

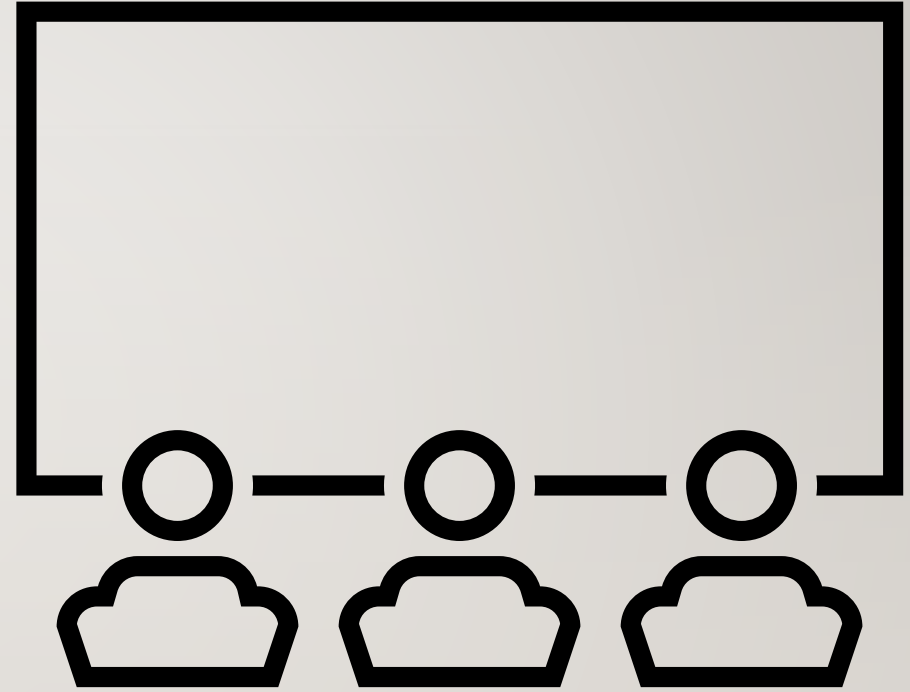
SN CHAT

SCHOOL NURSE CHRONIC HEALTH ASSESSMENT TOOL



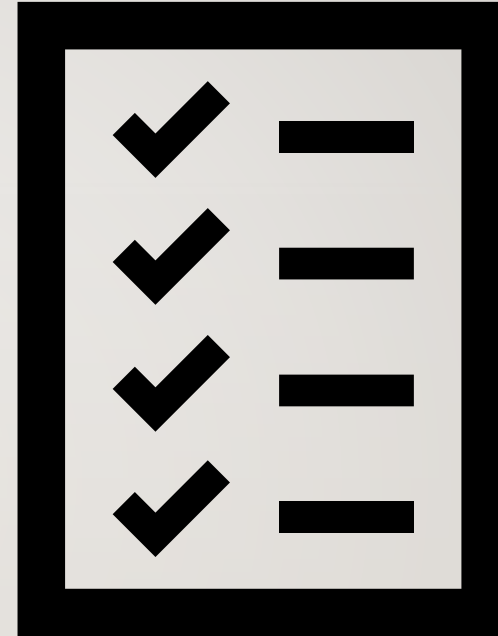
SCHOOL NURSE CHRONIC HEALTH ASSESSMENT TOOL

Tools and resources to prioritize
and plan for the care of students
with chronic conditions



25 % of all students
have chronic health
condition

Planning care is a
Standard of School
Nursing Practice



FEDERAL LAWS

IDEA ensures a free, appropriate public education (FAPE) in the least restrictive environment (LRE)

Section 504 (Rehabilitation Act of 1973) prohibits discrimination based on a handicap (civil rights legislation).

Deals with providing reasonable accommodations for students with disabilities.



HOW MANY STUDENTS HAVE A WRITTEN EMERGENCY ACTION PLAN (EAP) ?

- A. None
- B. 1-5
- C. 6-20
- D. Over 20

What is the biggest barrier to developing emergency plans?

- A. No barriers, all students who need an EAP have one
- B. I don't know how to decide which students need an EAP
- C. Healthcare providers not writing an EAP
- D. Parents not sharing the EAP with the school



CARE COORDINATION – PLANNING

Primary goal of care coordination *for the individual student*

Self-management of their illness or disability

At the highest possible level based on their developmental stage and ability.



