

New Mexico School Health Services Report

Definitions and Clarifications

General Information:

These definitions and clarification notes are guidelines to assist the school nurse in completing the School Health Services Report required annually by Public Education Department (PED).

A report is required of each School District. However, Charter Schools should report individually and separately from the School District in which they are located; each Charter School should submit a report independently.

A district may choose to collect more data than is required for the PED report; however, only information requested should be reported to PED.

Tools that may be helpful to gathering data on an ongoing basis are included in the New Mexico School Health Manual Resource Section (XVI) at <http://www.nmschoolhealthmanual.org/resources/forms.htm>.

Contact Information:

The contact person listed on the reporting tool should be the **person to be contacted** regarding any questions about the report information, not necessarily the person submitting the report who may be administrative support staff.

Nursing Staff Data:

Include the number of PED-licensed School Nurses providing services at the **end of the school year** in **full time equivalents** (FTEs). For example, if a person is hired half time to be the lead nurse or nurse administrator, enter 0.5 under Nurse Administrator and 0.5 under RN assigned to general population if she/he spends the rest of the time as a school nurse.

- RN Assigned to General Population – Indicate those who provide care to the general student population in FTEs. Include those nurses who provide care to **both** general population and special education population.
- RN Assigned to Special Education – Indicate those who provide care **only** to special education students in FTEs.
- Nurse Administrator – Indicate number of nurse administrators in FTEs.
- Certified Nurse Practitioner (CNP) – Indicate the number in FTEs of certified nurse practitioners providing care to the general student population. **Do not include those working in a school-based health center.**

Assistive Personnel:

Include in FTEs those individuals who spend a part or all of their time working with school nurses.

- PED Licensed LPN – Indicate in FTEs those who are licensed as a LPN by PED.
- PED Licensed Health Assistant – Indicate in FTEs those health assistants who are licensed by PED.
- PED Unlicensed Health Assistant – Indicate in FTEs those who perform as health assistants but who are not licensed by PED.
- Volunteer Diabetes Care Givers – Include in this count the number of individuals who perform diabetes care tasks under the direction of the school nurse. Include any school staff, family members

or community members who are designated to provide diabetes care, e.g. glucose monitoring, ketone checks, medication administration. These care givers would be trained at Level 3 of the diabetes curriculum created for use in New Mexico schools. **Note: Include actual number of volunteers, NOT prorated into FTEs.**

Students with Medical Diagnoses:

Medical-diagnoses refer to documentation of a diagnosis from a medical provider.

For example, if parents say their child has asthma, etc., but do NOT provide documentation from a medical provider, the child should NOT be included in this count. **Note: Choose the categories that most accurately reflect the child's health condition(s). This allows the child who has multiple diagnoses to be recorded in all those areas applicable. Count students who were enrolled at any time during the current school year even if they have withdrawn or dropped out.**

For example, if a student has a cardiovascular disorder but also has asthma and diabetes, s/he would be counted in all three categories. Students with transplants should be included in the organ system that best fits. Count the student only once if she becomes pregnant more than once during the school year.

These categories include, but are not limited to, the following:

ADD/ADHD: attention deficit disorder, attention deficit hyperactive disorder

Allergic Disorders: all seasonal, perennial, food, chemical or animal allergies

Asthma: asthma, reactive airway disease (RAD), recurrent wheezing

Cancer: leukemia, tumors, any other form of cancer

Cardiovascular: murmurs, cardiac insufficiency, arrhythmias, pacemakers, hypertension

Congenital/Genetic: Down syndrome, fragile X syndrome, Turner syndrome, other syndromes

Dental/Oral: braces, temporo-mandibular joint disorder (TMJ) disorder, cleft palate

Dermatologic: eczema, psoriasis, acne, other skin disorders

Diabetes: Type 1, Type 2

Eating Disorders: anorexia, bulimia, Prader Willi syndrome, morbid obesity, failure to thrive

Endocrine, other than diabetes: thyroid or parathyroid disease

ENT: pressure equalizer (PE) tubes, frequent otitis media, deafness/hearing impairment, tracheostomy

Eye: blindness, amblyopia, and other eye diseases/conditions

Gastro-Intestinal: GERD, ulcers, irritable bowel syndrome, Celiac Disease Crohn's disease, encopresis, lactose intolerance

Gentio-Urinary: frequent urinary tract infections, voiding dysfunction, bladder disease, renal disease, precocious puberty, fibroids, other G-U conditions

Hematology: hemophilia, anemia, Kawasaki disease, Raynaud's syndrome, clotting dysfunction.

Musculo-Skeletal: muscular dystrophy, scoliosis, skeletal dysplasia, rickets, fibromyalgia, juvenile rheumatoid arthritis, osteogenesis imperfecta,

Neurological: autism, migraines, headaches, seizures, spina bifida, cerebral palsy, traumatic brain injury, benign vertigo, neurofibromatosis

Psychiatric: anxiety, depression, bi-polar, obsessive compulsive disorder, suicide ideation, behavior disorders,

Respiratory other than Asthma: chronic bronchitis, tracheostomy/ventilator-dependent

Other: Use this category ONLY for diagnoses that cannot be included in one of the reportable categories

Students Requiring Medically Complex Procedures:

The students receiving complex procedures **ordered by a medical provider** should be counted for each different type of procedure one time per school year, e.g. a student who requires suctioning and is on a ventilator should be counted once under suctioning and once under ventilator.

