

Children's School Services

The Philippine Relief Campaign

Ward 1 Nurses responded to the call from the Magnet Champions to donate to the Philippine Relief Campaign, an effort to support those affected by Typhoon Haiyan. Our nurses are always eager to assist and volunteer their time, resources and money to help those in need. The nurses met and assembled over fifty hygiene kits that included combs, toothbrushes, toothpaste, bars of soap and hand towels. This activity fostered teamwork and camaraderie.



CSS nurses volunteering to assemble items for Typhoon Haiyan victims

Camille Wheeler, RN, BSN, MA Sr. CHN
School Nurse– Bell Multicultural High School

Big Smile DC Mobile Visit

The Big Smile Mobile dentist visited Barnard Elementary school four times during the month of January. The oral educator visited classrooms and gave instructions on oral health and proper brushing. She also passed out toothbrushes to the students. Those who turned in signed permission forms from parents were able to receive dental care. A dentist, dental hygienist and dental assistant set up a temporary dental office and performed dental exams, x-rays, cleanings, fluoride gel, extractions and fillings. This was an excellent opportunity for children to receive dental care in a easily accessible location and familiar setting. Parents were given a copy of the student dental exam and any suggestions for follow up.



Malene, oral educator with Kathryn Hager, CHN (right)

Kathryn Hager, RN, BSN
School Nurse–Barnard ES

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February Healthy Recipe

Tomato Basil Pizza Snack

Prep Time: 5 minutes

Ingredients

- 1/2 whole wheat English muffin
- 2 tbsp. tomato sauce (no sodium added)
- 2 tbsp. part skim mozzarella cheese
- 1 tbsp. fresh basil, chopped
- 2 tsp. tomato, diced

Directions

1. Preheat boiler
2. Place English muffin on a small baking sheet
3. Spread tomato sauce over top of muffin
4. Top with cheese
5. Sprinkle fresh basil and tomato on top
6. Broil until cheese is brown and sauce is bubbly
7. Serve immediately



Kidshealth.org

Aromatherapy

Aromatherapy is the use of essential oils to promote health and well being. Until recently, there has not been much evidence based research regarding their use. Now western medical research reveals their promising uses.

Lavender:

Stress and anxiety relief
Treating migraine headaches

Peppermint:

Post-op nausea relief

Citrus (Bitter orange):

Antimicrobial properties
Anti-fungal properties

Citrus (Limon):

Stress and anxiety relief

Bergamot:

Stress and anxiety relief
Anti-depressant effect

Eucalyptus:

Reduction of pain and inflammation
Anti-bacterial properties
Anti-viral properties

Ginger:

Antimicrobial properties
Anti-fungal
Post-op nausea relief

Meagan O'Keeffe, RN,BSN ("Scrubbed in: The Nurse.com blog)

Submitted by Beverly Taylor, BSN, RN

School Nurse– Browne Education Campus

Project Eye Glasses

On Saturday, January 18th, students from Wheatley Education Campus took a trip to Dr. Stanley Kaplan's optometry office in Chevy Chase, MD. The trip was sponsored by Temple Sinai. School nurse Valerie Horne, RN (standing far right) was one of six chaperones who accompanied twenty two students on the trip. These students were identified by the school nurse as having failed the vision screening from earlier in the school year. Each student was given a complete eye exam and received two pairs of eye glasses, one for home and one for school. There was no cost to students as everything was provided by Temple Sinai. This field trip was a wonderful opportunity to fellowship with the students outside of the school setting. Our students were very appreciative of everything. We thank Temple Sinai for helping to remove one less barrier to our student's ability to learn.



Students and chaperones on their field trip to Dr. Stanley Kaplan's office. Nurse Horne, standing far right.

Valerie J. Horne, RN
School Nurse-Wheatley DC

February Health Observances

American Heart Month

National Children's Dental Health Month

Teen Dating Violence Awareness Month

National Condom Awareness Month

National Wear Red Day (7)

National Donor Day (14)

Congenital Heart Defect Awareness Week (7-14)

National Eating Disorders Awareness Week (23-31)



Risk Matters “Medication Errors Continue to Threaten Student Safety” Part 1 of 3

Nyrtha D. Braxton, MGA, RN, Ambulatory Risk Coordinator, Legal/Risk Management Department



A child died after having a seizure at home and hitting his head. When checking the child's school medication card, a part-time school nurse noticed that in the weeks before his death, the child had missed nearly half of his regular doses of anti-seizure medicine because the office staff filling in during her absence had not called the child into the office to give him his medicine (ISMP Safe Medicine March/April2012).

