

# QUALITY IMPROVEMENT

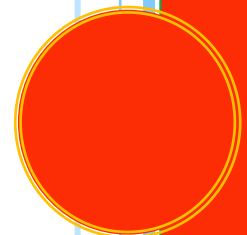
## *Chapter 5*

Quality means excellence. The history of school nursing demonstrates how school nurses' dedication to meeting the needs of individual students has resulted in quality school health services that can impact the entire school community. National Indicators of quality services and outcomes are difficult to identify; yet, there are data sources, approaches, and techniques that can assist the school nurse to implement Quality Improvement measures into the local school. This chapter, Quality Improvement, is based on one of the five principles within the Framework for 21<sup>st</sup> Century Practice™ developed by the National Association of School Nurses.

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# Quality Improvement

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# QUALITY IMPROVEMENT

## Components

- Continuous Quality Improvement
- Documentation/Data Collection
- Evaluation
- Meaningful Health / Academic Outcomes
- Performance Appraisal
- Research
- Uniform Data Set

Quality Improvement is one of the five principles within the National Association of School Nurses (NASN) Framework for 21<sup>st</sup> Century School Nursing Practice™ [Framework] (NASN, 2016a). The Framework identifies seven components, as identified above. The Delaware School Nurse Manual has combined the seven into three:

- Documentation
- Data Collection, Utilization, & Research
- Evaluation

In this chapter, the Documentation and Data Collection components are separated. Data Collection is combined with Research and “Utilization” is added. Documentation refers to the documentation collected or created by school nurses and entered into an electronic health record (EHR) or maintained in hard copy in the student’s individual health file. Whereas Data Collection goes beyond the EHR to data sources external to the school or nursing/medical/health resources. This collective Data Collection facilitates the school nurse’s effective Utilization of data in a meaningful way to enhance nursing services and improve health outcomes. It also supports the foundation of Research and participation in Research, for example through a Uniform Data Set. For this reason, Data Collection and Research are combined along with Utilization, into one section within this chapter. Evaluation includes both the student, (Meaningful Health/Academic Outcomes) and the nurse (Performance Appraisal).

The component titled Continuous Quality Improvement is discussed in the following paragraphs of this section. As implied within the components of this principal, attention to Quality Improvement should not be a single or solely scheduled event. Rather there should be Continuous Quality Improvement that seeks to update, correct, or enhance all school nursing services.

NASN defines Quality Improvement as a “continuous and systematic process that leads to measurable improvements and outcomes and is integral to healthcare reform and standards of practice” (NASN, 2016b).

Quality Improvement is not merely a task assigned to researcher, an auditor, or an individual. Quality Improvement is an ongoing process that should be embedded into all school nursing activities. It directly impacts all principles of the Framework by supporting Care Coordination and Community/Public Health in identifying ways to improve student health outcomes, guiding Leadership as the rationale and foundation for advocacy and effecting meaningful change, and meeting the Standards of Practice that require evaluation as a key component of the nursing process in any practice setting.

“Put simply, Continuous Quality Improvement is a philosophy that encourages all health care team members to continuously ask *How are we doing?* and *Can we do better?*” (Edwards, 2008, as cited in Health Information Technology Research Center [HITRC]). The HITRC document looks at Continuous Quality Improvement through the lens of EHRs, but the principles are the same. The nurse begins by identifying a means and measure for gauging *what needs improvement* and later asking *did improvement occur* after a targeted intervention (HITRC, 2013). This approach parallels the nursing process where nurses collect data, analyze the data, plan an intervention, implement the plan, and evaluate the outcomes, which then brings the nurse back to the beginning of the process of analyzing the new data that emerged after the nurse’s intervention. The Institute for Healthcare Improvement has a similar approach with its Model for Improvement. The Model for Improvement asks:

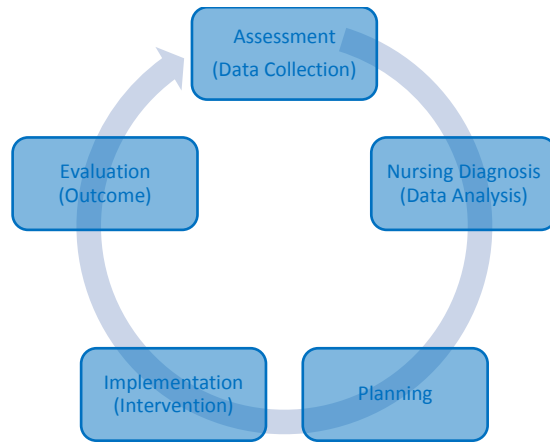
What are we trying to accomplish?

How will we know that a change is an improvement?

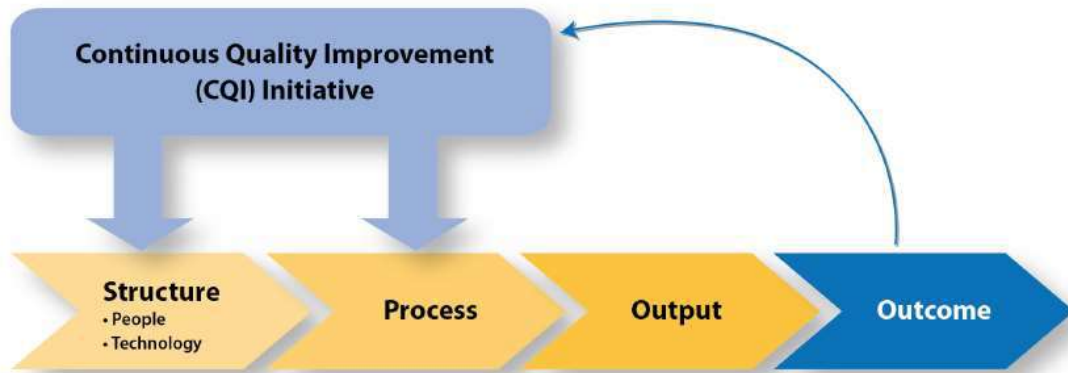
What changes can we make that will result in improvement?

This Model uses a “Plan-Do-Study-Act” process to effect positive improvement (HITRC, 2013).

Compare the graphics on the following page to identify similarities between the nursing process, the Continuous Quality Improvement Initiative, and the Plan-Do-Study-Act Cycle.



Nursing Process Phases



Health Information Technology Research Center (2013)



Plan-Do-Study-Act Cycle (HITRC, 2013)

In 2011, the U.S. Agency for Healthcare Research and Quality has identified six National Quality Strategy Priorities (2017). Each of the six priorities is applicable to the school setting:

1. Making care safer by reducing harm caused in the delivery of care;
2. Ensuring that each person and family are engaged as partners in their care;
3. Promoting effective communication and coordination of care;
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular;
5. Working with communities to promote wide use of best practices to enable healthy living; and
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models (U.S. Agency for Healthcare Research and Quality, 2017).

“Quality and performance improvement initiatives are driving significant changes in the United States healthcare system” (Weston & Roberts, 2013). Delaware school nurses, like all school nurses, must seek ways to demonstrate the quality and effectiveness of the services they provide to the school community. In an age of budget constraints and value-driven systems, Quality Improvement within school health services is a critical component to the health of school-age children and the profession of school nursing.

## References

Agency for Healthcare Research and Quality. (2017). *About the National Quality Strategy*. Retrieved on March 29, 2017 from <https://www.ahrq.gov/workingforquality/about/index.html>.

Health Information Technology Research Center. (2013). *Continuous Quality Improvement (CQI) Strategies to Optimize your Practice*. Retrieved on March 28, 2017 from [https://www.healthit.gov/sites/default/files/tools/nlc\\_continuousqualityimprovementprimer.pdf](https://www.healthit.gov/sites/default/files/tools/nlc_continuousqualityimprovementprimer.pdf).

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NASN. (2016b). *Position Statement: The Role of the 21st Century School Nurse*. Retrieved on March 28, 2017 from <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/87/Role-of-the-School-Nurse-Revised-2011>.

Weston, M., & Roberts, D. W. (2013). The influence of quality improvement efforts on patient outcomes and nursing work: A perspective from chief nursing officers at three large health systems. *OJIN: The Online Journal of Issues in Nursing*, 1(18), no. 3, manuscript 2.

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## Documentation

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The profession of nursing and the specialty practice of school nursing were founded on responding to the needs of persons whose health was compromised. Florence Nightingale, the founder of nursing, brought care to wounded soldiers and Lillian Wald, the founder of school nursing, brought care to immigrant children in school. Both of these trailblazers recognized the critical importance of documenting care in order to demonstrate the needs of their patients and the outcomes that resulted from poor, or good, medical and nursing care. The need for quality documentation is no less important today.

While there is no specific standard for “documentation” within the Standards of Professional School Nursing Practice, each of the seventeen standards can only be met *through* documentation. (Refer to [Chapter 1, Standards of Practice](#) for a list of the standards with definitions.) Documentation of health information is an expectation of professional school nursing practice according to the Scope and Standard of School Nursing Practice (American Nurses Association & National Association of School Nurses, 2011). The school nurse demonstrates and provides evidence of meeting the standards with his/her documentation of the nursing process: the student’s presenting symptoms, the nurse’s assessment and intervention, and the resulting outcomes. Documentation that meets the Standards demonstrates that the nurse: is evaluating student progress; practicing ethically, safely and with quality; applying knowledge; integrating evidence-based practice and research; collaborating and communicating with others; being a leader; utilizing resources and managing the school health office; and evaluating one’s own practice. Further, the school nurse analyzes the documentation (data) to identify ways to further promote or enhance student outcomes and quality school nurse performance. One could argue that documentation is the foundation of all activities.

[Regulation 811, School Health Record Keeping](#) establishes requirements for school nurse documentation in Delaware.

4.1 The school nurse shall document in the state, district, or charter electronic health record system for individual student health data any nursing care provided including the school name, a three point date, the person's (student, staff or visitor) first and last name, the time of arrival and departure, the presenting complaint, the nurse's assessment intervention and the outcome, including the disposition of the situation, the parent or other contact, if appropriate, and the nurse's complete signature or initials.

