

Pediatricians and School Nurse Partnerships:

~~“Every Pediatrician is a School Physician”~~

Cathryn Hampson, MSN, RN
President-Elect, MSNO

Mary Beth Miotto, MD, MPH
President-Elect, MCAAP

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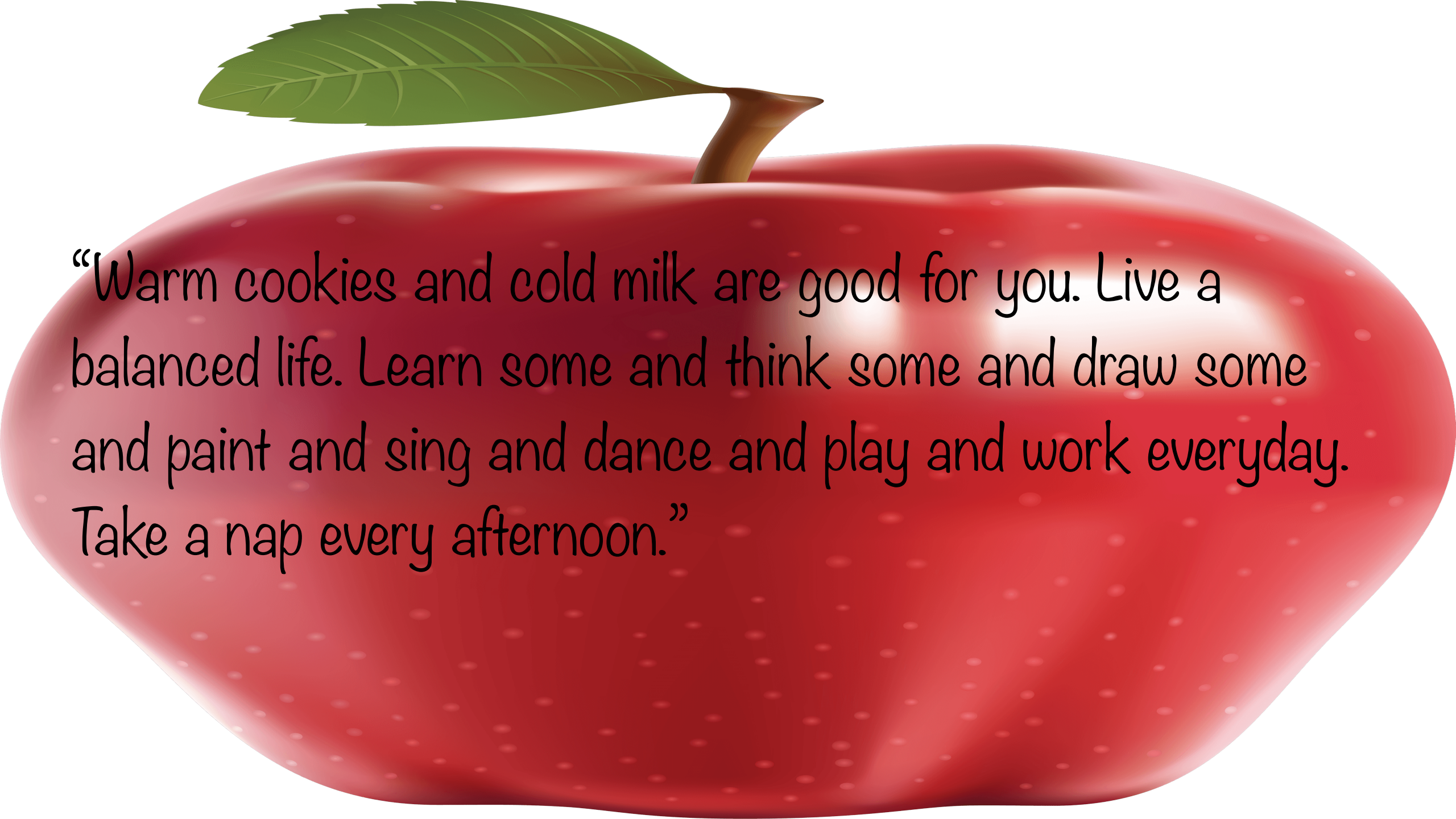
Hello!

The speakers have no relevant financial relationships to disclose and will not discuss off label use or investigational use in this presentation.

All I ever needed to know, I learned in Kindergarten by Robert Fulghum

“Most of what I really need to know about how to live, and what to do, and how to be, I learned in kindergarten. Wisdom was not at the top of the graduate school mountain, but there in the sand box at nursery school. These are the things I learned.”