SN CHAT CORE CONCEPTS



- Student is central
- Students are more than a diagnosis
- Family and student need to be included in planning
- Building relationships and trust is essential to communication
- Use these instruments as tools – be flexible
- Use critical thinking and nursing judgement

SN CHAT[®]

School Nurse Chronic Health Assessment Tool



This handbook provides school nurses with the tools and resources needed to prioritize and plan for the care of students with chronic conditions in the school setting. ©2021

SCHOOL NURSE CHRONIC HEALTH ASSESSMENT TOOL

<https://health.mo.gov/living/families/schoolhealth/index.php>

School Health

DHSS Home » Healthy Living » Healthy Families » schoolhealth

- Resources
- School Health Index
- Online Reporting Statewide User Manual
- Announcements and Conferences
- Frequently Asked Questions
- Guidelines & Publications
- Online Reporting System
- School Wellness Project
- SN CHAT
- Emergency Action Plans – Fillable Format

Healthy Children are Better Learners

More than 800,000 children attend Missouri's 522 public school districts. Each child has a right to a free and appropriate public education in the least restrictive environment. In every school there are children who are in the best of health and children who are challenged by various health conditions. Fortunately, medical and technological advances now make it possible for many children with chronic health conditions and physical challenges to learn in the same classrooms as other children.



Healthy Living
Environmental Factors
Chronic Diseases
Communicable Diseases
Healthy Families
Organ/Tissue Donation and Registry
Women, Infants & Children (WIC)
Genetic Disease & Early Childhood
Food Programs
Wellness & Prevention
Local Public Health Agencies

INTRODUCTION

Introduction

Over 25% of students enrolled in kindergarten through grade 12 schools have a chronic health condition. These students are at risk for having a life-threatening emergency for which school staff must be prepared to intervene. The school nurse uses assessment skills and critical nursing judgment to prioritize which students are at highest risk for an emergency. The school nurse coordinates the student's care in partnership with the parent/guardian, the student, the healthcare team, and the school staff. The school nurse develops emergency plans and trains school staff to implement those plans.

The American Nurses Association (ANA) and the National Association of School Nurses (NASN) have established that planning is a standard of school nursing practice (ANA, 2017). It is essential for school nurses to develop plans for school staff to follow so that students are healthy, safe and ready to learn.

Always placing the student at the center of care, SN CHAT® allows the school nurse to coordinate care between the medical home, parent and family as well as school staff.



The revised School Nurse Chronic Health Assessment Tool (SN CHAT®) helps school nurses gather information about students who have chronic health conditions.

As a school nurse, you can use SN CHAT® to:

-  Guide conversations in person or via phone with a student's parent, guardian, or caregivers.
-  Learn about the health needs of an individual student.
-  Decide if you should create a school plan for a student, which may include an Emergency Action Plan (EAP) and/or an Individualized Healthcare Plan (IHP).

NOTE: Use critical thinking and good nursing judgment to prioritize which students will benefit from individual plans

SN CHAT®
School Nurse Chronic Health Assessment Tool

COMPONENTS OF SN CHAT

- Introduction
- Basic Intake Interview
- Condition Specific Questions
- Tips for Conducting a Parent Interview
- Criteria for Student Care Plans
- Individual Healthcare Plan Development
- Emergency Action Plan Development
- Emergency Action Plan Templates
 - Asthma
 - Life Threatening Allergies
 - Diabetes
 - Seizures
 - Sickle Cell Disease
- Additional Questions
- Resources
- References



BASIC INTAKE INTERVIEW

- Confirm Diagnosis
- Ask about comorbidities
- Quick Health History
- How Can the School Help
- How can the parent/guardian help?

Basic Intake Interview

Parent or Caregiver of a Student with a Chronic Health Condition

Confirm Diagnosis

Our records show that [use student name] has a health concern. Is that correct?

Co-morbidities

Does your student have any other health concerns?



Quick Health History

- When did you find out your student had this health condition?
- How does it impact the student's daily life?
- Does your child need any assistive devices such as glasses or hearing devices?
- *[Add questions for specific health issue as needed]*
- What challenges do you face in dealing with this health condition?
- Do you currently have health insurance coverage for your child?
- Is the coverage adequate to pay for your child's medicines, supplies and needed healthcare provider's visits?
- How does your child do with managing the health condition?
- How often do you and your child see a Healthcare Provider? When was the last time?
- Have you had to seek emergency care? When was the last time?
- Does your student take medicine at home? What? How often?