Several key points should be noted about the regulation:

- **Electronic Health Records (EHR) are required.** The state offers a free statewide pupil accountability system, eSchoolPlus, that includes a medical component. The medical portion is used solely by the school nurse; however, others with an administrative need to know may have access as determined by the district/charter. Examples of personnel would be the building principal, district coordinator for school health services, or the Medicaid Cost Recovery

Specialist. The district/charter may choose to use their own purchased/developed EHR; however it should meet the same standards for confidentiality, access, and coding. It is the “school nurse's role to collaborate with school administrators to ensure that EHRs use meets the highest quality standards for the safety and protection of student, family and staff information” (NASN, 2014).

- **All nursing care must be documented.** Nursing care includes any interaction with the student or on behalf of the student where the school nurse provides nursing assessment or intervention with or on behalf of a student, staff member, or visitor. At times a student may be seen by the nurse, but no intervention is required. In this case the nurse documents the assessment and that no intervention was provided.
- **Documentation must meet legal standards.** Nursing documentation in any setting requires the recording of date, patient, time of care, the patient’s symptoms and complaints, the nurse’s assessment and intervention, the outcome/response to the care received, and the nurse’s signature/initials. Delaware school nurses are additionally required to indicate the disposition, in other words, where the patient went after seeing the nurse, e.g., Return to class? Home with a parent? To an emergency room?

### Electronic Health Records (EHRs)

EHRs “are essential for the registered professional school nurse . . . to provide efficient and effective care in the school and monitor the health of the entire school population” (NASN, 2014). With the Delaware’s EHR residing within the pupil accountability system that documents educational student data, the educational and medical data reside within one program without requiring further integration. “EHRs in the school setting provide a means of integrating health and educational data in a way that addresses the needs of children at risk for poor health or academic outcomes” (NASN, 2014).

School nurses documenting in any EHR should seek training on how to use the system and document in an accurate and retrievable manner. The Department of Education provides a User Manual on eSchoolPlus, the statewide program. All Delaware school nurses, including many private schools, use the Delaware codes that were developed by a statewide advisory group of school nurses. These codes are provided later in this section of the chapter. Intervention and Outcome codes are based on the Iowa Nursing Intervention Classification and the Nursing Outcome Classification nomenclature.

Nursing documentation is a fundamental skill of all nursing programs. It should be “accurate, objective, concise, thorough, timely, and well organized” (Scott & Bubert, 2013).

**ACCURATE and OBJECTIVE** – Document objectively, not subjectively, and precisely.

- Legal documentation does not include guesstimates (even related to office visit Time In and Time Out) or impressions.
- Attention to spelling is also important to ensure understanding. Many medications have similar spellings and misspells could result in errors.
- If the documentation includes something the student said or the teacher reported to the nurse, his/her quote should be in quotations marks IF it is being recorded verbatim.
- Use of descriptive terms is essential to portraying an accurate picture of what the nurse observed, determined, or did. Scott & Bubert use an example related to asthma: “The student in breathing normally” (2013). This is not a helpful description for someone who



did not witness the event. Rather document “RR = 16, no retractions, lung auscultation clear, denies pain during breathing, lips and oral mucosa pink.”

- Use of the Delaware codes and standard nomenclature.

**CONCISE** – The use of codes can assist with conciseness, however, the school nurse should only use approved abbreviations to ensure clarity for the future reader.

- Review the Taber’s Cyclopedic Medical Dictionary (Venes, 2013a) or the online version (Venes, 2013b) for approved abbreviations and the Delaware approved list, which is provided later in this chapter.

**THOROUGH** - Create a complete note beyond the use of codes. Always include a description of the nursing findings and activities along with the patient’s response to the intervention. How long was ice applied? Did the nurse check the pupils for dilation? Did he/she state or act like their symptom was alleviated? Did the nurse direct him/her to return to the school nurse’s office for any specific symptoms?

- Health information on students should be accurate and current.
- The school nurse must continuously update the student’s health record.

**TIMELY** - Document immediately or as close to the interaction as possible.

- If the entry is recorded on a subsequent day, it should be entered as a late entry. This would include times when the EHR is not accessible. The school nurse should explain the circumstances at the time of entry when appropriate, e.g.,

- *Late Entry for 3/20/17 recorded on 3/21/17 8:00am due to inaccessible computer program. Information transcribed from Nurse’s Notes.*

*[Then copy the handwritten note exactly as written from the previous day.]*

- *Late entry for 3/20/17 8:00am transcribed from handwritten notes of Ima Sub, RN (substitute school nurse) by Ima Here, RN.*

*[Then exactly copy the handwritten note from the substitute for the previous day.]*

A sample Office Visit Log is provided in this chapter for short term recording of student encounters when the EHR is not accessible.

- The substitute school nurse should receive appropriate training and computer access to be able to record in the EHR in a timely manner.

**WELL ORGANIZED** - Document in a systematic format, i.e., utilize a SOAP format (**S**ubjective, **O**bjective, **A**ssessment, **P**lan, **I**mplementation, **E**valuation).

### School Health Records

The current EHR used by the majority of Delaware public schools allows the attachment of documents. However, its functionality is limited and school nurses will need to maintain a hard copy of the Student Health Record for each individual student. This should include forms and documents such as Emergency Action Plans, Individualized Healthcare Plans, parent permission for administration of medication, Referral to the School Nurse form, Physical Education Modification, physician orders for medication administration, etc. These forms, and more, are presented in [Chapter 2, Care Coordination](#). The EHR should be updated in the appropriate place to include information from the received/created documents, e.g., the Health Examination form, immunization records, and Accident Report Form. Additionally the EHR should reference, when appropriate, that the full document is maintained in the student’s individual health file.

School health records are covered under the Family Education Rights and Privacy Act (FERPA), whereas health information in the public sector outside of schools is governed by Health Insurance Portability and

Accountability Act (HIPAA). This means that student school health records are a part of the student's educational Cumulative Record; however, the health records and documents should be stored with the school nurse and separate from the educational Cumulative Record in order that the nurse have ongoing access to the documents for review and updating.

The maintenance and transfer of student records is governed by [Regulation 252, Required Educational Records and Transfer and Maintenance of Educational Records](#). The regulation specifically names the Emergency/Nursing Treatment Card and School Health Record, but essentially all student-identifiable documentation belongs to the individual student record along with other school educational documents. As discussed in the previous paragraph, the Student Health Record is both electronic and paper at this time.

[Regulation 252](#) charges the receiving school (public, private, or other educational program) to "immediately request the Cumulative Record File." If the student is transferring to a school that uses the statewide EHR, the electronic documentation will transfer automatically; however, the receiving school may need to make a copy within the program prior to recording new data. (Refer to your technology specialist.) Original paper copies are sent via confidential mailing to another public school. Copies of the record are sent to private and other schools. Critical information in the record would minimally include:

- Student ID
- Student Name
- Gender, Grade
- Birth Date
- Status
- Counselor
- Medical Alerts
- Growth Exam
- Hearing Exam
- Physical Exam
- Posture/Gait Exam
- Vision Exam
- Other Screenings and Record Reviews
- Issued Medicine
- Office Visits
- Immunizations
- Referrals

A retention and destruction schedule, *Delaware School District General Records Retention Schedule*, for educational records is published by the Delaware Public Archives. The schedule determines the "length of time and special considerations." It is included in [Regulation 252](#).

### **Activities**

- Competent and efficient use of EHR

- Consistent and correct use of standardized language (refer to pages on Delaware State Documentation Codes later in this Section of the Chapter)
- Storage, transfer and archiving of student records

### **School Nurse Role**

- Obtain and maintain competence in documenting in the EHR and using standardized nursing language and codes
- Support the student, the school, and the nurse (yourself) with quality documentation
- Meet legal standards for nursing documentation

### **Laws or Regulations:**

- [Regulation 811, School Health Record Keeping](#)
- [Regulation 252, Required Educational Records and Transfer and Maintenance of Educational Records](#)

### **Resources:**

American Nurses Association & National Association of School Nurses. (2011). *Scope and Standards of Practice – School Nursing* (2nd Ed.). Silver Spring, MD: Nursesbooks.org.

National Association of School Nurses [NASN] (2014). *Position statement: School nurse role in electronic health records*. Retrieved March 20, 2017 from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/641/Electronic-School-Health-Records-School-Nurse-Role-in-Adopted-January-2014>.

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## **Delaware Documentation Codes & Abbreviations**

### **Overview**

Clear and accurate documentation is essential in any health record, including electronic health records (EHRs) in the school setting. In the past, the school nurse's documentation was based on medical terms and diagnoses. Today's documentation expands on this past documentation to include information on school nurse interventions and student responses. School nurses should use accepted nursing nomenclature and abbreviations. Medical abbreviations should be consistent with nursing/medical nursing languages, terms and descriptions. The effective school nurse speaks in layman's terms with students, families, and educators, but should document in a manner consistent with nursing standards using nursing/medical terms as appropriate. For example, *abdominal discomfort* is preferable to *tummy ache*, unless the latter is how the student describes the pain and the nurse is quoting the student.

### **Activities**

- The school nurse should have access to and use a current edition of Taber's Cyclopedic Medical Dictionary (Taber's) or online ([http://www.tabers.com/tabersonline/view/Tabers-Dictionary/767492/0/Medical\\_Abbreviations?q=Medical%20abbreviations&ti=0](http://www.tabers.com/tabersonline/view/Tabers-Dictionary/767492/0/Medical_Abbreviations?q=Medical%20abbreviations&ti=0)). Abbreviations should be found in Taber's or on the table provided on the next page.
- Delaware codes that are used for electronic documentation are on the following pages.