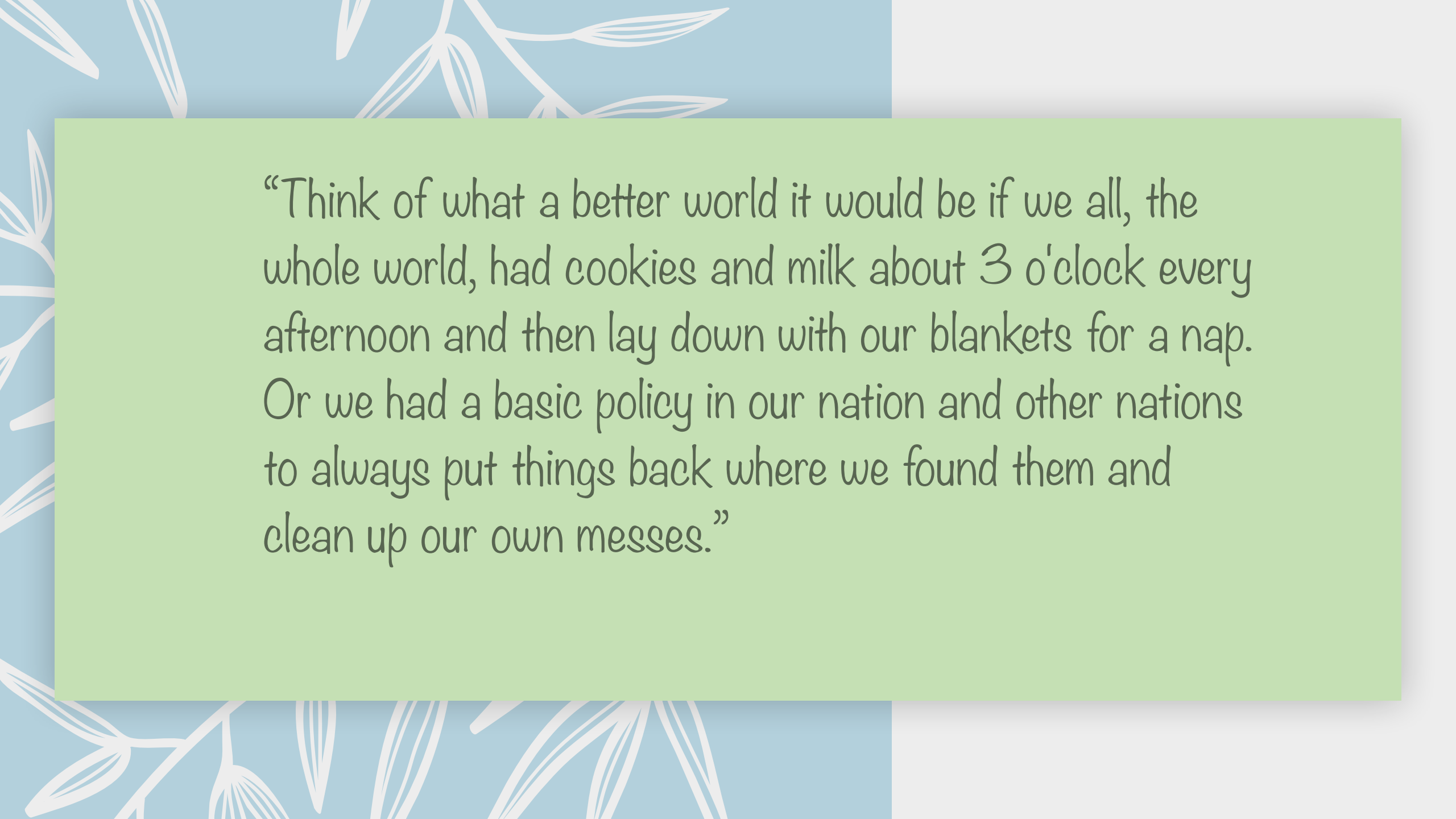
| “Share everything. Play fair.
Don't hit people. Put things
back where you found them.
Clean up your own mess.
Don't take things that aren't
yours. Say you are sorry when
you hurt somebody. Wash your
hands before you eat. Flush.”



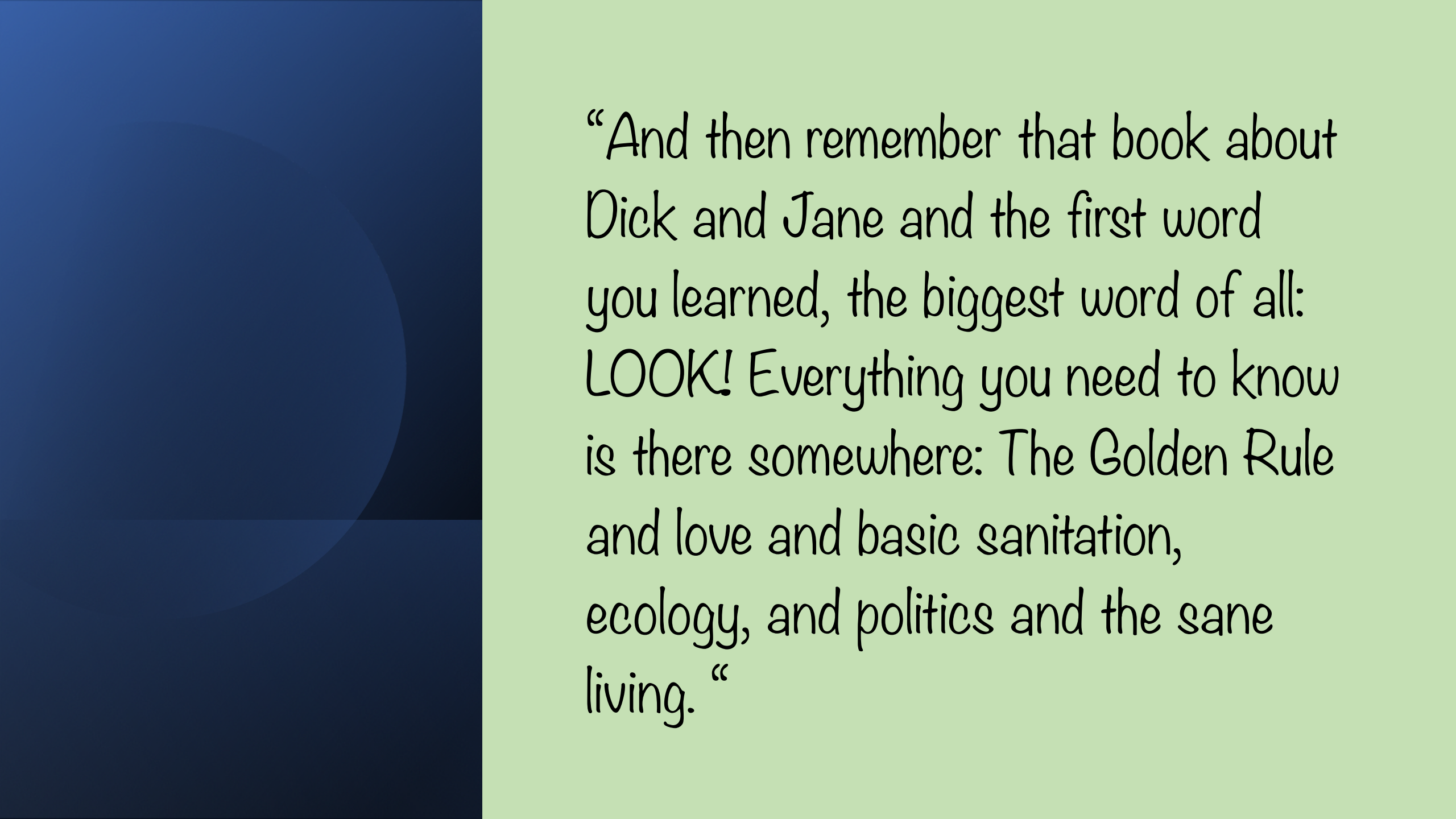
“Warm cookies and cold milk are good for you. Live a balanced life. Learn some and think some and draw some and paint and sing and dance and play and work everyday. Take a nap every afternoon.”



