in managing a life long condition should be part of the ongoing Individual Education Process (IEP) and transition objectives. Staff, parents and

youth with seizures need to be educated about the condition thus reducing the potential for overprotecting and setting low expectations. By sharing facts with students and staff, dispelling fears and engaging the student in the IEP youth can put into practice self-directive, communication and advocacy skills that better prepares them for adulthood.

An IEP is an Individual Educational Plan, not process. Many students diagnosed with seizures do not need special education services. Therefore, they wouldn't have an IEP, but rather the student would have an Individual Health Care Plan (IHP).

## References

Centers for Disease Control and Prevention (CDC). *Epilepsy*. Site accessed September 27, 2007.

<http://www.cdc.gov/Epilepsy/index.htm>

This site provides information for:

- Program activities
- Research projects
- Publications
- Resources, including You Are Not Alone: Toolkit for Parents of Teens of Epilepsy

National Epilepsy Foundation. Site accessed September 27, 2007.

<http://www.epilepsyfoundation.org/answerplace>

In addition to information and links about epilepsy, seizure types and treatment options, the Epilepsy Foundation provides anticipatory guidance in the area of employment, legal aspects of ADA, reasonable accommodation and state specific driving laws.

WebMD. *Epilepsy Health Center*. Site accessed September 27, 2007.

<http://www.webmd.com/epilepsy/default.htm>

Written in parent friendly format, there are numerous links that provide information about:

- What epilepsy is
- Diagnosis and tests
- Treatment and care
- Living and managing
- Support and resources
- Hot Topics in Epilepsy, including Epilepsy and Kids: Dealing with School

The nurse will find the information that may be helpful to parents, educators, and students.

## Additional Resources

The Epilepsy Foundation of Kansas and Western Missouri. Site accessed September 27, 2007.

<http://www.epilepsyfoundation.org/local/kansas/>

This site provides resources and information pertinent to Kansas and Missouri. Periodic training is offered for school nurses on managing students with seizures. To access training opportunities in Kansas, go to

<http://www.epilepsyfoundation.org/local/kansas/schoolnursetraining06.cfm>

Epilepsy Foundation. Site accessed September 27, 2007.

<http://www.epilepsyfoundation.org/answerplace/>

This site has general information on epilepsy as well as addressing very specific topics that speak to:

- Medical aspects
- Social aspects
- Life aspects
- Legal aspects

This site provides a resource for anyone who has epilepsy, including an opportunity to sign up for an eNewsletter.

# **Suicide and Suicide Attempts**

## **Nursing Management of Suicide and Suicide Attempts in the School Setting**

In Kansas in 2004, suicide was the second leading cause of injury death for people ages 15-34 and the third leading cause of injury death for all age groups combined. Some of the warning signs of suicide include:

- Changes in school performance
- Increased complaints about physical problems without a medical reason (somatic complaints);
- Changes in appetite and weight
- Sudden change from extreme depression to being 'at peace' (may indicate that a person has decided to attempt suicide)
- Withdrawn or isolated from friends and family; loss of interest in once-pleasurable activities
- Loss of energy
- Overwhelming feelings of sadness and hopelessness
- Inability to make decisions or concentrate
- Making negative comments about self
- Purposefully putting affairs in order by giving away possessions or "clearing the air" over personal incidents from the past
- Talking, writing, or hinting about suicide or a preoccupation with death
- The association between mental illness and substance abuse increases the risk of suicidal behavior in adults and young people
- Bullying, whether as a victim or perpetrator, has also been demonstrated to increase the risk for suicidal ideation

Some environmental factors that lead to suicide ideation include:

- A previous suicide attempt
- Recent relationship breakup
- Death of a loved one
- Loss of a job
- Academic problems
- Problems with the law
- History of suicide in the family
- Recent disappointments
- Serious illness or belief that one is seriously ill

Easily obtained or improperly secured firearms or medications are often used in suicides. The more difficult it is for a child to put their hands on these items, the more likely they are to rethink their intentions or allow time for someone to intervene. Talking about suicide does not

“give kids the idea”, but rather gives them the opportunity to discuss their thoughts and concerns. This communication can act as a significant deterrent.