## Approved Nursing Documentation Abbreviations

Clear and accurate documentation is essential in any health record, including EHRs in the school setting. School nurses should use accepted nursing nomenclature and abbreviations. Medical abbreviations should be taken from a current edition of Taber’s Cyclopedic Medical Dictionary or on-line ([http://www.tabers.com/tabersonline/view/Tabers-Dictionary/767492/0/Medical\\_Abbreviations?q=Medical%20abbreviations&ti=0](http://www.tabers.com/tabersonline/view/Tabers-Dictionary/767492/0/Medical_Abbreviations?q=Medical%20abbreviations&ti=0)). There are a number of education acronyms and abbreviations that can also be used and are included in the table below.

adm	administrator	HCP	health care provider	@	at
adv	advise	HV	home visit	=	equals
amt	amount	irreg	irregular	>	greater than
AP	apical pulse	IHP	Individualized Healthcare Plan	<	less than
appt	appointment	IZ	immunization	-	minus
asst	assistance	LD	learning disability	#	number
BG	blood glucose	MDT	multidisciplinary team	/	per
bilat	bilateral	nrsg	nursing		
BR	bathroom	nsg	nursing		
CHO	carbohydrate	occ	occasionally		
conf	conference	OHI	Other Health Impaired		
cont	continue	Para	paraprofessional (educational)		
demo	demonstrate	PE	Physical Education		
drsg	dressing	p/u	pick(ed) up		
EI	early intervention	RTC (or rtc)	return to class		
EPSDT	Early & Periodic Screening and Diagnostic & Treatment Program	SBHC	School Based Health Center (Wellness Center)		
eval	evaluation	SN	school nurse		
FERPA	Family Educational Rights & Privacy Act	SW	social worker		
FMLA	Family & Medical Leave Act	TBRF	Tuberculosis Risk Assessment Form		
freq	frequency	TC	telephone call		
F/U	follow-up				
fx	fracture				
GD	growth & development				
HA	headache				

## Delaware School Nursing Codes for Electronic Documentation

Delaware school nurses document health encounters in the student’s individual Electronic Health Record (EHR), which is a part of the statewide pupil accountability system. The program, eSchoolPlus, allows the nurse to enter codes to describe various aspects of encounter, e.g., Reason for the Visit, and Outcome. The Nursing Intervention and Outcome codes are licensed. Delaware uses selected ones. For more information on these, their full definitions, and possible activities, please refer to the reference document provided to schools using eSchoolPlus.

### Data Points Codes

Code	Description	Code	Description	Code	Description
BG	Blood Glucose	C26	Concussion: Feeling Slowed Down	C16	Concussion: Sleeping More than Usual
KB	Blood Ketones	C1	Concussion: Headache	C15	Concussion: Trouble Falling Asleep
BP	Blood Pressure	C21	Concussion: Irritability	C3	Concussion: Visual Problems
C12	Concussion: Balancing Problems	C23	Concussion: Nervous/An	C11	Concussion: Vomiting
C28	Concussion: Difficulty Concentrating	C25	Concussion: Numbness or Tingling	HR	Heart Rate
C29	Concussion: Difficulty Remembering	C31	Concussion: Other	PF	Peak Flow
C13	Concussion: Dizziness	C22	Concussion: Sadness	OX	Pulse Oximeter
C18	Concussion: Drowsiness	C19	Concussion: Sensitivity to Light	RESP	Respiration
C14	Concussion: Fatigue	C2	Concussion: Sensitivity to Noise	TEMP	Temperature
C27	Concussion: Feeling like in A Fog	C17	Concussion: Sleeping Less than Usual	KU	Urine Ketones
C24	Concussion: Feeling More Emotional				

### Disposition Codes

Code	Description	Code	Description	Code	Description
EXC	Exclusion for Communicable Disease	CLASS	Seen in Class	STAFF	Sent to School Staff
NOT	Not Seen	EVAL	Sent for Immediate Evaluation/Treatment	WELL	Sent to Wellness Center
OTHER	Other	HOME	Sent Home - Nurse Directed	WHOME	Went Home - Parent Directed
RTC	Returned to Class/Activity	911	Sent to Emergency Room		

## Follow Up Codes

Code	Description	Code	Description	Code	Description
911	Sent to Emergency Room	HOME	Sent Home – Nurse Directed	STAFF	Sent to School Staff
CLASS	Seen in Class	NOT	Not Seen	WELL	Sent to Wellness Center
EVAL	Sent for Immediate Evaluation/Treatment	OTHER	Other	WHOME	Went Home – Parent Directed
EXC	Exclusion for Communicable Disease	RTC	Returned to Class/Activity		

## Intervention Codes (list with definitions follows)

Code	Description	Medicaid Code	Code	Description	Medicaid Code	Code	Description	Medicaid Code
ABUSE	Abuse Protection Support	NA	BODYG	Body Mechanics Promotion: Group	NA	ENVMGT	Environmental Management	NA
ADMINCARE	Admission Care	NA	BWL	Bowel Management	001	ENVMGTS	Environmental Management - Safety	NA
AGUIDE	Anticipatory Guidance: Individual	NA	CASE	Case Management	NA	ERILL	Emergency Care (Illness)	001
AGUIDEG	Anticipatory Guidance: Group	NA	CAST	Cast Care Maintenance	009	ERINJ	Emergency Care: Injury	002
AIRMG	Airway Management	001	CATH	Urinary Catheterization	014	EXER	Exercise Promotion: Individual	C1
AIRSUC	Airway Suctioning	016	CHEST	Chest Physiotherapy	022	EXERG	Exercise Promotion: Group	C2
ALLERGY	Allergy Management	001	CONFILL	Multidisciplinary Care Conference: Illness	4-1	EYECL	Contact Lens Care	NA
		018	CONFINJ	Multidisciplinary Care Conference: Injury	4-2	FA	First Aid	002
ARTAIR	Artificial Airway Management							
ASPIR	Aspiration Precautions	001	COUNSEL	Counseling Individual	C1	FEED	Feeding	015
ASTHMA	Asthma Management	001	COUNSELG	Counseling Group	C2	FVR	Fever Treatment	001
BLEED	Bleeding Reduction: Wound	002	DIARR	Diarrhea Management	001	HEATX	Heat Exposure Treatment	001
BODY	Body Mechanics Promotion: Individual	001	ENDIM	Diabetes Management	008	HGUIDE	Health System Guidance	NA



Code	Description	Medicaid Code	Code	Description	Medicaid Code	Code	Description	Medicaid Code
HLTHED	Health Education: Individual	A1	POSI	Positioning	010	SKIN	Skin Care	010
HLTHEDG	Health Education: Group	NA	PREG	High Risk Pregnancy Care	007 NA	SKINSRV SMOKE	Surveillance: Skin Smoking Cessation Assistance: Individual	007 A1
HMRR	Hemorrhage Control	002	PRESUI	Suicide Prevention	NA	SMOKEG	Smoking Cessation Assistance: Group	NA
HTCLD	Heat/Cold Application: Injury	002	PREVCAR	Preventative Care	NA	SPDIET	Nutrition, Special Diet	024
HTCLDN	Heat/Cold Application: Non-Injury	001	REFMGT	Referral Management	007 007	SPORT SUBAB	Sport Injury Prevention: Youth Substance Use Prevention: Individual	NA A1
HYPERG	Hyperglycemia Management	008	REST	Rest - After Nursing Evaluation	NA	SUBABG	Substance Use Prevention: Group	NA
HYPOG	Hypoglycemia Management	008	RESUS	Resuscitation	NA	SURV	Surveillance	007
INFOILL	Health Care Information Exchange: Illness	4-1	SAFE	Surveillance: Safety	7-7	SUST	Sustenance Support	NA
INFOINJ	Health Care Information Exchange: Injury	4-2	SCREENBMI	OLD CODE: Health Screening: BMI OLD CODE: Health Screening: Blood Pressure	007	SZR	Seizure Management	001
INFPRO	Infection Protection	NA	SCREENBP	OLD CODE: Health Screening: Dental OLD CODE: Health Screening: Developmental	A6 A5	SZRPRE TC	Seizure Precautions Telephone Consultation	NA 4-1
IZMGT	Immunization Management	NA	SCREENENH	OLD CODE: Health Screening: Hearing	A3	TUBECARE	Tube Care	010
MEDADM	Medication Administration	005 NA	SCREENENI	OLD CODE: Health Screening: Immunization	A2	TUBECAREGI	Tube Care, Gastrointestinal	013
MEDMGT	Medication Management	010	SCREENOT	OLD CODE: Health Screening: Other OLD CODE: Health Screening: Pediculosis	7-7 007	TUBEFEED TXADM	Enteral Tube Feeding Treatment Administration	012 006
MURELX	Progressive Muscle Relaxation	007	SCREENPG	OLD CODE: Health Screening: Postural/Gait	A5	TXMGT	Treatment Management	006
NASS	Nursing Assessment, No intervention	001 007	SCREENTB	OLD CODE: Health Screening: Tuberculosis	007	VS	Vital Signs Monitoring	007
NAUSEA	Nausea Management	001 007	SCREENV	OLD CODE: Health Screening: Vision	A4	WGTMGT	Weight Management	A1
NEURO	Neurologic Monitoring	NA	SELFNON	Self-Care Assistance, Non-Nursing	NA	WOUNDFA	First Aid	002
NONNURSE	Non-Nursing Intervention	002	SELFNUR	Self-Care Assistance, Nursing	010	WOUNDON	Wound Care: Ongoing	003
NOSEBL	Bleeding Reduction: Nasal	007						
NURSE	Nursing Intervention	001						
NUTMGT	Nutrition Management	003						
OSTO	Ostomy Care	001						
PAIN	Pain Management							