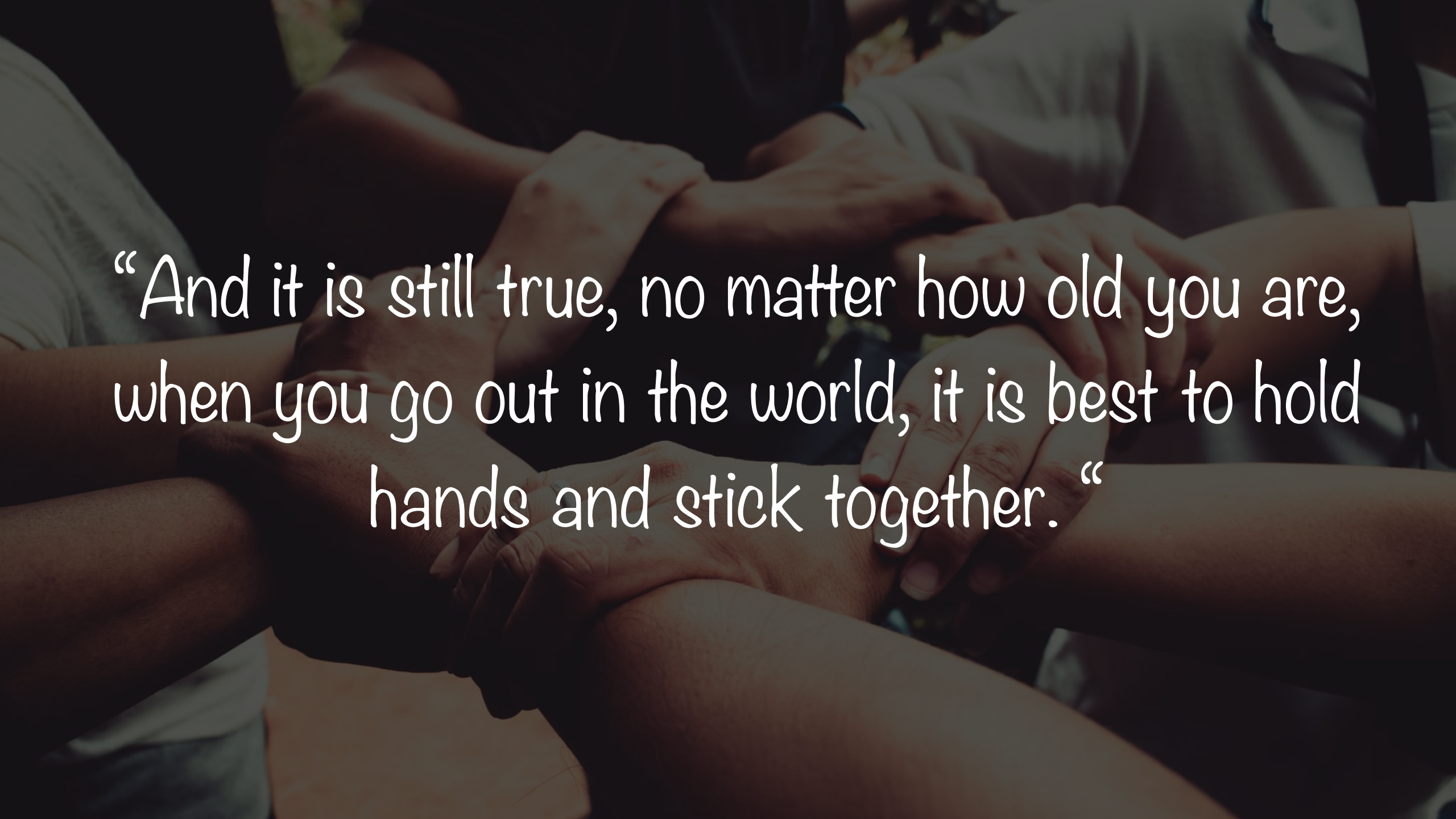
“When you go out in the world, watch for traffic, hold hands, and stick together. Be aware of wonder. Remember the little seed in the plastic cup? The roots go down and the plant goes up and nobody really knows how or why. We are like that.”



“Think of what a better world it would be if we all, the whole world, had cookies and milk about 3 o'clock every afternoon and then lay down with our blankets for a nap. Or we had a basic policy in our nation and other nations to always put things back where we found them and clean up our own messes.”



“And then remember that book about Dick and Jane and the first word you learned, the biggest word of all: LOOK! Everything you need to know is there somewhere: The Golden Rule and love and basic sanitation, ecology, and politics and the sane living.”

