

## Russell County Public Schools

### Nurse Clinic Guidelines

The following guidelines are to be used in school clinics to address the needs of students as necessary. Each student will be assessed on an individual basis with the appropriate treatment given.

- **Sore Throats:** Are a very common complaint. They are not emergent and should not be sent to the clinic during class, unless other symptoms are present as well. (i.e.: temp., vomiting, rash, strept odor). They may be assessed by the clinic nurse at break. If reddened or sinus drainage is observed, fluids may be encouraged and a note may be sent home. If blisters or swollen tonsils are observed, a parent will be contacted.
- **Stomach aches:** This is a very frequent complaint, often exaggerated, and difficult to medically evaluate. It can become a very time consuming evaluation for the student, clinic nurse, and teacher. If the child states vomiting, there must be verification from school staff. If no witness and the student has been in clinic for 20 minutes without fever, vomiting, or diarrhea, they may return to class. Upon initial complaint to teacher, the student should be given the opportunity to use bathroom or eat a snack. If a child has a medical condition that causes frequent stomach problems, it should be reported to the school nurse or principal so that a Plan of Care can be written and special arrangements can be made. If your child is sent home with vomiting or diarrhea, they may not return to school until they have been symptom free for 24 hours.
- **Dry chapped lips** are not a medical necessity and do not need to be seen in the clinic unless sores or bleeding are evident, then they will be allowed only

1 trip to the clinic for Vaseline or lip balm. Parents are encouraged to provide chap stick especially in the winter season.

- **Splinters** will be removed if visible and accessible with tweezers. They will not be "dug" out. A Band-Aid may be given and a note sent home to parents alerting them of the splinter.
- If **Pink Eye** is suspected, the child will be sent home and referred to a doctor for evaluation and treatment. If it is diagnosed as pink eye, they may return to school after 24 hours of treatment with appropriate medication.
- Students with **draining wounds** that cannot be covered with appropriate bandages will not be allowed at school.
- **Head lice:** If lice are visible, student will be sent home. It is the parent's responsibility to treat the child for this condition. Upon return to school the child must be accompanied by a parent to the clinic, the nurse will check the head for lice. The parent should bring proof of treatment in the form of used container. The container will be kept by the school nurse. If no lice or nits are found the child will be allowed to stay at the school. If lice are present the child will be sent home again. The child will be checked every 3-5 days for new nits and lice. If this condition persists then Department of Social Services will be notified.
- **Fever of 100°** or greater the student will be sent home. They may return the next day if no fever, unless it is during flu season then they must be fever-free for 24 hours without the use of fever reducing medication.

- **All Head traumas** will be reported to the parent/guardian immediately. Student will be sent home if needed.
- **Ringworm:** Students will be sent home if ringworm is present. They may return to school after appropriate medical treatment is started. 2 applications preferred.
- **Chicken Pox:** All students with open/draining lesions will be excluded from school. They may not return until ALL lesions are crusted and healing.
- **Scabies:** If scabies is suspected, your child may be sent home and referred to a medical professional for diagnosis. They may not return to school until treated and released by the doctor.
- **Rashes:** If allergic reaction is suspected and student is at risk for respiratory difficulty, your child may receive epinephrine and be sent to a medical facility immediately. If not life threatening and no respiratory difficulty is present the parent will be notified immediately. The child will be sent home for evaluation and treatment by the parent.
- **Headaches:** If student complains of a headache, and no other symptoms, they may be asked to remain in class until break. Exceptions to this would be diagnosis of migraines or other medical condition that includes frequent headaches. Questions to ask students before sending them to the clinic during class: Hungry? Allergies? Sensitive to smells? Eye strain? These are not emergent and can wait until class breaks. This is also a very frequent complaint and hard to evaluate. Parents, please talk with your school nurse if there is a history or medical problem so that special

adjustments can be made. If a head ache has "just started" encourage waiting, it may dissipate soon and medicine may not be needed.

- **Eye glass** repairs can be time consuming and are preferably sent to the office for repairs.
- **Ear aches** can be a common complaint, especially among the elementary age. Unless it is a chronic pain or drainage is apparent, the child may be kept in class until break. The school nurse can check for inflammation and drainage, but cannot diagnose an ear infection; therefore the child may be referred to a physician for further evaluation. Most children with ear aches without temperature can stay at school.
- **Prescription medications** will be given during school hours only if doctor's orders and parental permission are received. We do not encourage medication be given at school if it can be given at home, especially morning medicines. You may request a morning medicine be given at school and provide doctor's orders, but each request will be considered depending on the circumstances for which they are being requested. (Forget-fullness and refusal by child will not be acceptable circumstances).
- **Over the counter medicines** such as cough syrup, antihistamines, decongestants, etc. may be given at school if absolutely necessary and with proper consent, as long as the parent brings the medicine in the original container, labeled with the student's name, to the school nurse with instructions (dose and time). They will be administered for a maximum of 3 days, after 3 days, the child will be referred to his/her physician for further evaluation. We do not encourage giving medicine at school when doses can be given at home or if it will make students drowsy or impaired.
- Nurses will not be responsible for pulling **baby teeth**. Do not send those students to the clinic.

- If a student has a **piercing** that is infected (red, drainage, foul odor) they will be sent home.
- Parents, it is very important that the school clinic have **current accessible phone numbers** in case there is an emergency or your child is sick and must be picked up from school immediately. If phone numbers change, please make sure the school has the current number by either calling or sending a note with your child. We have to have an emergency contact at all times. If you are unavailable during school hours to pick your child up you need to make arrangements with another family member or friend that will be available. Due to the high volume of students seen in many of the clinics daily, we cannot keep sick students in the clinic until school dismissal.
- If your child is **diabetic** and requires supervision/guidance by a nurse or trained school personnel, you must supply the school with the necessary diabetic supplies such as meter, strips, insulin syringes, all pump supplies, snacks, glucose tabs, glucagon (if ordered by physician), etc.. **Physician orders Must** be provided to the school nurse. Any changes in diabetic management must be made by the physician (**not parent**) before the school will adhere to the new orders. If we are unable to maintain an appropriate blood glucose level on your child, we will contact you or the physician for guidance, or pick up of your child.