## NURSING CARE/INTERVENTIONS

**Admission Care ADMINCARE** – facilitating entry of student into school (health needs)  
**Airway Management AIRMGT**– facilitation of patency of air passages  
**Airway Suctioning AIRSUC**– removal of airway secretions by inserting a suction catheter into the patient’s oral airway &/or trachea  
**Allergy Management ALLERGY**– identification, treatment, & prevention of allergic responses to food, medications, insect bites, contrast material, blood, & other substances  
**Artificial Airway Management ARTAIR**– maintenance of endotracheal & tracheostomy tubes and prevention of complications associated with their use  
**Aspiration Precautions ASPIR**– prevention/minimization of risk factors in the patient at risk for aspiration  
**Asthma Management ASTHMA**– identification, treatment and prevention of reactions to inflammation/constriction of the airway passages  
**Bleeding Reduction: Nasal NOSEBL**– limitation of blood loss from the nasal cavity  
**Bleeding Reduction: Wound BLEED**–limitation of the blood loss from a wound that may be a result of trauma, incisions, or placement of a tube or catheter  
**Bowel Management BWL**– establishment & maintenance of a regular pattern of bowel elimination  
**Case Management CASE** – care coordination and patient advocacy to reduce cost, reduce resource use, improve quality of care, and achieve desired outcomes  
**Cast Care: Maintenance CAST**– care of a cast after the drying period  
**Chest Physiotherapy CHEST**– assisting the patient to move airway secretions from peripheral airways to more central airways for expectoration &/or suctioning  
**Contact Lens Care EYECL** – prevention of eye injury & lens damage by proper use of contact lenses  
**Diabetes Management ENDIM** – identification, coordination, and facilitation of diabetes care (not Hyperglycemia or Hypoglycemia Management)  
**Diarrhea Management DIARR** – prevention & alleviation of diarrhea  
**Emergency Care (illness) ERILL** – providing life-saving measures in life-threatening situations caused by illness  
**Emergency Care (injury) ERINJ** – providing life-saving measures in life-threatening situations caused by injury  
**Enteral Tube Feeding TUBEFEED** – delivering nutrients & water through a gastrointestinal tube  
**Feeding FEED** – feeding of patient with oral motor deficits  
**Fever Treatment FVR** – management of a patient with hyperpyrexia caused by non-environmental factors  
**First Aid FA or WOUNDFA** – providing initial care for a minor injury  
**Health Care Information Exchange (illness) INFOILL** – providing patient care information to other health professionals related to illness  
**Health Care Information Exchange (injury) INFOINJ** – providing patient care information to other health professionals related to injury  
**Heat/Cold Application (injury) HTCLD** – stimulation of the skin & underlying tissues with heat or cold for the purpose of decreasing pain, muscle spasms, or inflammation  
**Heat/Cold Application (non-injury) HTCLDN** – application for non-injury  
**Heat Exposure Treatment HEATX** – management of patient overcome by heat due to excessive environmental heat exposure  
**Hemorrhage Control HMRR** – reduction or elimination of rapid & excessive blood loss  
**High-Risk Pregnancy Care PREG** – identification & management of a high-risk pregnancy to promote healthy outcomes for mother & baby

**Hyperglycemia Management HYPERG** – preventing & treating above-normal blood glucose levels  
**Hypoglycemia Management HYPOG** – preventing & treating low blood glucose levels  
**Immunization Management IZMGT** – monitoring immunization status and facilitating access to immunization  
**Medication Administration MEDADM** – preparing, giving, & evaluating the effectiveness of prescription & nonprescription drugs  
**Medication Management MEDMGT**– facilitation of safe/effective use of prescription & over-the-counter drugs  
**Multidisciplinary Care Conference (illness) CONFILL** – planning & evaluating patient care with health professionals from other disciplines  
**Multidisciplinary Care Conference (injury) CONFINJ** – planning & evaluating patient care with health professionals from other disciplines  
**Nausea Management NAUSEA** – prevention and alleviation of nausea  
**Neurologic Monitoring NEURO** – collection & analysis of patient data to prevent or minimize neurological complications  
**Non-Nursing Intervention NONNURSE** – providing service not requiring nursing skills/expertise  
**Nursing Assessment, No Intervention NASS** – providing assessment requiring professional nursing knowledge and skills without related intervention  
**Nursing Intervention NURSE** – intervention requiring professional nursing knowledge and skills (not available on current list)  
**Nutrition Management NUTMGT** – assisting with providing a balanced dietary intake of foods and fluids  
**Nutrition, Special Diet SPDIET** – modification & monitoring of special diet  
**Ostomy Care OSTO** – maintenance of elimination through a stoma & care of surrounding tissue  
**Pain Management PAIN** – alleviation of pain or a reduction in pain to a level of comfort that is acceptable to the patient  
**Positioning POSI** – deliberative placement of the patient or a body part to promote physiological &/or psychological well-being  
**Referral Management REFMGT** – arrangement for services by another healthcare provider or agency  
**Respiratory Monitoring RESP**–collection & analysis of patient data to ensure airway patency & adequate gas exchange  
**Rest REST** – providing environment & supervision to facilitate rest/sleep after nursing evaluation  
**Resuscitation RESUS** – administering emergency measures to sustain life  
**Seizure Management SZR** – care of a patient during a seizure & the postictal state  
**Self-Care Assistance, Nursing SELFNU** – assisting another to perform activities of daily living  
**Self-Care Assistance, Non-Nursing SELFNON** – assisting another to perform activities of daily living  
**Skin Care SKIN** – application of topical substances or manipulation of devices to promote skin integrity & minimize skin breakdown  
**Surveillance SURV** – purposeful/ongoing acquisition, interpretation, & synthesis of patient data for clinical decision making  
**Surveillance: Skin SKINSRV** – collection/analysis of patient data to maintain skin & mucous membrane integrity  
**Telephone Consultation TC**–for purpose of updating medical information

**Treatment Administration TXADM** – preparing, giving, & evaluating the effectiveness of prescribed treatments

**Treatment Management TXMGT** – facilitation of safe & effective prescribed treatments

**Tube Care TUBECARE** – management of a patient with an external drainage device exiting the body

**Tube Care, Gastrointestinal TUBECAREGI** – management of a patient with a gastrointestinal tube

**Urinary Catheterization CATH** – insertion of a catheter into the bladder for temporary or permanent drainage of urine

**Vital Signs Monitoring VS** – collection/analysis of cardiovascular, respiratory, & body temperature data to determine/prevent complications

**Wound Care (Ongoing) WOUNDON** – prevention of wound complications & promotion of wound healing

### HEALTH EDUCATION

**Anticipatory Guidance (individual) AGUIDE** – preparation of patient for an anticipated developmental &/or situational crisis

**Anticipatory Guidance (group) AGUIDEG** – preparation of a group of patients for an anticipated developmental &/or situational crisis

**Body Mechanics Promotion (individual) BODY** – facilitating a patient in the use of posture & movement in daily activities to prevent fatigue & musculoskeletal strain or injury

**Body Mechanics Promotion (group) BODYG** – facilitating a group of patients in the use of posture & movement in daily activities to prevent fatigue & musculoskeletal strain or injury

**Exercise Promotion (individual) EXER** – facilitation of a patient in regular physical exercise to maintain or advance to a higher level of fitness & health

**Exercise Promotion (group) EXERG** – facilitation of a group of patients in regular physical exercise to maintain or advance to a higher level of fitness & health

**Health Education (individual) HLTHED** – developing & providing individual instruction & learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families, groups, or communities

**Health Education (group) HLTHEDG** – developing & providing group instruction & learning experiences to facilitate voluntary adaptation of behavior conducive to health in individuals, families, groups, or communities

**Smoking Cessation Assistance (individual) SMOKE** – helping the patient to stop smoking through an individual process

**Smoking Cessation Assistance (group) SMOKEG** – helping the patient to stop smoking in a group process

**Substance Use Prevention (individual) SUBAB** – prevention of an alcoholic or drug use lifestyle through an individual process

**Substance Use Prevention (group) SUBABG** – prevention of an alcoholic or drug use lifestyle through a group process

**Weight Management WGTMG** – facilitating maintenance of optimal body weight & percent body fat

### COUNSELING

**Counseling (individual) COUNSEL** – use of an interactive helping process focusing on the needs, problems, or feelings of the patient & significant others to enhance or support coping, problem-solving, & interpersonal relationships

**Counseling (group) COUNSELG** – use of an interactive helping process focusing on the needs, problems, or feelings of the group & significant others to enhance or support coping, problem-solving, & interpersonal relationships

### HEALTH PROMOTION/PROTECTION

**Abuse Protection Support: Child ABUSE** – identification of high-risk, dependent child relationships & actions to prevent possible or further infliction of physical, sexual, or emotional harm or neglect of basic necessities of life

**Environmental Management ENVMGT** – manipulation of the patient's surroundings for therapeutic benefit, sensory appeal & psychological well-being

**Environmental Management: Safety ENVMGTS** – monitoring & manipulation of the physical environment to promote safety

**Health System Guidance HGUIDE** – facilitating a patient's location & use of appropriate health services

**Infection Protection INFPRO** – prevention & early detection of infection in a patient at risk

**Prevention Care PREVCAR** – prevention of medical condition for an individual at high risk for developing them

**Progressive Muscle Relaxation MURELX** – facilitating the tensing & releasing of successive muscle groups while attending to the resulting differences in sensation

**Seizure Precautions SZRPRE** – prevention or minimization of potential injuries sustained by a patient with a known seizure disorder

**Sports-Injury Prevention: Youth SPORT** – reduce the risk of sports-related injury in young athletes

**Suicide Prevention PRESUI** – reducing risk of self-inflicted harm with intent to end life

**Surveillance: Safety SAFE** – purposeful & ongoing collection & analysis of information about the patient & the environment for use in promoting & maintaining patient safety