According to the Institute for Safe Medication Practices, the need for medicine during the school day has risen drastically over the last decade or two. According to a 2011 CNN Health report, more than 300,000 school-age children have epilepsy. About 4.5 million have ADHD. Some 15,000 children learn they have Type 1 diabetes (requiring insulin injections) each year. Three million suffer from food allergies, and 9 million have asthma. A University of Iowa survey of school nurses revealed that during a typical day, about 6% of children receive medicine in school, with more than 3% receiving medications for ADHD alone.

Half of the nurses reported that medication errors had occurred, mostly with Medication Assistants. The majority of the errors involved the student never receiving the medicine they were supposed to get. This is especially serious for children with chronic conditions— a point well made by the child who died after hitting his head during a seizure, which was likely brought on by not receiving his medicine during the school day for a number of weeks prior to the event.

According to Dr. Gaunt, a medication safety analyst, in any given week, 56% of children younger than 18 years of age take at least 1 medication, and 27% take 2 or more; 21% use at least 1 prescription drug. Safe and correct medication administration during school hours is a challenge for school systems. American school systems deliver medication to more patients than large hospital or nursing home systems. Approximately 6% of school-aged children (nearly 13 million) receive medications while in school, and 80% of school-related medication errors reported, were missed doses.

Dr. Gaunt, also expressed, proper medication management improves outcomes for chronic conditions in children. Disease progression, complacency, and bad habits are reinforced when medications are not administered as ordered during school hours. Due to budget cuts, many school systems do not have a dedicated nurse onsite. This leaves school staffs, which, in most cases, are untrained for medication delivery, responsible for medication management during the school day. A study by the University of Iowa surveyed 649 school nurses throughout the United States and found that 5.6% of students receive a medication at school each day—75% of which are administered by non-nursing school staff (e.g., secretaries, health aides, teachers, and other nonclinical staff). **Commonly reported medication errors include:**

- Missed doses
- Incorrect doses
- Administering an unauthorized medication
- Administering the wrong medication
- Other unsuspected mistakes

The following three practices, cited from the National Association of School Nurses (NASN), can assist you as the school nurse to ensure and sustain the safe accurate administration of medication in your school's health suite.

Controlled substances— Are they secured under lock and key? Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness and disability enabling many sick and disabled children to attend school.

Emergency Medication—Are you ready? Immediate access to emergency medication is a high priority and is crucial to the effectiveness of these life-saving interventions (AAP, 2009). The administration of emergency medications, like all medications, is regulated by state laws and guidelines as well as local school district policies and protocols. Students with medical orders for life-saving medications should have a nursing assessment, and an Emergency Care Plan, developed by the school nurse.

Research Medication – Are you familiar with your organization's policies? Medication prescriptions for children that do not fall within the established United States Food and Drug Administration (FDA) guidelines for pediatric use and/or dosing may fall into two categories: off-label medication and experimental medications. Off-label medications are those FDA approved medications prescribed for non-approved indications in children. Pediatric experimental or investigational drugs are those medications currently involved in clinical trials. These medications are undergoing formal study to determine the efficacy and safety of pediatric dosing, but they do not have FDA approval. Medication administration policies should address the specific requirements for administering research medication in school, including providing the school nurse with information regarding the protocol or a study summary from the research organization, signed parental permission, reporting requirements, and any follow-up nursing actions to be taken.

The National Association of School Nurses (NASN) clearly addresses that the school nurses is often the sole healthcare provider in the school setting, providing an expertise in health related care for students. A school nurse is the professional that has the knowledge and skills required for delivery of medication, the clinical knowledge and understanding of the student's health and the responsibility to protect the health and safety of students (AAP, 2009).

In summary, according to Dr. Ginette A. Pepper, Associate Dean for Research, University of Utah College of Nursing, Salt Lake City, nurses have two roles in medication error prevention: (1) they must check to see that other healthcare providers have not made any errors in any part of the medication order chain; and (2) they must ensure that they themselves do not make an error. Dr. Pepper also suggests that healthcare professionals should put safety ahead of timeliness. Clinicians should exercise caution when out of the normal safety zone of practice. And if an error should occur, the healthcare professional should take the time to report it. If an error happened in one situation for a patient, it is likely that it could happen again in similar circumstances!

References

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Pepper, G. Do no harm: medication safety for the GNP. Program and abstracts of the National Conference of Gerontological Nurse Practitioners 25th Annual Conference; September 27-October 2006; Jacksonville, Florida.

The National Association of School Nurses (NASN)