Protective factors that ward off suicide attempts are developmental assets (<http://www.search-institute.org/assets/>). These assets reveal strong and consistent relationships between the number of assets present in young people’s lives and the degree to which they develop in positive and healthful ways. Results show the greater the numbers of developmental assets experienced by young people, the more positive and successful their development. The fewer number of assets present may increase the possibility that youth will engage in risky behaviors, including suicide attempts.

Early diagnosis and treatment of mental conditions by a mental health professional can decrease the risk of suicidal ideation. As a school nurse, it’s important to not ignore statements like: “You’d be better off without me,” “I won’t be a problem for you much longer,” “I am going to kill myself”, “I want to die,” “I don’t want to be a burden anymore,” “I can’t stand living anymore,” or “Maybe I won’t be around” even if the statement seems casual or joking. If a student makes such statements, consider the following measures:

- LISTEN, LISTEN, LISTEN.
- Don’t promise to keep their comments of suicide a secret.
- Express your concern regarding the student’s safety with the student.
- Do not leave the student unattended unless there is a risk of injury to you. If there is, you should leave and contact Emergency Medical Services (EMS / 911) immediately.
- Contact the student’s parents or guardian immediately.
- Refer the student to a mental health professional or medical doctor.

Once the emergent crisis is past, the school nurse can be an integral component of the student’s ongoing support system, as well as instrumental in assisting for medical management while the student is in school. Notification to school staff of the student’s health needs must be handled with sensitivity and understanding with identified supports in place whom both the parents and the student agree. Key school personnel that the family is encouraged to include in notification is the:

- Principal
- School Counselor

- School Psychologist
- School Nurse

## References

American Academy of Pediatrics (AAP). Children's Health Topics: Depression and Suicide. Site accessed September 27, 2007.

<http://www.aap.org/healthtopics/depression.cfm>

This site discusses depression and suicide in children and youth providing topic links. Of particular interest to the school nurse may be the topic, "when to seek professional help for behavior problems". This topic provides a nicely formatted educational page that discusses signs and symptoms in children and youth that should prompt a parent to seek out their health provider. A list of situations that can increase the potential for emotional problems in children is included. This would serve as an excellent anticipatory guidance tool.

American Psychiatric Association (APA). *Lets Talk Facts About Teen Suicide*. Site accessed September 27, 2007.

<http://www.suicide.org/suicide-prevention-program-for-schools.html>

Document outlines signs, statistics and what can be done. Learning how to cope with life's ups and downs can help protect students from becoming overwhelmed.

Centers for Disease Control and Prevention (CDC). National Center for Injury Prevention and Control. Site accessed September 27, 2007.

<http://www.cdc.gov/ncipc/>

This site provides access to other links for information and resources related to injury, including suicide.

Kansas Department of Health and Environment. Office of Health Promotion. Suicide Prevention. Site accessed September 27, 2007.

[http://www.kdheks.gov/idp/state\\_suicide\\_prevention.html](http://www.kdheks.gov/idp/state_suicide_prevention.html)

This site provides data and resources in Kansas related to suicide prevention activities.

State Mental Health Resources for Kansas. Site accessed September 27, 2007.

<http://mentalhealth.samhsa.gov/databases/kdata.aspx?state=KS>

This site is provided through the U.S. Department of Health and Human Service, Substance Abuse and Mental Health Services Administration (SAMHSA) and provides links to access a variety of mental health resources in Kansas, including:

- Facilities locator
- Services directory
- State resource guide
- State suicide prevention programs
- Public and private organizations that receives funding to provide mental health services.
- State statistics

## Additional Resources

American Association of Suicidology. *Understanding and Helping the Suicidal Person*. Site accessed September 27, 2007.

<http://www.suicidology.org/displaycommon.cfm?an=2>

Lists warning signs, how to talk with a person who is expressing suicide thoughts and suggests removing articles that the person may use in an act of suicide.

American Psychiatric Association APA Online. *Teen Suicide is Preventable*. Site accessed September 27, 2007.

<http://www.psychologymatters.org/teensuicide.html>

Various resources, including research and programs for prevention of suicide, is available at this site.

Family Guide. Site accessed September 27, 2007.

<http://www.family.samhsa.gov/get/suicidewarn.aspx>

Designed for parents and other adults involved in the lives of 7- to 18-year-olds, the Family Guide web site emphasizes the importance of family, promotes mental health, and helps prevent underage use of alcohol, tobacco, and illegal drugs.