A close-up photograph of several hands of different skin tones being clasped together in a supportive grip. The hands are arranged in a circular pattern, with fingers interlaced, creating a sense of unity and solidarity. The background is blurred, focusing attention on the hands. The image has a dark, muted color palette, with the hands appearing in shades of brown, tan, and grey.

“And it is still true, no matter how old you are,
when you go out in the world, it is best to hold
hands and stick together.”

THEMES:

- School Nurses in 2022
- Pediatricians in 2022
- What we do and how we can do it better together



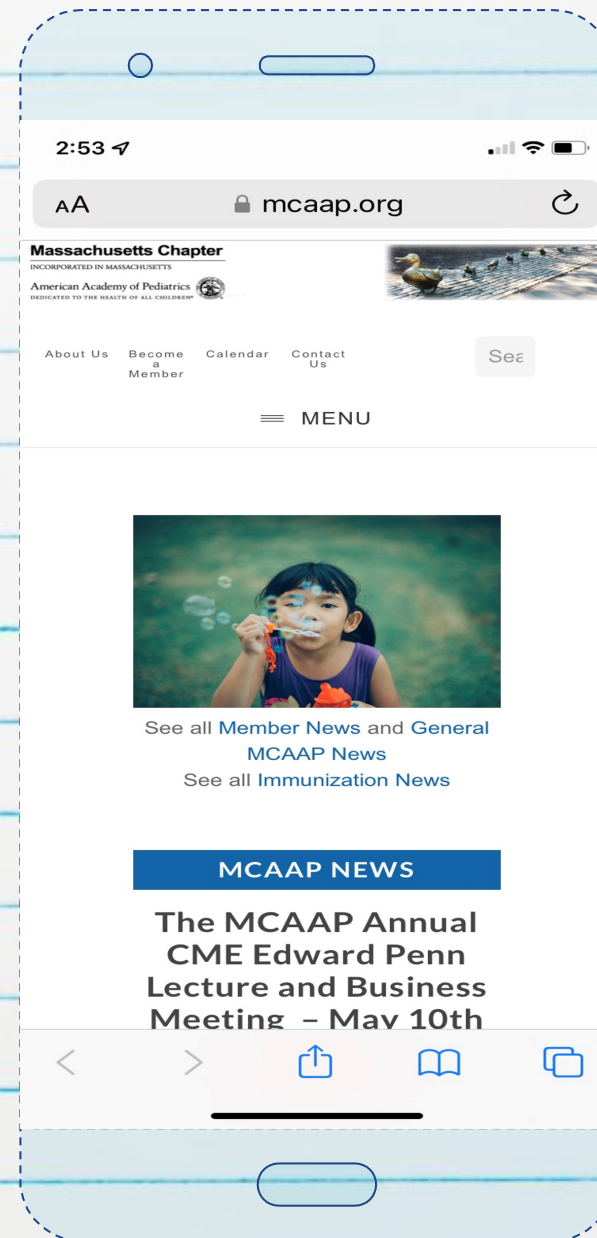
RELAX

**LOVE TO
LEARN**

**ENTER the CONVERSATION
ZONE**

You can access all the resources we reference on the MCAAP.ORG website:

Just relax and listen and know that you can see these school health tools and more at our website. We'll be sharing with MSNO too!