**Sustenance Support SUST** – helping a needy individual/family to locate food, clothing, or shelter

## Medical Alert Codes

Code	Description	Code	Description	Code	Description
ALL	Allergy	DDA	Developmental Disability, Autism	FAM	Family
ALLE	Allergy, Environmental	DDAP	Developmental Disability, Autism, Parent Reported	FT	Field Trip
ALLEP	Allergy, Environmental, Parent Reported	DDP	Developmental Disability, Parent Reported	GEN	General
ALLF	Allergy, Food	DEN	Dental	GENDP	Genetic, Down Syndrome, Parent Reported
ALLFP	Allergy, Food, Parent Reported	DENP	Dental, Parent Reported	GENED	Genetic, Down Syndrome
ALLI	Allergy, Insect	DIET	Dietary Preference/Restriction, non-allergy	GENET	Genetic
ALLIP	Allergy, Insect, Parent Reported	DIETP	Dietary Preference/Restriction, non-allergy, parent reported	GENTP	Genetic, Parent Reported
ALLL	Allergy, Latex	EAR	Ear	GI	Gastrointestinal
ALLLP	Allergy, Latex, Parent Reported	EARH	Ear, Hearing	GIP	Gastrointestinal, Parent Reported
ALLM	Allergy, Medicine	EARHP	Ear, Hearing, Parent Reported	GUR	Genito - Urinary
ALLMP	Allergy, Medicine, Parent Reported	EARP	Ear, Parent Reported	GURP	Genito - Urinary, Parent Reported
ALLP	Allergy, Parent Reported	EARST	Ear, Surgery, Tube	GYN	Gynecological
ASTH	Respiratory, Asthma	EARTP	Ear, Surgery, Tube, Parent Reported	GYNP	Gynecological, Parent Reported
ASTHP	Respiratory, Asthma, Parent Reported	EDU	Educational	GYNST	Gynecological, STD
CD	Communicable Disease	EDU5	Educational, 504	GYNTP	Gynecological, STD, Parent Reported
CDP	Communicable Disease, Parent Reported	EDUI	Educational, IEP	HA	Headaches
CT	Connective Tissue	EN	Endocrine	HAP	Headaches, Parent Reported
CTA	Connective Tissue , Arthritis	ENDI	Endocrine, Diabetes, Type I	HEAD	Neurological, Head Injury
CTAP	Connective Tissue , Arthritis, Parent Reported	ENDII	Endocrine, Diabetes, Type II	HEADP	Neurological, Head Injury, Parent Reported
CTP	Connective Tissue, Parent Reported	ENDIP	Endocrine, Diabetes, Type I, Parent Reported	HEM	Hematological
CU	Custody	ENIIP	Endocrine, Diabetes, Type II, Parent Reported	HEMP	Hematological, Parent Reported
CV	Cardiovascular	ENP	Endocrine, Parent Reported	HEMS	Hematological, Sickle Cell
CVH	Cardiovascular, Heart	EYE	Eye	HEMSP	Hematological, Sickle Cell, Parent Reported
CVHM	Cardiovascular, Heart Murmur	EYECP	Eye Vision, Contacts, Parent Reported	HEMT	Hematological, Sickle Cell Trait
CVHP	Cardiovascular, Heart, Parent Reported	EYEGP	Eye Vision, Glasses, Parent Reported	HEMTP	Hematological, Sickle Cell Trait, Parent Reported
CVMP	Cardiovascular, Heart Murmur, Parent Reported	EYEP	Eye, Parent Reported	HIS	History
CVP	Cardiovascular, Parent Reported	EYEV	Eye, Vision	HISP	History, Parent Reported
CVSRU	Cardiovascular, Surgery	EYEVG	Eye, vision, Contacts	IM	Immunological
CVSUP	Cardiovascular, Surgery, Parent Reported	EYEVG	Eye, Vision, Glasses	IMC	Immunological, Cancer
DD	Developmental Disability	EY EVP	Eye, Vision, Parent Reported	IMCP	Immunological, Cancer, Parent Reported

Code	Description	Code	Description	Code	Description
IMP	Immunological, Parent Reported	NMP	Neuromuscular, Parent Reported	PSYPP	Psycho-Social, Psychiatric Diagnosis, Parent Reported
IZ	Immunizations Incomplete	NOT	Notify	PSYPR	Psycho-Social, Parent Reported
LIFE	Allergy, Life Threatening	NOTP	Notify, Parent Reported	PSYSM	Psycho- Social, Self-Mutilation
MB	Mouth/Dental , Braces	NP	Neurological, Parent Reported	R	Reproductive
MBP	Mouth/Dental, Braces, parent reported	NSB	Neurological, Spina Bifida	RESP	Respiratory
MDB	Mouth/Dental	NSBP	Neurological, Spina Bifida, Parent Reported	RESPP	Respiratory, Parent Reported
MDBP	Mouth/Dental, Parent Reported	O	Other	RESPT	Respiratory, Tracheostomy
MED	Medication	ODDP	Psycho- Social, , ODD, Parent Reported	RETPP	Respiratory, Tracheostomy, Parent Reported
MEDP	Medication, Parent Reported	OO	Other, Obesity	RP	Reproductive, Pregnancy
MN	Medical Note	ORTH	Orthopedic	RPPR	Reproductive, Pregnancy, Parent Reported
MS	Musculoskeletal	ORTHP	Orthopedic, Parent Reported	RPR	Reproductive, Parent Reported
MSBF	Musculoskeletal Break/Fracture No Surgery	ORTHS	Orthopedic, Scoliosis	SK	Skin
MSBFP	Musculoskeletal Break/Fracture No Surgery, Parent Reported	ORTSP	Orthopedic, Scoliosis, Parent Reported	SKB	Skin Burn
MSP	Musculoskeletal, Parent Reported	OT1	Other	SKBP	Skin Burn, Parent Reported
MSURG	Musculoskeletal Surgery	OT2	Other	SKP	Skin, Parent Reported
MSURP	Musculoskeletal Surgery, Parent Reported	OT3	Other	SP	Speech
N	Neurological	PAR	Parental Concern	SPP	Speech, Parent Reported
NA	Nasal	PSDP	Psycho- Social, ADHD, Parent Reported	SUGP	Gastrointestinal Surgery, Parent Reported
NAP	Nasal, parent reported	PSDPR	Psycho-Social, Depression, Parent Reported	SUREP	Ear Surgery, Parent Reported
NAS	Nasal Surgery	PSOCP	Psycho- Social, OCD, Parent Reported	SURGE	Ear Surgery
NASP	Nasal Surgery, parent reported	PSODP	Psycho-Social, ODD, parent reported	SURGG	Gastrointestinal Surgery
NB	Nosebleeds	PSSMP	Psycho- Social, Self-Mutilation, Parent Reported	SURGM	Musculoskeletal Surgery Break/Fracture
NBP	Nosebleeds, Parent Reported	PSY	Psycho-Social	SURGN	Neurological Surgery
NE	Neurological, Epilepsy	PSYA	Psycho- Social, ADD/ADHD	SURGO	Mouth Surgery
NEP	Neurological, Epilepsy, Parent Reported	PSYAD	Psycho- Social, ADD	SURGP	Orthopedic Surgery
NL16	Nemourslink Participation 2015-2016	PSYAP	Psycho- Social, ADD/ADHD, Parent Reported	SURGY	Eye Surgery
NL17	Nemourslink Participation 2016-2017	PSYD	Psycho-Social, Depression	SURMP	Musculoskeletal Surgery Break/Fracture, Parent Reported
NL18	Nemourslink Participation 2017-2018	PSYDP	Psycho- Social, ADD, Parent Reported	SURNP	Neurological Surgery, Parent Reported
NLINK	NemoursLink Participation	PSYHD	Psycho- Social, ADHD	SUOP	Mouth Surgery, Parent Reported
NM	Neuromuscular	PSYOC	Psycho- Social, OCD	SURPP	Orthopedic Surgery, Parent Reported
NMCP	Neuromuscular, Cerebral Palsy	PSYOD	Psycho- Social, ODD	SURYP	Eye Surgery, Parent Reported
NMCP	Neuromuscular, Cerebral Palsy, Parent Reported	PSYP	Psycho-Social, Psychiatric Diagnosis	TP	Teen Parent

## Other Exams Codes

Code	Description	Code	Description	Code	Description
504	Participation in 504 Plan Process	H1N1	H1N1 Consent Form Review	PAR	Participation in Other Exams
BI	Participation in Best Interest Meeting (Homeless)	H1N1VC	Assistance at Vaccination Clinic	PEDIC	Pediculosis Screening
BODYG	Body Mechanics Promotion, Group	HEALTHR	Health Report: Assessment & Development	RECORDS	Records Review
CONDIST	Consent Form Distribution	HEAR	Hearing Screening by External Provider	SCREENBP	Blood Pressure Screening
CONREV	Consent Form Review	HLTHEDG	Health Education, Group	SCREENDEN	Dental Screening
COUNSELG	Counseling, Group	IEPEV	Participation in IEP Evaluation	SCREENDEV	Developmental Screening
CSEV	Child Study	IHP	Individualized Healthcare Plan Development	SCREENTB	Tuberculosis Risk Questionnaire
DENTAL	Dental Service by External Provider	IMMUN	Immunization Record Review	SKIN	Skin assessment
DOC	Document Review	IZRECREV	Immunization/Record Review	SMOKEG	Smoking Cessation Assistance, Group
EMERG	Emergency Card Review	MAR	Medical Alert Review	SUBABG	Substance Abuse Prevention, Group
EMERGP	Emergency Plan Review/Management	OEG	Other Exams Generic	TBS	Tuberculin Skin Test Assessment
EXERG	Exercise Promotion, Group	OTHER	Other Screening by External Provider	VISION	Vision Screening by External Provider
GCOUNSELG	Grief Counseling, Group				