Friends for Survival. Site accessed September 27, 2007.

<http://www.friendsforsurvival.org/>

Friends for Survival is a national outreach program for survivors of suicide loss.

National Institute to Improve Adolescent Health (NIAAH) Partner: UCLA. *A Presentation & Training Aid: Youth Suicide Prevention: Mental Health and Public Health Perspectives (Slides & Script)*. Retrieved September 27, 2007 from

<http://smhp.psych.ucla.edu/qf/youthsuicideprevention.pdf>

This slide presentation is designed as a brief resource that can be easily adapted or used as is. Most slides encompass some key talking points that provide a brief overview of the topic, facts/facts sheets, and tools and references to a sampling of other related information and resources

National Suicide Prevention Lifeline. Site accessed September 27, 2007.

<http://www.suicidepreventionlifeline.org/>

The *National Suicide Prevention Lifeline* is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). Para obtener asistencia en español durante las 24 horas, llame al 1-888-628-9454. TTY 1-800-799-4TTY (4889). Or 911. You will be routed to the closest possible crisis center in your area. With over 120 crisis centers across the country, the mission is to provide immediate assistance to anyone seeking mental health services. The call is free and confidential.

Nemours Foundation: Teen Talk: *My friend is talking about Suicide*. Site accessed September 27, 2007.

[http://www.kidshealth.org/teen/school\\_jobs/good\\_friends/talking\\_about\\_suicide.html](http://www.kidshealth.org/teen/school_jobs/good_friends/talking_about_suicide.html)

Signs of suicide and what you can do are presented in teen terms.

Screening for Mental Health. Stop A Suicide. Site accessed September 27, 2007.

<http://www.stopasuicide.org/stop.aspx>

Nationwide campaign targeted at the friends and family members of people who may be depressed and/or suicidal. Resources are also available for [professionals](#).

SPANUSA, Inc (2001). *Suicide Prevention: Prevention Effectiveness and Evaluation*.

Retrieved September 27, 2007 from

<http://www.suicidology.org/associations/1045/files/LPBooklet.pdf>

Information guides the reader through the history and efforts to design best practices models. With this knowledge, the reader can better evaluate the design, implementation and reported outcomes allowing the school stakeholder to select a suicide prevention program that best meets the school/community needs.

*SOS Signs of Suicide* High School Program. Site accessed September 27, 2007.

<http://www.mentalhealthscreening.org/highschool/>

The main teaching tool of the SOS program is a video that teaches students how to identify symptoms of depression and suicide in themselves or their friends and encourages help seeking. The program's primary objectives are to educate teens that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to *ACT* (*Acknowledge, Care and Tell*) in the face of this mental health emergency.

Suicide Prevention Awareness and Support. Site accessed September 27, 2007.

<http://www.suicide.org>

This is a web site for all information on suicide prevention, awareness and support.

*Teen Screen* Program. Site accessed September 27, 2007.

<http://www.teenscreen.org/>

The Columbia University *Teen Screen Program* is a national mental health and suicide risk-screening program for youth. The goal of the national *Teen Screen Program* is to make voluntary mental health check-ups available for all American teens. *Teen Screen* works by assisting communities throughout the nation with developing locally operated and sustained screening programs for youth. This program requires school districts to have prevention programs in place with strong partnerships with the local mental health community.

*Yellow Ribbon* Suicide Prevention Program. Site accessed September 27, 2007.

<http://www.yellowribbon.org>

The *Yellow Ribbon* program is based on the premise that suicide is not about death, but rather about ending pain and that it's okay to ask for help. *Yellow Ribbon* cards are distributed and carried as a simple, effective tool to use to ask for help when feelings of suicide arise. The card has proven to be a lifeline because it is a reminder to young people that they have permission to ask for help, it helps them talk when they may not have the words and it tells the recipient of the card how to help the suicidal person.