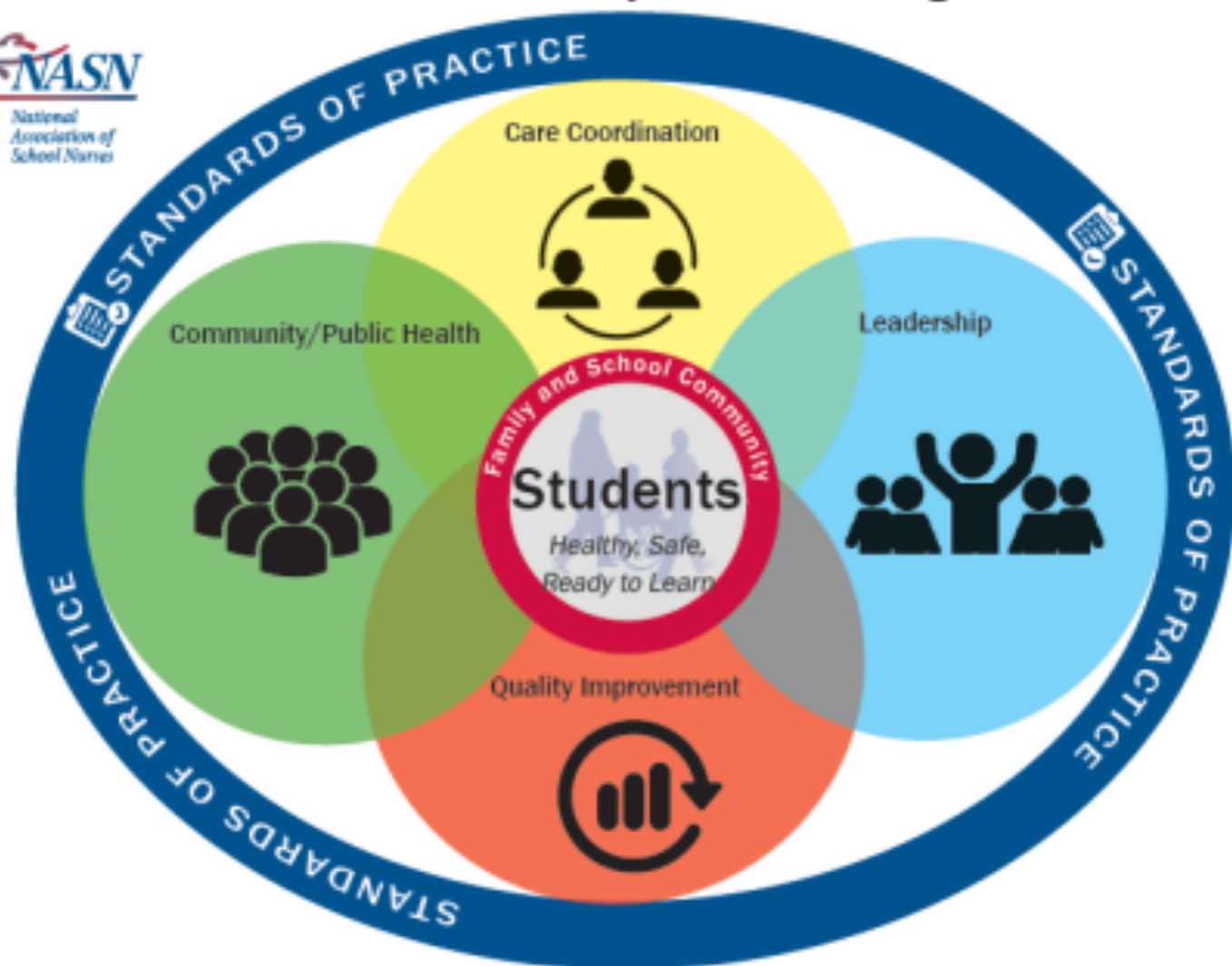


Whole School, Whole Community, Whole Child (WSCC)

A collaborative
approach to learning
and health.



Framework for 21st Century School Nursing Practice™



Framework for 21st Century School Nursing Practice™

NASN's *Framework for 21st Century School Nursing Practice* (the Framework) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the Framework is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of Care Coordination, Leadership, Quality Improvement, and Community/Public Health. These principles are surrounded by the fifth principle, Standards of Practice, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.



ASCD & CDC. (2014). Whole school whole community whole child: A collaborative approach to learning and health. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wacc-a-collaborative-approach.pdf>

Special Needs

- **Physical**

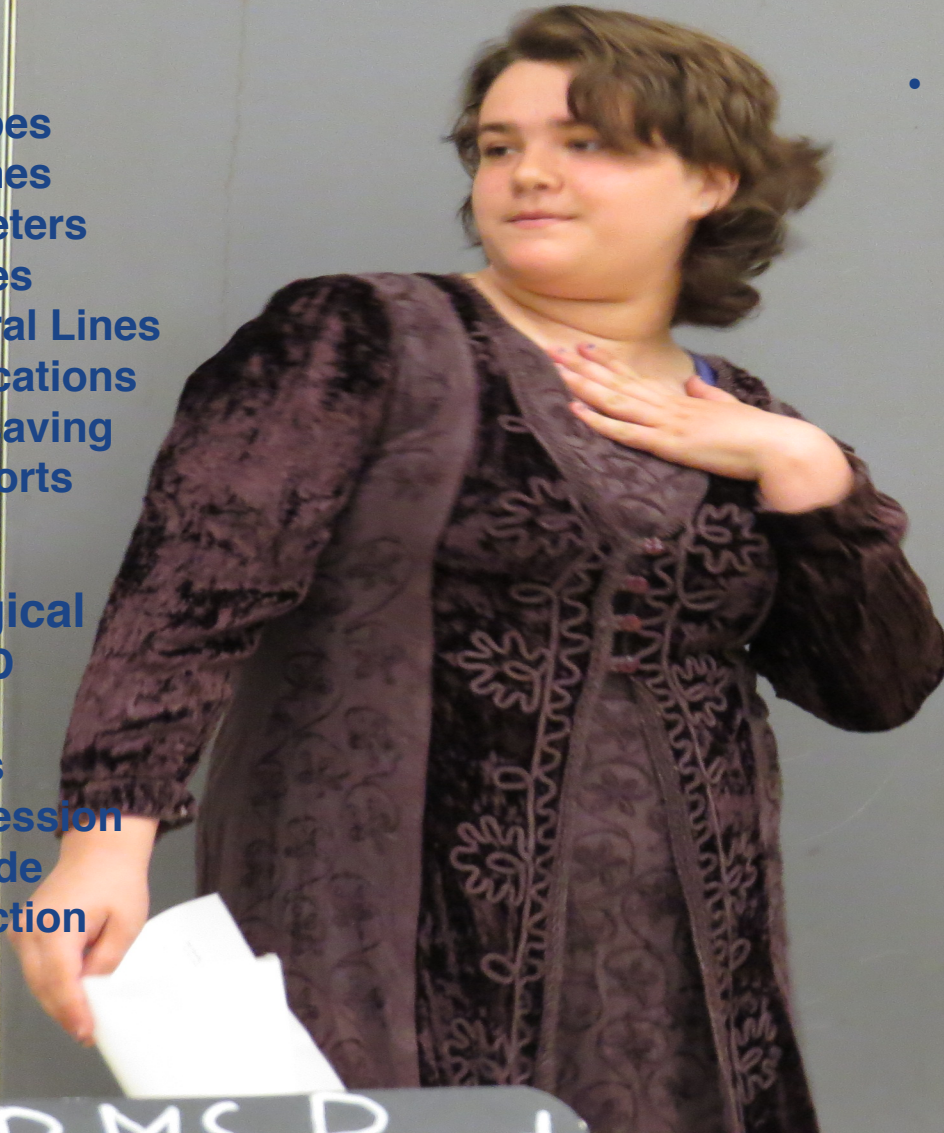
- G-tubes
- Traches
- Catheters
- Braces
- Central Lines
- Medications
- Life saving supports