## Outcome Codes

Code	Description	Code	Description	Code	Description
911	OLD CODE Sent to ER via Ambulance	HEALTHS	Health Seeking Behavior	PRENHB	Prenatal Health Behavior
ABUSE	Abuse Protection	HOME	OLD CODE Sent Home	PSYA	Psychosocial Adjustment – Life Change
ABUSEC	Abuse Cessation	HYD	Hydration	RESPS	Respiratory Status
ACTT	Activity Tolerance	IHC	Immune Hypersensitivity Control	REST	Rest
ADHERE	Adherence Behavior	IMMC	Immobility Consequences	RISKC	Risk Control
ADMIN	OLD CODE Sent to Office/Administrator	IMS	Immune Status	RISKD	Risk Detection
AGGC	Aggression Control	INS	Infection Status	RTCR	OLD CODE Returned to Class/Activity – Resolved
AMB	Ambulation	JOINT	Joint Movement	RTCS	OLD CODE Returned to Class/Activity – Stable
ANXC	Anxiety Control	KNOW	Knowledge	SAFEP	Safety Behavior: Personal
ASPC	Aspiration Control	KNOWCCC	Knowledge: Chronic Condition Care	SCR	OLD CODE Seen in Classroom – Resolved
ASTHMAC	Asthma Control	KNOWCS	Knowledge: Child Safety	SCS	OLD CODE Seen in Classroom – Stable
BGC	Blood Glucose Control	KNOWDB	Knowledge: Diabetes Management	SELFC	Self-Care
BONEH	Bone Healing	KNOWILC	Knowledge: Illness/Injury Care	SELFMR	Self-Mutilation Restraint
BPS	Body Position – Self Initiated	KNOWM	Knowledge: Medication	SENSF	Sensory Function
BWLE	Bowel Elimination	KNOWTP	Knowledge: Treatment Procedure	SKELF	Skeletal Function
CHILDDEV	Child Development	MEDR	Medication Response	SUBABC	Substance Addiction Consequences
CIRCS	Circulation Status	MOBL	Mobility Level	SUBABP	Substance Use Prevention
COMF	Comfort Level	MSCF	Muscle Function	SYMPT	Symptom Control
COMPB	Compliance Behavior	NEUROS	Neurological Status	THERM	Thermoregulation
COPE	Coping	NUTRS	Nutritional Status	TISSUE	Tissue Integrity
DECM	Decision Making	ORH	Oral Health	UCONT	Urinary Continence
DEPC	Depression Control	PAINC	Pain Control	UELIM	Urinary Elimination
ER	OLD CODE Sent to Emergency Room	PAINMGT	OLD CODE Pain Management	VSS	Vital Signs Status
EX	OLD CODE Exclusion	PARENT	Parenting	WELL	OLD CODE Sent to Wellness Center
EXCOM	OLD CODE Exclusion Communicable Disease	PCP	OLD CODE Sent to PCP	WGTC	Weight Control
GROW	Growth	PHCD	Participation: Health Care Decisions	WOUND1	Wound Healing: Primary Intention
HEALTHB	Health Beliefs	PHYSM	Physical Maturation	WOUND2	Wound Healing: Secondary Intention
HEALTHP	Health Promoting Behavior	POSSOUT	Positive Outcome		

## Reason Codes

Code	Description	Code	Description	Code	Description
ABITE	Skin – Bite – Animal	EDU-IEPEV	Education – IEP - Evaluation	FAMHOME	Family – Homeless
ATNS	Athletic Injury – Non School	EFB	Ear – Foreign Body	FAMOTHER	Family – Other
ATS	Athletic Injury – School	EHA	Ear – Hearing Aid	GHCP	General Health – Chest Pain/Discomfort
BLIS	Skin – Blister	EHP	Ear – Hearing Problems	GHDIZ	General Health – Feels Dizzy
BURN	Skin – Burn	EITCH	Eye – Itching	GHFA	General Health – Fatigue
CONCP	Concern – Parent	ENDI	Endocrine – Diabetes	GHFC	General Health – Feels Cold
CONCS	Concern – Staff	ENH	Endocrine – Hormone Rx	GHFH	General Health – Feels Hot
CVAR	Cardiovascular – Arrhythmia	ENHYPO	Endocrine – Hypoglycemia	GHFI	General Health – Feels Ill
CVBP	Cardiovascular – Blood Pressure	ENO	Endocrine – Other	GHHA	General Health – Headache
CVCY	Cardiovascular – Cyanosis	ENT	Endocrine – Thyroid	GHHY	General Health – Hydration
CVE	Cardiovascular – Edema/swelling	ENYPER	Endocrine – Hyperglycemia	GHHYG	General Health – Hygiene
CVF	Cardiovascular – Fainting	EOTH	Eye – Other	GHINFO	General Health – Seeking Health Information
CVO	Cardiovascular – Other	EP	Ear – Piercing	GHN	General Health – Nutrition
CVP	Cardiovascular – Pacemaker	EPAIN	Ear – Pain/Discomfort	GHNS	General Health – Not usual self
CVPAIN	Cardiovascular – Pain	ETIN	Ear – Tinnitus	GHO	General Health – Other
CVSOB	Cardiovascular – SOB	ETRA	Ear – Trauma	GHP	General Health – Pediculosis
CVT	Cardiovascular – Tachycardia	ETU	Ear – Tubes	GHU	General Health – Update
CVTR	Cardiovascular – Trauma	EYD	Eye – Discharge	GICONST	GI – Constipation
CYST	Skin – Cyst	EYERED	Eye – Redness	GIE	GI – Emesis
DIARR	GI – Diarrhea	EYES	Eye – Glasses/Contacts/Prosthesis	GIFE	GI – Fecal Incontinence
EAR	Ear – Other	EYEVIS	Eye – Visual Disturbance	GIHUN	GI – Hungry
EC	Ear – Cerumen	EYF	Eye – Foreign Body	GIMASS	GI – Abdominal Mass
EDIS	Ear – Discharge	EYFS	Eye – Foreign Substance	GIOOTHER	GI – Other
EDU	Education	EYPAIN	Eye – Pain/Discomfort	GIPAIN	GI – Pain/Discomfort/Stomach Ache
EDU-ATT	Education – Attendance	EYSW	Eye – Swelling	GITRA	GI – Trauma
EDU-DIS	Education - Disciplinary	EYTRA	Eye – Trauma	GLANDS	Throat – Swollen Glands
EDU-IEP	Education-IEP	FAMFOSTER	Family – Foster	GURID	Genito-Urinary – Dysuria



Code	Description	Code	Description	Code	Description
GURIE	Genito-Urinary - Enuresis	MCS	Mouth/Dental - Canker Sore	NCONG	Nose - Congestion
GURIF	Genito-Urinary - Frequency	MDO	Mouth/Dental - Other	NFB	Nose - Foreign Body
GURII	Genito-Urinary - Incontinence	MDSE	Medication - Side Effects	NHA	Neuro - Headache Pain
GURIO	Genito-Urinary - Other	ME	Mouth/Dental - Edema/Swelling	NHT	Neuro - Head Trauma
GURIP	Genito-Urinary - Pain/Discomfort	MEDS	Medication - Administered	NIC	Neuro - Impaired Consciousness
GURIT	Genito-Urinary - Trauma	MEVAL	Medication - Evaluation	NIR	Neuro - Inappropriate Response
HBITE	Skin - Bite - Human	ML	Mouth/Dental - Loose Tooth	NN	Neuro - Numbness
HI	Head - Itch	MLOSS	Mouth/Dental - Loss of Tooth	NO	Neuro - Other
HT	Head - Trauma	MNT	Medication - Not Taken	NOSE	Nose - Other
HYG	Hygiene	MO	Medication - Other	NOTRA	Nose - Trauma
IALL	Immunological - Allergies	MOD	Medication - Overdose	NPAIN	Nose - Pain/Discomfort
IALN	Immunological - Lymph Node	MP	Mouth/Dental - Piercing	NPC	Neuro - Post Concussion Monitoring
IANA	Immunological - Anaphylaxis	MSAMP	Musculoskeletal - Amputation	NRHIN	Nose - Rhinitis
IBITE	Skin - Bite, Insect	MSBRA	Musculoskeletal - Braces/Orthotics	NS	Neuro - Syncope
IHIV	Immunological - HIV	MSBRU	Musculoskeletal - Bruising	NSS	Neuro - Slurred Speech
IIM	Immunological - Immunosuppressed	MSD	Musculoskeletal - Deformity	NSZ	Neuro - Seizures
ILS	Influenza-like Symptoms	MSE	Musculoskeletal - Altered Gait	NT	Neuro - Tingling
INJNS	Injury - Non School	MSO	Musculoskeletal - Other	NTRA	Neuro - Trauma Mild
INJS	Injury - School	MSP	Mouth/Dental - Pain/Discomfort	NTRE	Neuro - Tremors
IO	Immunological - Other	MSROM	Musculoskeletal - Decreased ROM	NV	Neuro - Vertigo
IRXN	Immunological - Allergic Reaction	MSWELL	Musculoskeletal - Swelling	OBATH	Other - Bathroom
IZ	Incomplete Immunization	MTR	Mouth/Dental - Trauma	OCC	Other - Change/Give Clothes
MB	Mouth/Dental - Braces/Orthodontics	MTRA	Musculoskeletal - Trauma	OEGR	Other - Eye Glass Repair
MBL	Mouth/Dental - Bleeding	MUPAIN	Musculoskeletal - Pain/Discomfort	OHL	Other - Hand Lotion
MBT	Mouth/Dental - Bitten Lip/Tongue	MWIS	Mouth/Dental - Wisdom Teeth	ONT	Other - Needle and Thread
MCAST	Musculoskeletal - Cast	NAUSEA	GI - Nausea	OO	Other - Other
MCL	Mouth/Dental - Chapped Lips	NBL	Nose - Nose Bleed	OSP	Other - Safety Pin

Code	Description	Code	Description	Code	Description
OT	Other - Tissues	RESPC	Respiratory - Choking	SKO	Skin - Other
PPD1	Skin - PPD Place	RESPCO	Respiratory - Cough	SKP	Skin - Piercing
PPD2	Skin - PPD Reading	RESPCZ	Respiratory - Coryza	SKPAIN	Skin - Pain/Discomfort
PSYA	Psycho-Social - Adjustment	RESPD	Respiratory - Dyspnea	SKRED	Skin - Redness
PSYAGT	Psycho-Social-Agitation	RESPH	Respiratory - Hemoptysis	SKS	Skin - Sutures
PSYAN	Psycho-Social - Anxiety	RESPHY	Respiratory - Hyperventilation	SKSW	Skin - Swelling
PSYC	Psycho-Social - Angry Combative	RESPO	Respiratory - Other	SKT	Skin - Trauma
PSYCR	Psycho-Social - Crying	RESPT	Respiratory - Trauma	SKTAT	Skin - Tattoo
PSYD	Psycho-Social - Depression	RESPW	Respiratory - Wheezing	SKULC	Skin - Pressure Ulcer
PSYDA	Psycho-Social - Drugs/Alcohol	RI	Reproductive - Itching	SKV	Skin - Wart
PSYG	Psycho-Social - Grieving	RLD	Reproductive - Labor/Delivery	SKW	Skin - Wound
PSYH	Psycho-Social - Hallucinations	RM	Reproductive - Menses	SPLINT	Skin - Splinter
PSYINJ	Psycho-Social-Self-Injury	RMS	Reproductive - Morning Sickness	SRING	Skin - Ringworm
PSYO	Psycho-Social - Other	RN	Reproductive - Nausea	THFB	Throat - Foreign Body
PSYS	Psycho-Social - Suicidal	RO	Reproductive - Other	THH	Throat - Hoarseness
PSYW	Psycho-Social - Withdrawn	RP	Reproductive - Pregnancy	THO	Throat - Other
PUNC	Skin - Puncture	RPAIN	Reproductive - Pain/Discomfort	THPAIN	Throat - Pain/Discomfort
RA	Reproductive - Amenorrhea	SCALP	Skin - Hair/Scalp	THTR	Throat - Tracheostomy
RASH	Skin - Rash	SKA	Skin - Abrasion/Scratch	TTRA	Throat - Trauma
RB	Reproductive - Bleeding	SKAC	Skin - Acne	TXEVAL	Treatment - Evaluation
RBL	Reproductive - Breast Lump	SKAV	Skin - Avulsion	TXN	Treatment - Not Done
RD	Reproductive - Discharge	SKB	Skin, Burn	TXO	Treatment - Other
RDY	Reproductive - Dysmenorrhea	SKD	Skin - Diaphoresis	TXSE	Treatment - Side Effects
RE	Reproductive - Edema/Swelling	SKE	Skin - Ecchymosis	TXT	Treatment - Taken
REASS	Re-assessment	SKITCH	Skin - Itching		
RESPA	Respiratory - Apnea	SKL	Skin - Laceration		
RESPAIN	Respiratory - Pain/Discomfort	SKNC	Skin, Nail, Cuticle		