How Can I Help?

- Do you feel that your student needs special arrangements at school?
- Does the student receive medical treatments such as catheterizations or tube feedings?
- Can I arrange a meeting with your student's teacher/counselor?
- Do you feel that your student is mistreated in any way?
- May I call your doctor with questions?

How You Can Help the School Take Care of Your Student

- Provide a Healthcare Provider's diagnosis (note from HCP)
- Provide needed medication & forms.
- Call with any changes in your student's condition.
- Call with any concerns.

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School Nurse Chronic Health Assessment Tool

CONDITION SPECIFIC QUESTIONS

Intake Interview Questions

Additional Questions for Specific Chronic Health Conditions

Following the questions from the Basic Intake Interview, the school nurse may require more information specific to the student's health condition. The school nurse should choose the most appropriate questions from the suggestions below.

Asthma

- Does (insert student's name) have any allergies?
- Does (insert student's name) have an Asthma Action Plan (AAP) from their healthcare provider? An Asthma Action Plan is written instructions that explain what medicines and actions to take when (insert student's name) has asthma symptoms. Link to SAMPRO Asthma Action Plan - available in English and Spanish https://www.aaaai.org/Aaaa/media/Media-Library/PDFs/Tools-for-the-Public/School-Tools/16-asthma-action-plan-v10_hires.pdf.
- Do you know what makes (insert student's name)'s asthma worse? How do you know that (student's name) asthma is getting worse? Peak flow monitoring? Symptoms?
- Has (insert student's name) ever had a life-threatening asthma flare?
- What triggers an asthma flare?
 - Animal dander, pollen, cold air, smoke, mold, or activity?
- Does (insert student's name) cough at night? How many nights a week?
- Does asthma interfere with any activities, such as running or singing? List activities:
 - How many times per week?
- During the last month, on average, how many days did (insert student's name) have any asthma symptoms, such as coughing, wheezing, shortness of breath, or waking up at night?
- Does (insert student's name) use a spacer with an inhaler? Is one available at home and school?
- Knowledge base assessment:
 - Does (insert student's name) self-administer asthma medication?
 - Self-carry?
- Are there any other plans we need to make to help during field trips or after school activities?

TIPS FOR CONDUCTING THE PARENT INTERVIEW

Before
During
After

Tips for Interviewing

Conducting a Parent/Guardian Interview

Before the Interview

- Review school registration forms to identify students with chronic conditions.
- Pre-fill demographic data.
- Review school health records for medical orders or emergency plans.
- Determine parent/guardian's preferred language.
- Arrange for translator as needed.



During the Interview

- Avoid education, medical, and/or nursing terminology and acronyms.
- Ask for clarification when needed.
- Avoid judgemental responses.
- Allow adequate time for parent/guardian to respond.
- Ask open ended questions when possible.

Establish Relationship with Parent/Guardian

- Ask if this is a good time to discuss. If not, schedule another time to talk.
- Explain how the information will be used and shared.
- Assure confidentiality with exception of need to know.

After the Interview

- Thank the parent/guardian for their time and participation.
- Follow up with school staff if more information is needed.
- Communicate with medical care providers with parent permission.



SN CHAT
School Nurse Chat (Health Assessment Tool)

CRITERIA FOR DEVELOPMENT OF STUDENT SPECIFIC PLANS

Individual Healthcare Plan and/or Emergency Action Plan

Student Care Plans

Criteria for Development of Student Specific Plan – EAP or IHP

IT IS IMPORTANT THAT THE SCHOOL NURSE USE NURSING JUDGMENT WHEN DETERMINING WHO NEEDS AN EMERGENCY ACTION PLAN.

The criteria listed below are for guidance, but it is the responsibility of the school nurse to make the final clinical determination on which students need an EAP.

Emergency Action Plan (EAP)

An Emergency Action Plan is written for students with known health conditions that are likely to result in a medical emergency.

The EAP is written in lay language for staff and non-medical personnel to follow.