- **Psychological**

- ADHD
- OCD
- ACEs
- Depression
- Suicide
- Addiction

- **Social**

- Immigrants
- Refugees
- Homeless
- Food insecurity
- Abuse
- Neglect

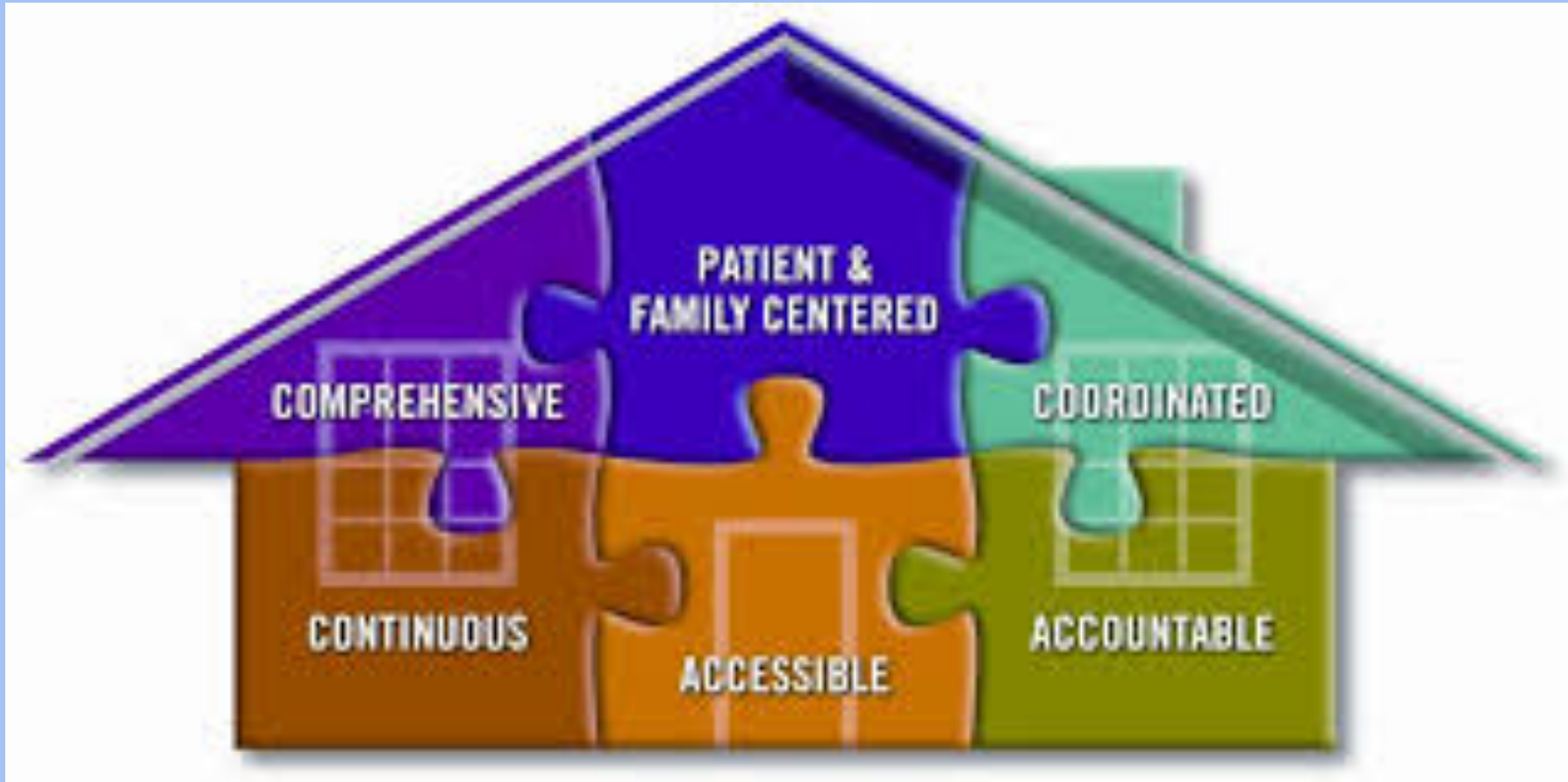


How do school nurses support these students?