## Kansas Suicide Hotlines

- 24-HOUR HOTLINE 1-800-SUICIDE (1-800-784-2433)
- DOUGLAS COUNTY  
[Headquarters Counseling Center](#) 24 hours / 7 days  
Lawrence - (785) 841-2345; Baldwin City - 888-899-2345
- EMPORIA - Mental Health Center of East Central Kansas  
Emporia Emergency Services (620) 343-2626
- GARDEN CITY Area Mental Health Center (620) 276-7689
- HUMBOLDT - Southeast Kansas Mental Health Service Emergency Line:  
Bourbon County - (620) 223-5030; Neosho County - (620) 431-7890;  
Anderson County - (785) 448-6806; Allen County - (913) 352-8214
- KANSAS CITY -Wyandotte Mental Health Center County Crisis Line  
(913) 831-1773
- KANSAS CITY - The Mental Health Association of the Heartland  
Mental Health Help Line (913) 281-1234; Teen Connection Helpline (913) 281-2299
- [For Teens](#)  
Lawrence - (785) 841-2345  
Baldwin City - 1-888-899-2345
- [For Kids](#) From Lawrence and Eudora - (785) 865-2600  
From Baldwin - 888-211-5333
- SALINA Hotline – Crisis Information & Referral  
(785) 827-4747
- SCOTT CITY Area Mental Health Center  
(620) 334-5619
- ULYSSES - Area Mental Health Center  
(620) 356-3198
- WICHITA / SEDGWICK COUNTY  
[COMCARE of Sedgwick County 24-Hour Suicide Hotline](#)  
(316) 660-7500  
Sedgwick County Department of Mental Health Crisis Intervention  
(316) 263-3770

# Visual Impairment

## **Nursing Management of Visual Impairment in the School Setting**

Vision screening continues to be an essential assessment performed by school nurses. Children should be screened for vision problems prior to entering school at the kindergarten level. Ideally, screening should begin by age 3 and earlier if a concern regarding vision is identified. The screener must pay attention to the student's demeanor (stance, leaning forward, squinting) to detect early warning signs of visual concerns. Early detection and treatment can reverse or minimize vision loss that if left untreated may lead to blindness.

Although some vision conditions have no symptoms, the warning signs of some potential problems are listed below.

- Frequent rubbing or blinking of the eyes
- Short attention span or daydreaming
- Poor reading
- Avoiding close work
- Frequent headaches
- A drop in scholastic or sports performance
- Covering one eye
- Tilting the head (when reading)
- Squinting one or both eyes
- Placing head close to book or desk when reading or writing
- Difficulty remembering, identifying and reproducing basic geometric forms
- Poor eye-hand coordination skills

A child who complains of headaches, is doing poorly in schoolwork, stumbles around on the playground should be assessed to see they have a contributing vision problem and a referral made for evaluation by an eye care specialist.

Once a visual impairment is determined, depending on the severity of the visual impairment, a referral should be made to community resources to help the family maximize the child's ability to function at home, in school and in the community. Each school district should have identified support staff trained or contact the State Department of Education Student Support Services secure services for students whose vision will require special education intervention. Loss of sight or low vision does not have to be a handicapping disability.

With early interventions, accommodations can be made to maximize the student's potential. The school nurse and teacher need to be aware that conditions can change through the year. A child will naturally accommodate for the loss of vision which may be more easily detected in the classroom than at home.

The school nurse role in the school setting is to assist in early identification of vision problems through screening programs. For those students with identified visual impairment, the nurse can assist the student and family in obtaining scheduled exams maintaining the student's academic health records with current vision evaluation reports and assisting in development of the IHP and/or IEP. The plan of care should incorporate accommodation plans for optimal vision in the classroom, management of glasses or assistive aids and support of the student's care, including the eye specialist's contact information.

## References

American Academy of Pediatrics (AAP). *Children's Health Topics: Vision and Hearing*. Site accessed September 27, 2007.

<http://www.aap.org/healthtopics/visionhearing.cfm>

Vision disorders are the fourth most common disability among children in the United States and the leading cause of impaired conditions in childhood. Recent studies estimate that only 21% of all preschool children are screened for vision problems and only 14% receive a comprehensive vision exam. This site provides general information, professional, and family and community resources related to hearing screening, referrals, and management of hearing loss.

Centers for Disease Control and Prevention (CDC). *Developmental Disabilities: Visual Impairment*. Site accessed September 27, 2007.

<http://www.cdc.gov/ncbddd/dd/ddvi.htm>

This site provides links to information, publications, research and resources including links to the National Center on Birth Defects and Developmental Disabilities. Information on this site is for both professionals and families of children with vision impairments.