Components of an EAP

- Student name / demographic data
- Short, relevant medical history
- Outline of symptoms and emergency treatment (for all school settings)

Students with the conditions below may benefit from an EAP:

Asthma

- Previous asthma emergency hospitalizations
- Poor asthma control

Allergies

- History of life-threatening allergy
- Has epinephrine prescribed for emergency use

Diabetes

- Previous diabetic emergency hospitalizations
- Has insulin prescribed for regular use

Sickle Cell Disease

- History of vaso-occlusive crisis

Seizures

- History of status epilepticus
- Has medication prescribed for emergency use

Individualized Healthcare Plan (IHP)

An Individualized Healthcare Plan is written for students with a known health condition that requires more complex care at school. Needs may include education, medications and treatments, and/or social/emotional care. The IHP is written in nursing language to guide care provided by the registered professional nurse.

Components of an IHP

- Student name / demographic data
- Short, relevant medical history
- Outline of nursing care to be administered or supervised

Students with the conditions below may benefit from an IHP:

Asthma

- Detail care, equipment needed
- Medication administration
- Education plan – prevention and management

Allergies

- Detail prevention strategies, exposure avoidance
- Emergency medications and care
- Education plan – prevention and management

Diabetes

- Equipment, medication and treatment needs
- Emergency medications and care
- Education plan – daily and emergency care

Sickle Cell Disease

- Outline health maintenance strategies
- Education plan – decrease pain events, understand interventions

Seizures

- Detail care – daily care, medications
- Education plan – prevention and management

INDIVIDUAL HEALTHCARE PLAN (IHP) DEVELOPMENT

Individualized Healthcare Plans

Development of Student Specific Plan

Individualized Healthcare Plan or IHP

- An Individualized Healthcare Plan is written for students with known health conditions that are more complex with treatment and educational needs.
- Individualized Healthcare Plans are a standard of school nursing practice.

When the registered professional school nurse has determined that the student would benefit from the development of an Individualized Healthcare Plan (IHP):

	Assessment	• Collect subjective and objective data • Analyze data - Includes physiological, psychological, sociocultural, spiritual, economic, and life-style factors (social determinants of health)
	Nursing Diagnosis	• Clinical judgment about individual, family, or community experiences/responses to actual or potential health problems/life processes • Provides the basis for selection of outcomes and interventions
	Goal	• What the student/family wants to achieve - collaborative process • Short and long term goals - measurable behaviors to show progress • SMART goals
	Outcomes	• A measurable, expected, realistic, and attainable expectation for the student • Identified by nurse - culturally appropriate, student centered care
	Interventions	• Specific evidence-based steps to reach the desired outcomes, care coordination • Includes documentation of treatments, equipment, emergent care, education, and coping
	Evaluation	• Three categories: Outcome, Process, and Impact • Use data to document if goals are met • Done continually - formal evaluation annually

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Emergency Action Plans

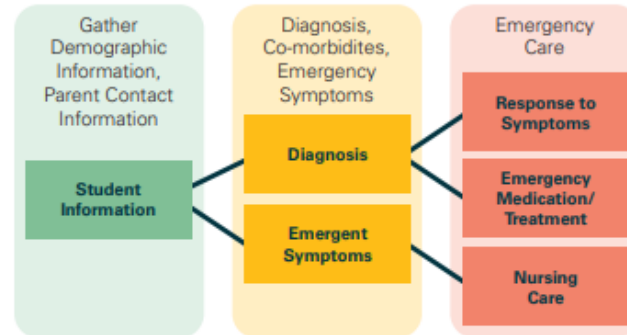
Development of Student Specific Plan



Emergency Action Plan or EAP

An Emergency Action Plan is written for students with known health conditions that are likely to result in a medical emergency.

When the registered professional school nurse has determined that the student would benefit from the development of an Emergency Action Plan (EAP):



Notes:

- The EAP is written in lay language that all school staff can understand.
- Keep the EAP simple to avoid confusion in an already stressful situation.
- Review the EAP with staff, provide training, check for understanding, and document who was trained.
- Stress that a student experiencing a potential health emergency should NEVER be left alone – should never walk to the Health Office unattended.
- Include student picture in the event that a substitute nurse or teacher responds to the emergency.
- Ask parent for their preferred hospital. Explain that in some acute situations, a closer hospital may be chosen.
- Always have a staff member accompany a student in an ambulance if the parent is not present.
- Always keep the EAP where it is accessible to the teacher and substitute staff but kept confidential.
- Suggestion: Place in red "Health Information Folder" and place in top right hand desk drawer in each classroom.