17

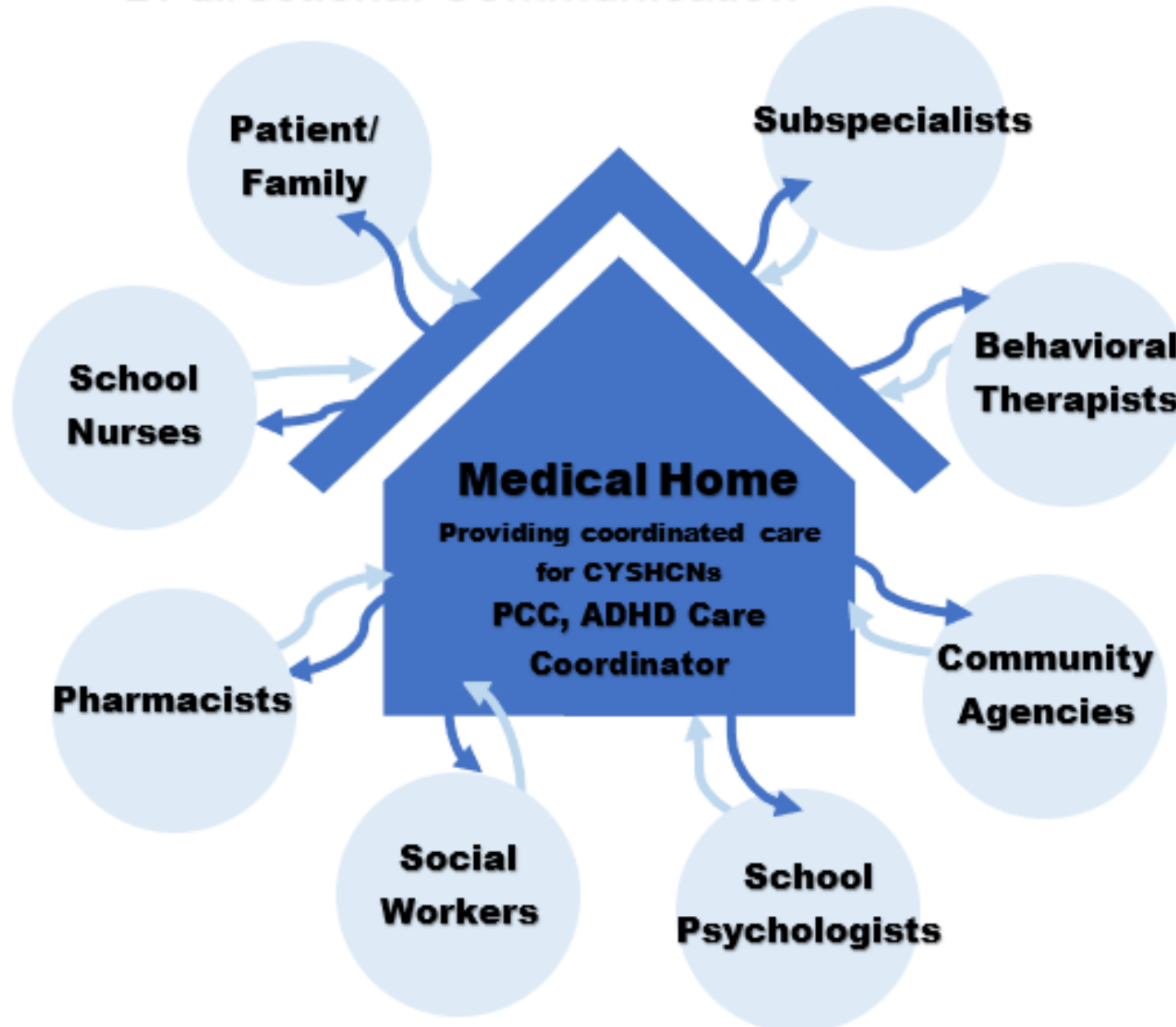
- Medications
- Treatments
- Education
 - Students
 - Staff
 - Families
- Development of comprehensive care plans
- Emergency plans
- Advocacy
- Team work within the school
 - 504 Plans
 - IEPs
- Collaboration with
 - Medical homes
 - Specialists
 - community agencies
 - Social workers
 - Counselors
 - Community Safety
 - Police
 - Fire

The Patient-Centered Medical Home



from Oregon.gov

Bi-directional Communication



Chan E, Gephart H, Lynch R, Miotto M, Wolraich M. EQIPP: ADHD – Diagnose, Treat, and Monitor [

A Medical Home Fits In a Medical Neighborhood



Tear down the false
communication barriers
that keep us in our silos

Sample fax form
includes office staff
names, roles, and
best times/methods
for communication.

Sample Pediatrics
Your Address,
City, State ZIP Code

School Health Fax Form

To: [Name] Fax: [Fax Number]
From: [Your Name] [Your Phone #] Date: [Date]
Re: [Subject] Pages: [Number of Pages]

Urgent For review Please comment Please reply
____ _

Sample Pediatrics wants to make it easy for your school team to contact us on routine and urgent school matters.

For routine paperwork, call _____ or send faxes to the attention of _____
For patient-centered urgent communications, call _____ and ask for _____
If we are not available when you call, please leave the best time and method to call you.

Our medical staff:
Jane Young, MD, FAAP email:
Joe Teen, MD, FAAP email:
Chris Tween, PPCNP-BC email:

Our pediatrics nursing staff:
Jill Youthful, extension , fax:
Rob Ever Young, extension , fax:

If you need to get a same day message directly to the medical staff, please ask for:

Confidential

Learn and follow the rules of the game

- Medication orders – updated annually and with changes
- Know your local school district's concussion protocol and forms for it.
- Physicals should be completely filled out
- SPOT Vision screener is for under 6
- School Entry Requirements (Grades, K, 4, 7 and 10)
- Diligence in entering vaccinations into the MIIS system so that we can access them.
- PE should include vision and lead screenings for K



- Encourage families to share documents (PE, Immunizations) with school nurse - some people think they are automatically sent.
 - Attend virtual/in-person nursing team meetings to provide health updates, discuss health trends and review clinical updates
 - Partnership is important and we need a united front when dealing with some families.
 - Phone calls/conversations for complicated cases
 - Rise in mental health issues is concerning - how can we collaborate on this public health concern?
 - Please do not “excuse” absences unless they have actually laid eyes on the child.
 - Set up collaborative relationship between practice Nurse Managers and district Nurse Leaders
- My district has many undocumented students with no documentation and no insurance; we struggle to find access to vaccine clinics, medication orders, access to medications, etc. They should know this should be a community effort in providing for our students.
 - Realize that when a parent reports “what the school nurse said”, it may not be exactly “what the school nurse said”
 - We can’t control if a parent overreacts and brings their child in for every single ailment. They may not be well enough to be in school but they more than likely are fine to stay home for the day. We are not trying to create more work for their office but we are trying to keep viruses from spreading in the classroom, which in turn may decrease their overall sick visits.