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## Data Collection, Utilization, & Research

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"In the past, the only researchers and statisticians were the folks who talked about data, collected data, and analyzed data. Now understanding research and using data is an integral part of our practice. So what's out there to tell you about your student, their families and the community?" (Boyd, 2017). Research at all levels is critical to the future of school health. With it school nurses can demonstrate the best ways to improve health outcomes for students and the school community. Every school nurse has a responsibility and role in research. While many think of it as something conducted only by academicians, research is actually broader. It is defined as "the systematic investigation into and the study of materials and sources in order to establish facts and reach new conclusions", which means to research is to "investigate systematically" (Oxford University Press, 2017). This approach parallels the nursing process where the nurse *systematically* uses data to *investigate*, or better understand, the student's current needs and what is needed for improvement. This occurs during the evaluation phase of the nursing process.

Quality documentation is the foundation of research. It is the first step where the school nurse records thoroughly, accurately, and in a retrievable manner. The next step in research is data collection and utilization. This occurs when the nurse reviews and uses that data to understand and evaluate the current status and risks for an individual student, a group of students or the entire school, and to plan for future care to provide support in order to achieve optimal health. "EHRs [Electronic Health Records] are required for school nurses to use the aggregate data to build a standardized school health database that identifies student health trends, determines evidenced-based interventions, supports effective student healthcare models, and documents improved student academic success" (NASN, 2014).

Delaware is a leader in school nursing documentation, but many school nurses do not realize what data are available or how to use data to improve student care, impact policy, or share the school nurse story. Use of data in primary care settings is a growing skill for all nurses. Reports on the data contained within EHRs are available to school nurses. These reports can help the nurse to (Boyd, 2017):

- Provide efficient & effective care,
- Maximize quality & decrease cost
- Prevent errors,
- Promote the interoperability of school health records with providers in other care settings,
- Provide a method to integrate health and educational data, and
- Be a means to share with national database of student health

Additionally, the National Association of School Nurses highlights that EHR systems can provide reports that can allow school nurses to (Johnson & Guthrie as cited in NASN, 2014):

- Efficiently describe health service activity,
- Develop evidence for practice,
- Describe nursing sensitive student outcomes,
- Analyze population health,
- Evaluate the effectiveness of care delivery, and
- Manage appropriate resource allocation.

The school nurse should work with school/district/charter technology experts to learn how to access and create reports from data that are stored in the EHR. Examples of data accessible to the school nurse are in the table below.

<b>Student Electronic Health Record</b> (including transcribed forms)	<b>Student Electronic School Health Record</b>	<b>Delaware Data Sources</b>	<b>National Data Sources</b>
<ul style="list-style-type: none"> <li>• Accident Reports (location, source/cause of injury)</li> <li>• Diagnoses</li> <li>• Emergency/Treatment Cards</li> <li>• Emergency Healthcare Plans</li> <li>• Health Examinations</li> <li>• Immunizations</li> <li>• Office Visits (number, reason, times, length of visits, interventions, outcomes, % of students seen)</li> <li>• Referrals &amp; Completed Referrals</li> <li>• Screenings</li> </ul>	<ul style="list-style-type: none"> <li>• Absentee Rate</li> <li>• Academic Performance</li> <li>• Demographics</li> <li>• Discipline Record</li> <li>• Extracurricular Activities</li> </ul>	<ul style="list-style-type: none"> <li>• Annual School Health Services Summary</li> <li>• <a href="#">Delaware Alcohol, Tobacco, &amp; Other Drug Abuse Survey</a></li> <li>• <a href="#">Delaware Health Data &amp; Statistics</a></li> <li>• <a href="#">Delaware School Health Profiles</a></li> <li>• <a href="#">Delaware Youth Tobacco Survey</a></li> <li>• <a href="#">Delaware YRBS</a> (6 risk behaviors related to leading causes of death/disability)</li> <li>• <a href="#">District &amp; School Profiles</a></li> <li>• <a href="#">Kids Count</a> (Delaware)</li> <li>• School Climate Survey (consult with district/charter Positive Behavior Support Lead)</li> <li>• <a href="#">School Profiles</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">CDC</a></li> <li>• <a href="#">Kids Count</a> (national)</li> <li>• <a href="#">National Center for Educational Statistics</a></li> <li>• <a href="#">Step Up &amp; Be Counted!</a></li> <li>• <a href="#">YRBS</a></li> </ul>

### Activities

- Identify and utilize available data sources
- Create unique data reports from available student data in the electronic health record (EHR)
- Monitor and utilize data available from the local, state, or national level
- Periodically review data included in Delaware’s Annual Summary of School Health Services (refer to information on the Summary provided later in this Section)
- Support the *Step Up & Be Counted!* national initiative (refer to information provided later in this section)
- Maintain confidentiality of data
- Obtain continuing education on use of data

### School Nurse Role

In many ways this Delaware component (Data Collection, Utilization, & Research) is one of the most independent roles for the school nurse. The nurse demonstrates competence and professionalism when he/she is proficient in the use of data. The school nurse may work with technology experts to literally

create a report; however, it is the nurse, not the technician that identifies the parameters for the report, analyzes its implications, and takes action to address his/her findings.

The school nurse has access to a significant amount of data related to student health, school health assessments (for example, screening results), and school health services. While this information can and should be used to improve student health outcomes, it is educational data protected under the Family Educational Rights and Privacy Act (FERPA). Any data that is student identifiable belongs to that student. This means that there are legal requirements on how, when, and for what purpose it can be shared. It is inappropriate to discuss patient/student information even without identifiable markers – name, school, teacher, situation, condition – without proper authorization. The *Delaware School Nurse Manual, Standards of Practice, Chapter 1* addresses confidentiality of School Health. It states that “the school nurse is bound by the Code of Ethics of the National Association of School Nurses to respect confidentiality” and “licensure as a registered nurse carries similar obligations and accountability.”

Reviewing the student records in the school to which the nurse is assigned is an activity all school nurses should routinely conduct in order to identify individual or group patterns of risk factors, office visits, or medical diagnoses. Sharing that information with others, especially data that can be student-identifiable, requires a closer look at what permissions are in place or required. For example, if the school nurse is on an Individualized Education Plan Team, the nurse might need to share how the timing of medication administration will impact the student’s learning and how side effects of the medication may impact the ability to be alert in class. The nurse would also need to share with appropriate staff if a child has a life-threatening allergy that requires prompt identification and intervention. An example where the individual student would not need to be identified would be if the school nurse shared with his/her principal the number of student accidents on the playground slide so that maintenance can be made to the slide.

The school nurse may want to share data on school health services to the staff. The shared data should never be student-identifiable, which can happen if the numbers are small. For example, if the school nurse was presenting to staff on HIV and said “HIV infection is becoming more common in children. In fact, we have two students in our school this year with HIV infection.” The later statement may allow the staff to identify those two students; that would be inappropriate. For this reason, data that is shared publically is typically best shared at a district or state level. If the nurse instead had shared the number of school-age children in Delaware, it would be nearly impossible to individually identify a student. As a rule of thumb, numbers less than 15 should not be shared, but the nurse should consult with administration before sharing *any* student data. Health data on the students under the school nurse’s care is not public information, is not owned by the school nurse, and is not something the school nurse can share, even with a competent researcher, without written permission. For example, if a national online survey was being conducted where it asked for the number of students sent home with allergy symptoms, the nurse cannot share this information without administrative permission.

The school nurse should remember that the sharing of individual student medical data is allowed for emergency medical reasons, educational need-to-know reasons, and with informed parent consent.

### **Laws or Regulations**

- DE Department of Education, [Regulation 251, Family Educational Rights and Privacy Act \(FERPA\)](#)
- DE Department of Education, [Regulation 294, Data Governance](#)

## References & Resources

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<http://www.bing.com/search?q=definition+research&src=IE-SearchBox&FORM=IENTTR&conversationid=>.

## Summary of School Health Services

The Summary of School Health Services is often referred to as the “Annual Summary” or the “District Summary.” It reports health services provided in public district and charter schools. The document must be received annually by the Department of Education (per [Regulation #811, School Health Record Keeping Requirement](#)) from the school district/charter.

Data for this report is derived from documentation of health services provided by the school nurse. The Annual Summary form was changed in 2006 to reflect the fields represented within the new electronic health record used in Delaware public schools. Since that time, DOE has assisted in creating the reports by pulling data from eSchoolPlus\* (the statewide pupil accountability system that includes medical data). Each August, DOE Technology staff creates the statewide Annual Summary for the districts and charters. Schools are asked to periodically review their data for accuracy throughout the year. When electronic documentation and the new Annual Summary were first introduced, school nurses made significant changes to the drafts as the school nurses were not documenting all activities into the electronic health record. Today, the only changes to the report should be the inclusion of information on staff volunteer screenings as these are not included in eSchoolPlus. All other information is pulled from the EHR.