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School Nurse Chronic Health Assessment Tool

EMERGENCY ACTION PLAN (EAP) DEVELOPMENT

If you see this ➡

Do This



EMERGENCY ACTION PLAN TEMPLATES

- Asthma
- Life Threatening Allergies
- Diabetes
- Seizures
- Sickle Cell Disease

ASTHMA ACTION PLAN

Asthma Action Plan for Home & School

Name: _____

Birthdate: _____

Asthma Severity:

- ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent
☐ He/she has had many or severe asthma attacks/exacerbations

Green Zone

Have the child take these medicines every day, even when the child feels well.

Always use a spacer with inhalers as directed.

Controller Medicine(s): _____

Controller Medicine(s) Given in School: _____

Rescue Medicine: Albuterol/levalbuterol _____ puffs every four hours as needed

Exercise Medicine: Albuterol/levalbuterol _____ puffs 15 minutes before activity as needed

Yellow Zone

Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.

Rescue Medicine: Albuterol/levalbuterol _____ puffs every 4 hours as needed

Controller Medicine(s): _____

☐ Continue Green Zone medicines: _____

☐ Add: _____

☐ Change: _____

If the child is in the **yellow** zone more than **24** hours or is getting worse, follow **red** zone and call the doctor right away!

Red Zone

If breathing is hard and fast, ribs sticking out, trouble walking, talking, or sleeping.

Get Help Now

Take rescue medicine(s) now

Rescue Medicine: Albuterol/levalbuterol _____ puffs every _____

Take: _____

If the child is not better right away, call 911

Please call the doctor any time the child is in the red zone.

Asthma Triggers: (List)

School Staff: Follow the Yellow and Red Zone plans for rescue medicines according to asthma symptoms.

Unless otherwise noted, the only controllers to be administered in school are those listed as "given in school" in the green zone.

- ☐ Both the asthma provider and the parent feel that the child **may carry and self-administer their inhalers**
☐ School nurse agrees with student self-administering the inhalers

Asthma Provider Printed Name and Contact Information: _____

Asthma Provider Signature: _____

Date: _____

Parent/Guardian: I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medication.

Parent/guardian signature: _____

School Nurse Reviewed: _____

Date: _____

Date: _____

Please send a signed copy back to the provider listed above.

©2009 Asthma Society of Canada

ANAPHYLAXIS EMERGENCY ACTION PLAN

**EMERGENCY ACTION PLAN**
Anaphylaxis – Life-Threatening Allergies

Student Name: _____ DOB: _____ Grade: _____
Identified Allergen(s): _____
Asthma: ☐ Yes ☐ No Other relevant health concerns: _____

Student
Picture

Contact Information:
Parent/Guardian Name: _____ Phone: _____
Parent/Guardian Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

IMPORTANT: EACH ALLERGIC REACTION MAY INCREASE IN SEVERITY FROM PREVIOUS REACTIONS.
ALLERGIC REACTIONS CAN INCREASE IN SEVERITY QUICKLY – PROVIDE EMERGENCY CARE AS QUICKLY AS POSSIBLE

A LIFE-THREATENING ALLERGIC REACTION MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

Are any of these signs and symptoms present and severe?
✓ LUNG: Short of breath, wheeze, repetitive cough
✓ HEART: Pale, blue, faint, weak pulse, dizzy, confused
✓ THROAT: Tight, hoarse, trouble breathing/swallowing
✓ MOUTH: Obstructive swelling (tongue and/or lips)
✓ SKIN: Hives over body

Or is there a combination of symptoms from different body areas?
✓ SKIN: Hives, itchy rashes, swelling (eyes, lips)
✓ GUT: Vomiting, cramping pain, diarrhea
✓ RESPIRATORY: Runny nose, sneezing, swollen eyes, phlegmy throat
✓ OTHER: Confusion, agitation, feeling of impending doom

DO THIS
INITIATE CARE – do not delay treatment if anaphylaxis is suspected. When in doubt, give epinephrine.