SEE TO LEARN<sup>®</sup> Program. Site accessed September 27, 2007

<http://www.seetolearn.com/>

The "See to Learn" program is sponsored by the Eye Care Council and participating optometrists. This program offers free, no-cost optometric screenings to kids 3 years of age regardless of whether or not the family has insurance.

To locate an optometrist participating in the SEE TO LEARN<sup>®</sup> in your Kansas community, go to:

<http://www.seetolearn.com/member-list.html>

## **Additional Resources**

Kansas State School for the Blind (KSSB). Site accessed September 27, 2007.

<http://www.kssb.net/>

The Kansas State School for the Blind (KSSB) is located in Kansas City, Kansas and is fully accredited by the Kansas State Board of Education. KSSB provides a broad range of instructional programs for students ages three through twenty-one. Intensive and highly specialized teaching methods focus on the unique needs of students with visual impairments, including those with additional disabilities

Kansas Deaf-Blind Library. Site accessed September 27, 2007.

<http://dbl.kirc.org/>

Anyone living in or outside of Kansas may use the resources of the library for free.

Kansas Instructional Resource Center (KIRC). Site accessed September 27, 2007

<http://www.kirc.org>

Located on the campus of the Kansas State School for the Blind, KIRC is an instructional materials center that provides materials and services to teachers in the state of Kansas who work with students with visual impairments.

# Transition of Students

## **Nursing Management for Transition of Students with Chronic Diseases and Health Conditions in the School Setting**

Student needs, including health care requirements, change dramatically from preschool through high school which is an issue to consider when exploring transitions for students. The student's involvement in transition planning should progress as his or her ability to participate in the process develops. The needs of students may vary greatly, reflecting their cognitive and physical abilities and their specific medical conditions, thus students with chronic health conditions or disabilities must have transition needs individualized.

The school education staff works with parents / guardians to address the educational needs of the student during the transition process. The school nurse has a pivotal role in working with parents / guardians to direct the course for transition plans related to health care needs of the student.

A student's health affects school performance, learning and future success. Any student who requires a nurse's intervention and care must have an IHP Plan as part of the IEP. If the student also has an IEP the IHP should be incorporated into this special education plan. Having an IHP is a great start to addressing student health issues, to working with a student to be independent in self-care and help the student to take responsibility for his / her health needs. Incorporating health conditions and possible physical or cognitive limitations and strengths in the overall plan for helping a student to succeed in school and recreational activities is part of the IDEA plan (20 U.S.C. Section 1414 (d) (A) of IDEA).

The goal is for maximum self-reliance and management of health care needs as a student reaches adulthood. Students should learn exponentially about their medical conditions as they age and are able to understand their conditions and management of their health needs. The school nurse can offer important information to teams about health care issues that influence the students' educational plans.

Students should be encouraged to explain how their health conditions affect their learning and participation in school activities. Some students taking medication for ADHD can tell you what the medicine does for them, how they feel with and without the medicine.

Students' strengths are a starting point in designing goals for the IEP to build the best learning atmosphere for them. Students should be encouraged to explain how their health conditions affect their learning and participation in school activities. Some children taking medication for ADHD can tell school personnel what the medication does for them and how they feel with and without the medication. Successful mastering of a learning goal such as balancing a checkbook or a skill goal such as coming to the nurse's office to get medicine on time when the student's watch alarm reminds them of the time is empowering. Students need encouragement and success to reinforce skill building for independence.

The opportunity to educate the teaching staffing team as to how a child's medical condition can change, thus affecting the educational process, assures that the school nurse is an important part of the special education staffing team. He / she can keep the team aware of how the student's medical condition may influence the educational process. The IEP goals should be realistic but not restrict creative brainstorming as how best to promote the student's academic success.

Students may need assistance to interact with the health care system, to integrate the educational and medical treatment modalities, or to work with an employer to facilitate special accommodations needed for success in the work setting. The IEP or Section 504 Plan should be realistic but not restrict creative brainstorming on how best to meet the student's academic success. The nurse has a valuable perspective about health care challenges and experience with finding solutions for the problems they presents.