\* Currently two districts (Colonial & Red Clay) use a different medical software program; however, the codes are standardized. They submit their data in August as required.

## Summary of School Health Services

School Year \_\_\_\_\_

Due Date: \_\_\_\_\_

Return electronic version  
(if not available in eSchoolPlus):  
Jane C. Boyd, RN  
School Health Services

**Justification:**

*The State Board shall prescribe rules and regulations governing the protection of health, physical welfare and physical inspection of public school children in the State. 14 Del Code 122(b)(2)*

**School or School District:**

I. Clients	Students	Staff	Visitors	Total	% Total Stud Population	% Total Staff Population
<b>B. Nurse Office Visits</b> (minutes out of class)						
1. < 15 min.						
2. 16 - 30 min.						
3. 31 - 45 min.						
4. 46 - 60min.						
5. 60 - 120 min.						
6.> 120 min.						
7. Average time						
8. Total Visits (B1 - B6)						
<b>C. Disposition:</b> % after nurse intervention						
1. Returned to class/activity						
2. Sent to school staff (ex. principal, counselor)						
3. Sent to Wellness Center						
4. Sent home (nurse directed)						
5. Went home (parent directed)						
6. Exclusion for communicable disease						
7. Sent for immediate evaluation/treatment						
8. 911						
9. Not Seen						
10. Other						
<b>D. Contacts/Communication/Notification</b> re: client						
1. Parents/Guardian						
2. School						
3. Community						
II. Nursing Care: Assessment & Intervention	Students	Staff	Visitors	Total	Outcome (Resolution/ Improvement)	
<b>A. Functional:</b> Care to promote basic health needs						
1. Activity/Exercise					n/a	
2. Comfort/Rest					n/a	
3. Growth & Development/Nutrition					n/a	
4. Self-Care					n/a	
<b>B. Physiological:</b> Care to promote optimal biophysical health						
1. Physical Health & Well-Being						
a. Special Nursing Procedures					n/a	
b. First Aid/ Emergency Care					n/a	
c. Body Systems Support (ex. cardiac, resp., tissue)					n/a	
2. Pharmacological						
a. Medications						



b. Treatments						
c. Unduplicated Students receiving Rx/Tx						
<b>C. Psychosocial:</b> <i>Care to promote optimal emotional health and social functioning</i>						
1. Coping/Emotional Support					n/a	
2. Communication/Relationships					n/a	
3. Knowledge					n/a	
4. Behavior/Self-perception					n/a	
<b>D. Environment:</b> <i>Care to protect and promote health and safety</i>						
1. Health Care System					n/a	
2. Risk Management					n/a	
3. Individual Emergency Plan						
4. Individualized Healthcare Plan						
5. IEP/504 Plan						
<b>E. Nursing Assessments/Interventions</b> <i>unclassified</i>						
<b>F. Non-Nursing Interventions</b>						
<b>G. TOTAL Interventions</b>						
	<b>Total</b>	<b>Referred</b>	<b>Completed Referral</b>	<b>% Completed</b>		
<b>H. Office Visits</b>						
<b>III. Health Screening</b>	<b>Total Screened</b>	<b>Referred</b>	<b>Completed Referral</b>	<b>% Completed</b>	<b>Number Required*</b>	<b># Required Screened</b>
<b>A. Required (Students)</b>						
1. Hearing						
2. Immunization						
3. Postural/Gait						
4. Normal Exam						
5. Athletic Exam (DIAA)						
6. TB Questionnaire/Reading						
7. Vision						
8. Total Number of Required Screenings						
<b>B. Non-Required (Students)</b>						
1. Blood Pressure						
2. BMI						
3. Dental						
4. Developmental						
5. Pediculosis						
6. Record Review						
7. Other						
8. Total Number of Non-Required Screenings						
<b>C. Total Student Screenings</b>						
<b>D. Staff</b>						
1. BP						
2. TB Questionnaire/Reading						
3. Other						
4. Total Number						
<b>E. Total Screenings (III. C + III. D.4)</b>						

\*Reg. 815.2.1.1 Each public school student in kindergarten and in grades 2,4, 7 and grades 9 or 10 shall receive a vision and a hearing screening by January 15th of each school year.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

### Overview

School nurses are in a position to share critical and missing data on children (Institute of Medicine [IOM], 2010). Currently much of the national health data available on school-age children comes from hospital systems, which means it only reflects the child accessed their system for care, or from parent reports. “ The United States lacks a coherent template for population health information . . . to understand the health status of Americans and to assess how well the nation’s efforts and investments result in improved population health” (IOM, 2010).

So, who really has the data? One answer is the school nurse, who manages students’ electronic health records (EHR). School nurses document information on:

- Age, gender, economic status
- Medications and treatments
- Diagnoses and parent reports of conditions
- Response to nursing interventions
- Screening results, referrals, follow-up, and outcomes
- Communication with parents, educational staff, and community
- Health education, one-on-one or in groups
- And much more . . .

Unfortunately, to date that data has not been retrievable or provided in a standardized way that allows sharing or comparing within a state or across states.

Recognizing this challenge as an opportunity, the National Association of School Nurses (NASN) and the National Association of State School Nurse Consultants (NASSNC) joined together in 2014 in an initiative to create a national standardized school nursing data set.

“Now, Therefore, Be It Resolved that NASN and NASSNC will lead in the development of a standardized data set for all nurses working in school settings to use as the foundation for compiling and collecting data on the student population. This comprehensive data set will focus on the broad aspects of the health needs of students and the outcomes of school nursing interventions, including analysis of nursing-sensitive student outcomes. The goals of this process include integrating school nursing services data into other established data sets (health and education) to provide a comprehensive analysis; addressing the current and emerging health needs of students; providing concrete insight about the correlation between student outcomes and evidence-based models of school nursing practice” (NASN & NASSNC, March 2014).

Based on this Joint Resolution, the *Step Up & Be Counted! (Step Up!)* Initiative was begun.



(Step Up & Be Counted! Logo, 2017)

*Step Up!* promotes school nurse understanding of school health services data, the use of standardized language and data collection/reporting processes. EHRs “facilitate the sharing of data into a national database of student health data” (NASN, 2014); however, some locales in the U.S. participate through manual, handwritten tallies. In 2014-2015, the first national school nursing data was collected by *Step Up!* (Patrick, et. al., 2014). Now positioned to enter its fourth year of data collection, participation across U.S. continues to grow, but varies making the results not generalizable. However, a future national standardized school nursing data base is in the making.

Three sets of data points are currently collected: school nursing workforce, including health extenders; five chronic health conditions (asthma, life-threatening allergies; diabetes Type 1, diabetes Type 2, seizure disorder); and student disposition data (where the student goes after receiving care from the school nurse). As of 2017, Delaware provides data on the school nursing workforce and disposition data (taken from the Annual Summary of School Health Services).

### Activities

- Support the Step Up & Be Counted! project by maintaining quality EHR

### References

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## Evaluation

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This section on Evaluation combines three Framework components: Evaluation, Meaningful Health/Academic Outcomes, and Performance Appraisal. They are presented as one because they all parallel the evaluation step within the nursing process. In Evaluation, the nurse reflects and analyzes the outcomes resulting from his/her interventions. Meaning Health/Academic Outcomes focuses on student outcomes using academic measures (e.g. standardized test scores or on grade level) and health outcomes using well-being and health measures (e.g., Peak Flow rates, number of unscheduled visits to the school nurse offices, or risk reduction). In Delaware, our Performance Appraisal for the school nurse and other Specialists supports student growth, which is defined as “the change in Student Achievement data for an individual between two points in time. Growth may also include other measures that are rigorous and comparable across classrooms” ([Regulation 107A](#)). This definition allows school nurses to include measures, like health education, change in healthy behaviors, and improving health status through self-care.

The Delaware Performance Appraisal System (DPAS II) has five components based on the work by Charlotte Danielson. These include (Department of Education, n. d.):

- A. Planning and Preparation
- B. Professional Practice and Delivery of Services
- C. Professional Collaboration and Consultation
- D. Professional Responsibilities
- E. Student Improvement

Setting annual nursing goals within an educational setting can be a challenge for school nurses. Fortunately, DPAS was developed for and by school nurses. It is based on the Scope & Standards of School Nursing Practice with all outcomes focused on student achievement (in the areas of health and/or education). The nurse with his/her administrator must choose wisely, but where to begin. NASN President Beth Matthey (Delaware school nurse) urges school nurses to “advocate for health school environments and the well-being of children’s health” and advised the use of two tools: School Nurse Yearly Goals Worksheet and the School Nursing Activities Calendar (NASN Weekly Digest, 2017). Through the use of annual goals, the school nurse not only improves the health of students, but also demonstrates nursing competency to his/her administration. An added bonus is that administrator learns more about how school health and how school nurses impact the ability of students to fully participate in educational activities.

For more information on Delaware appraisal system for school nurses, refer to the Department of Education webpages on [DPAS II for Specialists](#), your school nurse mentor, and the school administrator who will be evaluate your performance.

## Activities

- Setting goals for student growth
- DPAS II for Specialists

## School Nurse Role

The School Nurse sets student goals through the Individualized Healthcare Plan (IHP), the Individualized Education Plan (IEP), and informally. Goals should be set with the student, staff and family's input and with their understanding of the value of and rationale for the goal.

The same goals, or a similar goal for a cohort of students, can be established for the school nurse's individual evaluation each year. Working closely with the evaluating administrator can help the nurse to set goals that are realistic and support the overall goals of the school. Data available through the electronic pupil accounting system is a valuable resource to school nurses in identifying meaningful goals for students and in demonstrating student growth. (Refer to the section on Data Collection, Utilization, and Research for a discussion on how to use data and what reports are currently available.)

## Laws & Regulations

Delaware Department of Education, [Regulation 107A, Specialist Appraisal Process Delaware Performance Appraisal System \(DPAS II\) Revised](#)

## References & Resources

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## *Revisions*

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