TREATMENT: Epinephrine – Medication is at school ☐ Yes ☐ No Dosage: _____
Directions for administration: _____ ☐ Repeat dose after 5 or more minutes if needed.
☐ Treatment should be initiated immediately following exposure without waiting for symptoms (per healthcare provider).
☐ Treatment should be initiated only following the appearance of symptoms (per healthcare provider).

THEN MONITOR
PROVIDE ONGOING CARE: Stay with the student, maintain airway, do not have the student rise to an upright position. Observe for changes.

If epinephrine is given, call 911 immediately and transport the student to the nearest emergency room.
Preferred hospital: _____
Doctor's Name: _____ Date: _____
Emergency Plan written by: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

*The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.
In the event of an emergency, care will be initiated and parents will be contacted.
This plan is in effect for the current school year only.*

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DIABETES HYPOGLYCEMIA EMERGENCY ACTION PLAN

**EMERGENCY ACTION PLAN**
Hypoglycemia – Diabetes

Student Name: _____ DOB: _____ Grade: _____

Student Picture	Contact Information:
	Parent/Guardian Name: _____ Phone: _____
	Parent/Guardian Name: _____ Phone: _____
	Emergency Contact: _____ Phone: _____
Additional Contacts: _____ Phone: _____	

Building Health Office/School Nurse: _____ Phone: _____

AN EPISODE OF HYPOGLYCEMIA MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

Are any of these signs and symptoms present and severe?	Onset may be sudden and can progress to a life threatening low blood sugar. If untreated seizures and even death can occur.
☒ Shaking	
☒ Fast heartbeat	
☒ Sweating	
☒ Anxiety, irritability	

DO THIS – do not delay treatment.

TREATMENT: Stop any activity. Do not leave the student alone.
Accompany the student to the Health Office for treatment, if possible (blood glucose and monitoring).
Access assistance from the school nurse, if possible.

Proceed with the following care per healthcare provider's instructions:

☐ Give snack: ½ to ¾ cup juice, 3 – 4 glucose tabs, or hard candy.

☐ Give glucose gel for emergency care.

☐ Give glucagon if unresponsive, unable to swallow, or unable to follow directions. After glucagon is given, call 911. Glucagon should be given without delay if student is unconscious or experiencing a seizure.

Location of student's glucagon: _____ Route (injection or intranasal): _____

Site on body for glucagon if given by injection: _____

Staff member(s) trained by school nurse to administer glucagon to this student: _____

Call parents as soon as possible. Have a staff member accompany the student to medical care if needed – do not leave the student unattended. If on a field trip, notify the school nurse at: _____

If glucagon is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: _____

Doctor's Name: _____ Date: _____

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis. In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.

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School Nurse Chronic Health Assessment Tool

SEIZURE ACTION PLAN



EMERGENCY ACTION PLAN

Seizures

Student Name: _____ DOB: _____ Grade: _____

Student
Picture

Contact Information:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: _____ Phone: _____

Seizure Type	Triggers	How Long It Lasts	How Often	What Happens

First Aid - STAY calm, begin timing seizure. Notify school nurse.

- ✓ Provide PRIVACY – remove other students from area
- ✓ Keep the student SAFE – remove harmful objects, don't restrain, protect head.
- ✓ Position on SIDE – turn on side if not awake, keep airway clear, do not put objects in mouth

Give Medication or Treatment

- ✓ Administer Medication: _____ Instructions: _____
- ✓ Swipe magnet for VNS (Vagal Nerve Stimulator) Instructions: _____

Get Help If:

- ✓ Lasts more than 5 minutes
- ✓ Repeated seizures longer than 10 minutes with no recovery time in-between
- ✓ Seizure does not stop after giving emergency medication
- ✓ Difficulty breathing after seizure ends
- ✓ Serious injury occurs or suspected, or seizure in water

After the Seizure

- ✓ STAY with the student until fully recovered from seizure
- ✓ Notify parent or guardian if student does not return to usual behavior (i.e., confused, or lethargic).

Emergency Plan written by: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis.

In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.

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ADDITIONAL QUESTIONS

- Identify Individual Factors
- Identify Social and Family Factors
- Identify Emotional Factors
- Identify Trauma
- Identify Academic Factors

Additional Optional Questions

These questions can be used to help identify the social factors of health to better understand the child's health needs. In addition to talking to the parent/guardian, the school nurse can get information from school counselors, teachers, or academic records to complete this section.

