

# Monthly Activities Report

## Essential School Health Services Program

**2016-2017**  
School Year

1. Month in which these health encounters occurred: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ District: \_\_\_\_\_  
month year

**This is only a worksheet; it cannot be used to submit a report. Data must be submitted using the database provided to districts.**  
**Changes to the FY17 report:** We added a row for reporting Other Behavioral Health Interventions: item 8A11.

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

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

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

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

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

Dispositions this month:

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

Students Only

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

Person completing report (include Name and Position): \_\_\_\_\_

5. Incident Reports Involving an Injury

Number this month

- Injury Reports filed this month by the school nurse
- Unintentional
  - Intentional
  - Intent unknown

I. Students	II. Staff

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

6. Number of Diagnosed Concussions

- A. Occurring during school-sponsored activities
- B. Occurring during out-of-school activities

I. Students	II. Staff

## 7. Medication Management

A. Number of daily and PRN *prescriptions* kept on file:

Type of Medication Prescriptions on File	Number of Scheduled Prescriptions <sup>1</sup>	Number of PRN Prescriptions (Do not count Standing Orders/ Medical Directives from School Physician)
1. Analgesics		
2. Antibiotics		
3. Anticonvulsants		
4. Antihypertensives		
5. Antihistamines		
6. Asthma		
7. Epinephrine (non asthma related)		
8. Glucagon		
9. Insulin		
9b Naloxone (Narcan)		
10. Psychotropic		
11. Other Prescriptions		
<b>Total</b>		

B. Number of *doses* administered or supervised by school nurses, for each of the following types of medication, *based upon usage*:

Type of Medication Administered	Students		Staff	
	Scheduled Doses Administered <sup>1</sup>	PRN Doses Administered	Scheduled Doses Administered <sup>1</sup>	PRN Doses Administered
1. Analgesics				
2. Antibiotics				
3. Anticonvulsants				
4. Antihypertensives				
5. Antihistamines				
6. Asthma				
7. Epinephrine (non asthma related)				
8. Glucagon				
9. Insulin				
9b. Naloxone (Narcan)				
10. Psychotropic				
11. Other Prescription Medication				
12. OTC <sup>2</sup>				
<b>Total</b>				

<sup>1</sup>Scheduled medications are those that are ordered to be given on a scheduled basis (qd, bid, q4h, etc).

<sup>2</sup>OTC: Count over the counter medications that do not fall into one of the above medication categories.

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

Number of procedures performed on students and staff this month.

	Student Procedures	Staff Procedures
<b>A. Behavioral Health</b>		
1. Behavioral Health Assessment		
2. Anti-Bullying Interventions by District Protocol		
3. Coping Enhancement / Reassurance Check-in / Self-Calming		
4. Restraint/Seclusion Assessment and/or Monitoring		
5. Stress/Anxiety Reduction / De-escalation		
6. Monitor for Self-Harm / Suicide Ideation		
7. Social Skills Support		
8. Relationship Guidance		
9. Substance Abuse Assessment		
10. Grief Counseling		
11. Other Behavioral Health Interventions		
<b>B. Cardiovascular</b>		
1. Blood Pressure Measurement		
2. IV Line Assessment		
3. Central Line Maintenance		
4. Apical Pulse Assessment and Intervention as needed		
5. Cardiac Device Monitoring		
<b>C. Emergency</b>		
1. CPR		
2. AED Use		
3. Injury 911 / Ambulance Call		
4. Illness 911 / Ambulance Call		
5. Behavioral Health 911 / Ambulance Call		
6. Mobile Crisis Unit Call		
7. Other Referrals for Emergency Health Services		
<b>D. Endocrine</b>		
1. Blood Glucose Testing		
2. Diabetes Equipment Monitoring and Maintenance		
3. Carbohydrate/Insulin Calculation		
4. Check Ketones		
5. Diabetes Management Skills / Education		
6. Nutritional Assessment / Intervention		
7. Nutrition Education related to Diabetes		

<b>E. Gastrointestinal/Genitourinary</b>		
1. Naso-gastric, Gastrostomy, or Other Feeding Tube Care/Usage		
2. Ostomy Care (Colostomy/Ileostomy/Urostomy)		
3. Catheterization or Catheter Care		
4. Toileting Protocol for Encopresis		
5. Weight measurement for medical condition not related to screening		
6. Nausea and/or vomiting		
<b>F. Musculoskeletal</b>		
1. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction		
2. Physical Therapy (Range of Motion Exercises, etc.)		
3. Musculoskeletal Assessment		
<b>G. Neurological</b>		
1. Neurological Assessment Acute		
2. Neurological Assessment Chronic		
<b>H. Referrals</b>		
1. PCP		
2. Dental		
3. Behavioral Health		
4. Other Healthcare Providers		
5. Referred For Health Insurance Coverage		
<b>I. Reproductive</b>		
1. Reproductive Health Interventions		
2. Referred for Follow-Up for Reproductive Concerns		
3. Number of Females Who Gave Birth		
<b>J. Respiratory</b>		
1. Peak Flow Monitoring		
2. Nebulizer Treatment		
3. Pulse Oximetry		
4. Oxygen Administration		
5. Suctioning		
6. Tracheostomy: Care, Cleaning, Tube Replacement		
7. Auscultate Lungs		
8. Chest PT		
9. Inhaler Technique Instruction / Demonstration		
10. ENT Assessment		
<b>K. Other</b>		
1. Major Wound Care		
2. Head Checks for Pediculosis		

3. Administer Immunizations		
4. Eye Assessment and Care		
5. Skin Integrity Assessment		
6. Nutritional Assessment / Intervention		
7. Oral Health Assessment		
	<b>Total</b>	<b>Total</b>

### 9. Nursing Case Management

Number of nursing communications regarding student health issues this month by length of time.

	<b>Length of Time</b>	<b># of Communications</b>
<b>Parent / Guardian</b>	< 15 Minutes	
	≥ 15 Minutes	
<b>School Staff</b>	< 15 Minutes	
	≥ 15 Minutes	
<b>Community Agencies</b>	< 15 Minutes	
	≥ 15 Minutes	
<b>Group Meetings</b> (With 2 or more of the above participants)	< 15 Minutes	
	≥ 15 Minutes	
<b>Number of home visits by school nursing staff</b>		

### 10. Educational Forums / Group Activities Participated by School Nurses:

The number of meetings, group activities, and educational forums attended by the school nurse this month:

<b>Educational Forums / Group Activity</b>	<b>Number of Programs or Meetings Attended</b>	<b>Number of Programs or Meetings Facilitated</b>
Alcohol or Substance Abuse		
Anger/Conflict/Violence Management		
Asthma		
Blood Borne Pathogens		
CPR/AED Programs		
Crisis Management		
Diabetes		
Educator Evaluation		
Emergency Preparedness		
Emotional / Psychosocial Support		
Environmental Health		
Food Allergy		
Gay/Bisexual/Lesbian/Transgender		
Growth/Development		
Health Careers		
Life Threatening Allergies		
Mental Health/Wellness		
Nutrition		
Oral Health/Hygiene		
Peer Leadership		
Physical Activity		
Policy Development		
Professional Development		
Tobacco Cessation / Prevention		

Wellness Committee Activities		
Other:		

**11. Comments concerning public health problems:**

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

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