Interpreting medical reports, explaining a diagnosis, developing a plan to address the health care needs of a student for the special education team are within the role of a school nurse. The nurse may contact appropriate professionals, i.e. primary care provider, psychologist, educator with expertise with the student's diagnosed health condition, to request information

and to invite them to be part of the team. Physical presence of involved professionals may not be possible, but the nurse can communicate with them and bring that helpful information to the IEP staffing. The nurse needs to be familiar with laws governing the confidentiality of education records (FERPA) and sharing of health information (HIPAA), as well as any school district guidelines for sharing of confidential information.

Students may need assistance to interact with the health care systems and to facilitate access to special accommodations needed for success in work settings and / or post-secondary educational settings. A transition to post-secondary academic environment can be eased by working with the school team members, student and family to develop a 504 Plan prior to completing the secondary school experience. The 504 Plan should be shared with the individual / department at the post-secondary school which is designated to oversee the needs of students who requires special accommodations as outline in the American with Disabilities Act.

Student participation in the transition from child health care to adult health care depends on the child's abilities. As a child ages, effort needs to be made to bring the child into forming the plan. Independent living is an ultimate goal with mastering of skills for self-care, accepting responsibilities and understanding the process for seeking care being components in the student's educational journey.

## References

American Academy of Pediatrics (AAP). National Center for Medical Home Initiatives for Children with Special Health Needs. Site accessed September 27, 2007.

[www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)

This website offers a variety of information for providers, families. The link to Kansas's resources at <http://www.medicalhomeinfo.org/states/index.html>

American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians-American Society of Internal Medicine AAP, AAFP, ACP-ASIM (2002). *A Consensus Statement on Health Care Transitions for Young Adults with Special Health Care Needs*. *Pediatrics*, 110, Supplement 1301-1335.

Retrieved September 27, 2007 from

<http://pediatrics.aappublications.org/cgi/reprint/110/6/S1/1304.pdf>

This Consensus Statement describes 6 critical first steps to preparing young people for transition to adult health care including: finding an adult-oriented primary care provider, identifying knowledge and skills, maintaining a medical summary, creating a written health care transition plan by age 14, applying preventive screening guidelines, and ensuring affordable, continuous health insurance coverage.

United States Department of Health and Human Services (2005). The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities. USHHS, PHS. Site accessed September 27, 2007.

<http://www.surgeongeneral.gov/library/disabilities/>

The Call to Action encourages health care providers to see and treat the whole person, not just the disability; educators to teach about disability; a public to see an individual's abilities, not the disability; and a community to ensure accessible health care and wellness services for people with disabilities.

University of Washington Adolescent Health Project. Site accessed September 27, 2007.

<http://depts.washington.edu/healthtr>

Materials offer suggestions for families to prepare their children for independence to greatest extent possible; resources include Transition Timelines, Transition Notebooks, and the Adolescent Autonomy Checklist. All are downloadable and printable.

## Additional Resources

Health Care Checklist. Retrieved September 27, 2007 from

<http://internet.dsc.uic.edu/forms/psu/4202.pdf>

Check the box format quickly identifies the skills that have been mastered and those where practice is still needed in the areas of: understanding medical condition, managing your own health care needs, Communication skills, knowledge of health insurance and resources. Checklist also identifies the need to keep and track own appointments.

Mainstream Online. Managing Your Own Health Care. Site accessed September 27, 2007.

<http://www.mainstream-mag.com/health.html>

Excerpts from June Isaacson Kailes's book titled "Be a Savvy Health Care Consumer, Your Life May Depend On It!"

New Freedom Initiative's Online Resources for Americans with Disabilities. Site accessed September 27, 2007.

<http://www.disabilityinfo.gov/>

DisabilityInfo.gov is the federal government's one-stop Web site for people with disabilities, their families, employers, veterans, and workforce professionals

School to Work Checklist. Retrieved September 27, 2007 from

<http://internet.dsc.uic.edu/forms/psu/4204.pdf>

Starting at age 14, the checklist format provides guidance to what skills need to be mastered and knowledge needed to have a successful transition from high school to post secondary education and or work.

Social Security Online. Site accessed September 27, 2007.

<http://www.ssa.gov/>

The Official Web site of the Social Security Administration. Under the Disability & SSI category you will find links to how to qualify and apply for eligible programs, what you need to know if you already are receiving benefits, the Ticket to Work program, and benefits for adults disabled before age 22