Note: This count is NOT the number of times a procedure has been performed, rather the number of students. Include students who were enrolled at any time during the current school year even if they have been withdrawn or dropped out.

Students requiring the following medically-complex procedures are counted:

- Urinary Catheterization
- Wound Care (formerly called “dressing changes”)
- Glucose Monitoring
- IV/Heparin Flush
- Nebulizer Treatment
- Ostomy Care
- Carbohydrate Counting
- Oxygen Saturation
- Peak Flow Measurement
- Oral Suctioning
- Tracheal Suctioning/Trach Care
- Toileting (includes bowel & bladder training)
- Ventilator Care
- NG/G Tube (includes care, feeding & meds)
- Oxygen Delivery
- Other (specify)

Examples of the “Other” category include: range of motion exercises, feeding assistance, etc.

Students with Prescription Medications at School:

This count represents the number of students with prescription medications at school that have been **ordered by a medical provider**, with a school district medication authorization form on file. If a student is receiving ADHD medication as well as anti-convulsants, s/he would be counted in BOTH categories.

Note: This count is NOT the number of doses administered. Include students who were enrolled at any time during the current school year even if they have withdrawn or dropped out.

Students with the following prescription medications ordered by a provider are counted:

- ADD/ADHD meds
- Allergy meds
- Asthma meds
- Analgesics
- Antibiotics
- Anticonvulsants
- Antidepressants
- Cardiovascular meds
- Gastrointestinal meds (includes digestive aids)
- ENT meds
- Epinephrine

- Glucagon
- Insulin
- Migraine meds
- Oral Diabetes meds
- Psychotropic meds
- Oral Steroids (non-inhaled)
Other (specify)

Examples of the “Other” medications might include over-the-counter medications (if ordered by a health care provider), herbal/vitamin supplements (if ordered by a health care providers), and all other prescription medications that do not fit in any of the reportable categories.

Emergency Medication Administered

Enter here the number of emergency medications **administered in response to an emergency situation** at school or during a school-sponsored function.

Emergency medications that should be counted include:

- Albuterol
- Epinephrine
- Glucagon
- Emergency Seizure Meds
- Other (specify)

Note: Do NOT include routine/prophylactic doses of Albuterol (eg: given prior to PE class) here.

Student Deaths Occurring During the School Year:

This count is the number of enrolled student deaths for any reason occurring during the school year, **both** on campus and off campus.

Student Visits to Health Office:

The number of student health office visits and the referrals made to healthcare providers, counselors, behavioral health, CYFD, etc. and the disposition of each visit is counted in this section. For each visit entered here under the appropriate category a selection is also required under “Disposition of Students Visiting Health Office.”

Choose the most appropriate category for each visit; do not count a single student visit more than once. This count does NOT include telephone calls, letters, etc.

Note: The total number of visits to the health office should equal the total number of dispositions of students visiting the health office (see below).

Acute Illnesses

All initial visits for acute illness are recorded in this category and may include acute exacerbations of chronic conditions such as an asthma attack, seizures, and anaphylactic reactions. These are students who present symptomatic at school.

Examples: sore throat, headache, cough, stomachache, rhinitis, earache, nausea, vomiting, rash, spontaneous nosebleed, acute asthma attack, hypo/hyperglycemia, seizure, dizziness.

Follow-up Care of Any Illness

This category includes return visits for the same illness during the same day or administration of short term medications or treatments as a result of initial illness. It also includes follow-up visits for illnesses commencing outside of school.

Examples: A child is seen and referred for evaluation for strep throat. The visit is recorded under acute illness. S/he returns with antibiotics for 10 days. The administration of the antibiotics and/or other short-term medications falls under follow-up care.

Injuries Occurring at School (Initial)

This category reflects assessment of injuries incurred during school time, on the playground, & field trips.

School health office personnel are additionally asked to subcategorize as:

- Injuries due to violence at school, and
- Injuries due to accidental trauma at school.

Examples: cuts, lacerations, abrasions, contusions, burns, sprains, strains, possible fractures, dislocations, jammed fingers, eye injuries, head injuries, back injuries, nosebleed from trauma.

Activation of EMS for serious, life-threatening injuries would be recorded here and under “Referred for Immediate Follow-up” in the “Disposition of Students Visiting Health Office” category.

Note: This category does not include evaluation of injuries occurring at home, at after-school sports practice, or over the weekend. Injuries reported here are those evaluated by the school nurse or health assistant in the health office or on school property during school hours.

Follow-up Care of Any Injury

Injuries that occur outside of school hours but are evaluated by the school nurse or health assistant are recorded in follow-up care of any injury. This would include follow-up visits after a primary school injury including wound care or ice-pack treatment.