Identify Individual Factors

- How is (insert student's name) doing in school? For example, their grades, their interest in learning, and relationships with classmates.
- Does (insert student's name) like school?
- Is there a current or past 504 Accommodations Plan or IEP? Are curriculum modifications needed?
- Are allowances provided for making up missed schoolwork due to illness episodes?
- Is support available to avoid outdoor activity in specific conditions, e.g., very cold, or hot or humid air conditions? (Will, Arnold, Zaiger, 2017)

Identify Social and Family Factors

- Who does your child live with? List household members: _____
- Outside of your household members, who does your family get support from? This could be friends or family who don't live with you, including neighbors, religious leaders, members of faith-based organization, or volunteer organizations.
- What is your child's first language? List language: _____. What language does your family mostly speak at home? List language: _____
- Does your child eat breakfast at home _____ or school _____? What about lunch? Does he/she eat school lunch or pack a lunch from home? School _____. Home _____. Does your child complain about this? Are there any problems during mealtimes?
- Is the student living with someone who abuses drugs or alcohol?
- Is the student living with someone with a mental or emotional illness?
- Are there other factors to consider such as cultural or religious beliefs, practices, and needs? List: _____

Identify Emotional Factors

- Are there any observed or expressed anxiety or depression or suicidal thoughts?
- Are there any emotional/behavioral problems including anger, depression, anxiety, acting out, or refusals?
- Is your child sensitive about discussing or sharing diagnosis/treatment?
- Does your child tell friends and classmates about their condition?
- Does your child have friends that they can talk with about their condition and problems?
- Do you and/or your child attend any support groups?

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RESOURCES

Resources

Section 504

- www2.ed.gov/about/offices/list/oei/504faq.html
- www2.ed.gov/about/offices/list/oei/docs/504-reopening-202105.pdf
- Perry Zirkel JD perryzirkel.com/tag/section-504

Special Education

- IDEA 2004 information sites.ed.gov/idea
- Wrights law free newsletter <https://www.wrightslaw.com/>
- Council for Exceptional Children <https://exceptionalchildren.org/>

New School Nurses

- Missouri SHD Home includes, School Health Index, Online Reporting Statewide User Manual, Announcements and Conferences, Frequently Asked Questions, Guidelines & Publications, Online Reporting System, School Wellness Project
- <https://health.mo.gov/living/families/schoolhealth/>
- Missouri Healthy Schools <http://www.mchealthyschools.com/>
- NASN Special interest group (SIG) information www.nasn.org/nasn/membership/current-members/sigs
- NASN Professional Practice Documents www.nasn.org/advocacy/professional-practice-documents
- CDC School Health Resources www.cdc.gov/healthyyouth

Chronic Health Conditions

- Asthma: SAMPRO Asthma Action Plan - available in English and Spanish [https://www.aaspi.org/Aaspi/media/Media-Library/PDFs/Tools for the Public/School Tools/16-asthma-action-plan-v10-hires.pdf](https://www.aaspi.org/Aaspi/media/Media-Library/PDFs/Tools%20for%20the%20Public/School%20Tools/16-asthma-action-plan-v10-hires.pdf)
- Life threatening Allergies: American Academy of Pediatrics Emergency Action Plan: https://www.aap.org/en-us/Documents/AAP_Allergy_and_Anaphylaxis_Emergency_Plan.pdf
- Diabetes: Sample DMMP <http://main.diabetes.org/diorg/PDFs/Advocacy/Discrimination/dmmp-form.pdf>
- Seizures <https://showmeecho.org/wp-content/uploads/2020/07/Patterson-Seizure-Action-Plan-Questionnaire-and-obs-rec.pdf>
- Sickle Cell Disease: Find tipsheets here https://www.cdc.gov/nchstd/sicklecell/documents/tipsheets_guide.pdf

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NEXT STEPS:

Review student health registration forms

Prioritize students with highest risk

Contact families

Use interview tool to gather needed information

Create EAP from on-line template

Marjorie Cole MSN, RN, FASHA
State School Nurse Consultant
Missouri Department of Health and
Senior Services Bureau of Community
Health and Wellness
Marjorie.Cole@health.mo.gov

Susan Hoffmann MSN, RN, NCSN
SH Consulting, LLC
suehoffm@gmail.com



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