The Anatomy of the Massachusetts School Health Record

Name _____

Signature _____

Date _____

MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider's Examination

Name _____ ☐ Male ☐ Female Date of Birth: _____

Medical History _____

Pertinent Family History

Current Health Issues

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: Please list: Medications _____ Food _____ Other _____
		History of Anaphylaxis to _____ Epi-Pen®: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach)
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify) _____

Current Medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

Physical Examination

Date of Examination: _____

Hgt: _____ (____%) Wgt: _____ (____%) BMI: _____ (____%) BP: _____
(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

Screening: (Pass) (Fail)

Vision: Right Eye	<input type="checkbox"/>	<input type="checkbox"/>
Left Eye	<input type="checkbox"/>	<input type="checkbox"/>
Stereopsis	<input type="checkbox"/>	<input type="checkbox"/>

(Pass) (Fail)

Hearing: Right Ear	<input type="checkbox"/>	<input type="checkbox"/>
Left Ear	<input type="checkbox"/>	<input type="checkbox"/>

(Pass) (Fail)

Postural Screening:	<input type="checkbox"/>	<input type="checkbox"/>
(Scoliosis/Kyphosis/Lordosis)		

Laboratory Results: ☐ Lead _____ Date _____ ☐ Other _____

The entire examination was normal: ☐

Targeted TB Skin Testing: ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type: ☐ TST ☐ IGRA Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate/Borderline

Referred for evaluation to: _____ Date: _____ ☐ Low risk (no TB test done)

What if a known condition causes symptoms during school? Don't you want professional HCWs to know?

Medication effects happen at anytime, even if the med is given before or after school. If 1st responders are called in, you want them to know what medication the youth takes.

MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider's Examination

Name _____ ☐ Male ☐ Female Date of Birth: _____

Medical History

Pertinent Family History

Current Health Issues

Y N
☐ ☐ Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen®: ☐ Yes ☐ No
☐ ☐ Asthma: Asthma Action Plan ☐ Yes ☐ No (Please attach)
☐ ☐ Diabetes: ☐ Type I ☐ Type II
☐ ☐ Seizure disorder: _____
☐ ☐ Other (Please specify) _____

Current Medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

Physical Examination

Date of Examination: _____

Hgt: _____ (____%) Wgt: _____ (____%) BMI: _____ (____%) BP: _____

(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

Screening: (Pass) (Fail)

Vision: Right Eye ☐ ☐
Left Eye ☐ ☐
Stereopsis ☐ ☐

(Pass) (Fail)

Hearing: Right Ear ☐ ☐
Left Ear ☐ ☐

(Pass) (Fail)

Postural Screening: ☐ ☐
(Scoliosis/Kyphosis/Lordosis)

Laboratory Results: ☐ Lead _____ Date _____ ☐ Other _____

The entire examination was normal: ☐

Targeted TB Skin Testing: ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type: ☐ TST ☐ IGRA Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate/Borderline

Referred for evaluation to: _____ Date: _____ ☐ Low risk (no TB test done)

Don't forget the BMI and BP!

Follow Bright Futures periodicity schedule <https://brightfutures.aap.org/Pages/default.aspx> AND 2021 MA School Vision Protocols <https://vision.ma.gov/>

Do you know that student athletes need this exam annually and that the periodicity varies by school level? See <https://tinyurl.com/mun4ffu7>

Screening: (Pass) (Fail)

Vision: Right Eye ☐ ☐ Left Eye ☐ ☐ Stereopsis ☐ ☐

Hearing: Right Ear ☐ ☐ Left Ear ☐ ☐

Postural Screening: ☐ ☐ (Scoliosis/Kyphosis/Lordosis)

Laboratory Results: ☐ Lead _____ Date _____ ☐ Other _____

The entire examination was normal: ☐

Targeted TB Skin Testing: ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):
 TB Test Type: ☐ TST ☐ IGRA Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate/Borderline
 Referred for evaluation to: _____ Date: _____ ☐ Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Fine/Gross Motor Deficit
☐ Emotional/Social ☐ Behavior ☐ Other

Comments/Recommendations:

☐ Y ☐ N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: _____

☐ Y ☐ N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date _____ Please print name of Examiner. _____

Group Practice Telephone _____

Address City State Zip Code

Please attach additional information as needed for the health and safety of the student. MDPH 04/13/22

TB risk level or result REQUIRED!

Include the DATE and RESULTS of tests!

This can really help children get services!

Whether on paper or digital, a signature with degree is required. Make sure Portal copies have digital signatures!

School Medication Order Forms are required for all prescription medications to be administered at school. A guardian's signature is required for all students under 18.

Sample Medication Order Form

(to be completed by a licensed prescriber)

Name of Student _____ Date of Birth _____

Address _____ Grade _____
(street) (city/town)

Name of Licensed Prescriber _____ Title _____

Business Phone _____ Emergency Phone _____

Medication _____

Route of administration _____ Dosage _____

Frequency _____ Time(s) of Administration _____

(Please note: Whenever possible, medication should be scheduled at times other than school hours).

Specific directions or information for administration: _____

Date of Order _____ Discontinuation Date _____

Diagnosis* _____

Any other medical condition(s)* _____

Optional Information

1. Special side effects, contraindications, or possible adverse reactions to be observed: _____
2. Other medication being taken by the student: _____
3. The date of the next scheduled visit or when advised to return to prescriber: _____
4. Consent for self administration (provided the school nurse determines it is safe and appropriate).
Yes _____ No _____

Signature of Licensed Prescriber

* if not in violation of confidentiality.

PRN WHAT??? What parameters is the nurse assessing?

All medication orders expire at the end of the school year or with change of dosage. Note start date and the term of the treatment here.



Learn how to share:

When you enter vaccinations in the MIIS system, you help the medical neighborhood provide timely care to your patients. School nurses can access MIIS .

Encourage families to share documents (school forms, etc.) with school nurse - some people think they are automatically sent. Unless you send them explicitly, they are often not handed in.



**Know what
game you are
playing.**

Remember the game “Operator”?
Realize that when a parent reports
“what the school nurse said”, it may not
be **exactly** “what the school nurse said”.

And vice versa!

BUILD
YOUR
CONTACT
LIST and
PICK UP
THE
PHONE





Discussion Time