Examples: parental request to assess injury that occurred at home or on the way to school, additional ice-pack treatment or dressing change in the same day of injury, re-evaluation of injury, crutch use.

Care for Chronic Conditions

Capture here the number of visits to the health office for **routine care** of students with medically-diagnosed health conditions.

Examples: long-term medication administration, routine peak flow measurements, glucose monitoring, routine blood pressure monitoring, any medically complex procedures.

Crisis Intervention and Mental Health

In this category include the number of visits primarily for emotional and mental health issues and crises.

Examples: suicide ideation, uncontrolled anger or crying, depression, hyperventilating.

Suspected Child Abuse/Neglect

Guidelines for identifying possible child abuse/neglect can be found in the NM School Health Manual, Section III.

Note: Reporting to CYFD of any suspected child abuse/neglect by nurses and certain others acting in official capacities is required under the NM Children’s Code.

Examples: physical abuse symptoms, sexual abuse symptoms, behavioral indicators, evidence of neglect .

Reproductive Health Counseling

Include individual student visits seeking information regarding any issue associated with the reproductive system.

Examples: pregnancy, menstrual cramps, birth control, condoms, sexually transmitted diseases, erections, growth and development, feminine hygiene issues.

General Health Counseling

From hygiene to self-care, this category is for capture of any school health office visit by a student for health counseling in areas other than reproductive health counseling.

Note: Record the visit in this category if counseling on any general health issue is the ONLY reason for the visit or best describes the visit even if the student also presents for an illness. Count the number of student visits, NOT different areas of counseling.

Examples: questions about diseases, hygiene, nutrition, healthy life-style choices, sun safety, dental hygiene, care of contact lenses.

Immunization Administration

This count is the number of students who received immunizations and includes those immunized at clinics sponsored by the school district and held on school property during school hours.

Note: This count is NOT the number of immunizations administered.

Examples: routine childhood vaccination, flu vaccination.

Other (specify)

Any other visits that do not fit in one of the above categories are recorded here.

Example: change of clothes, hand-washing, glasses repair, dental flossing issues, lost tooth, hunger, clothing repair, immunization requirements/exemptions, chapped lips treatment, safety pin needs.

Disposition of Students Visiting Health Office:

For each entry in the Student Visit to Health Office category, select the **ONE best disposition** of the individual visit and enter in this category. Do not enter the visit in multiple categories. **The total number of entries in this category should equal the total number of entries in the “Student Visits to Health Office” category.**

This category reflects the outcome/result of each visit to the school nurse’s office. **When selecting a disposition for a visit, the school nurse should select the most appropriate choice that reflects the outcome when the student leaves the nurse’s office.**

Disposition selections include:

- Remained at School – includes students who returned to class/remained at school.
- Sent Home by School Nurse – includes students that are not able to remain in school and are sent home by the school nurse (or other school health personnel based on established criteria).
- Sent to SBHC – includes students that are referred to the school-based health center for immediate evaluation (whether or not they are subsequently sent home or return to class).
- Released to Go Home at Parents Request – includes students that could return to class (based on established criteria) but the parent/guardian requests that the student be released to go home.
- Sent to Other Medical Facility by EMS – includes those instances where EMS is called to transport the student to a medical facility (not SBHC).

- Sent to Medical Facility (Not by EMS) – includes those instances where a student is sent to a medical facility by a parent (or other adult) using a private or agency vehicle and NOT transported by EMS.

Example: If a student is given an immediate referral to the SBHC for symptoms of an ear infection, and is subsequently evaluated in the SBHC and then returns to class, the disposition of this visit for the school nurse is “Sent to SBHC,” NOT “Remained at School.”

Note: The total number of entries in this category should equal the total number of entries in the “Student Visits to Health Office” category (see above).

Student Screenings:

All formal student screenings and referrals are included in this category:

- Vision
- Hearing
- Dental
- Blood Pressure
- Pediculosis
- Depression/Suicide Risk
- Substance Abuse
- SPED/SAT Screening & Assessment
- BMI Surveillance

Note: Do NOT count special education students in individual categories; include them only once under “SPED/SAT Assessment”.

Students whose height/weight are measured for BMI surveillance should also be counted here. However, since surveillance monitors population risk (rather than individual risk) referrals should not be counted.

Do not include any staff screenings in this category.

Note: If screening is not performed in any particular category, simply enter “0.”

Miscellaneous School Nursing Functions

Include here the number of:

- Health education presentations for students provided by the school nurse on school property during school hours.
- IEP, 504, and SAT meetings attended by the school nurse.
- IHPs, Emergency Care Plans & 504 Plans developed by the school nurse.
- Home visits completed by the school nurse for any reason during the school year.

Staff Encounters:

The staff immunization count is the number who received immunizations, not the number of vaccines administered. Referrals for additional medical care for any condition should be captured in this section under the referral category. Any encounter that is not for immunizations nor results in a referral for additional medical care should be included in “Other Medical Encounters” e.g. emergencies, medication issues, injuries, individual advice/education, counseling, monitoring health conditions such as hypertension and diabetes. Any health education presentation/training provided specifically for the school staff should be entered in that category.