Azle ISD School Health Services

**Health Care Protocols at School**

**Abrasions**

**Physical Findings**
- Bleeding from area of skin scraped off from rough surfaces (e.g., cement, floors, playground etc)

**Management**
- Wash area with plain soap and water
- Cover with gauze or band aid

**Anaphylaxis**

**Physical Findings**
- Sudden onset
- Appears flushed, then faint
- Sweating
- Shallow respirations
- Tingling sensation around mouth or face/swelling of airway
- Itching/hives
- Low blood pressure
- Loss of consciousness, shock, coma

**Management**
- Give Epi-Pen and/or Benadryl if ordered per Emergency Care Plan
- Call 911
- Notify Parents
- Monitor airway/prepare for AED and CPR
Asthma

Physical Findings

- Rapid or sudden onset initiated by environmental allergies, illness, stress, emotion or exercise
- Respiratory difficulty with cough and wheeze
- Prolonged expiration
- High-pitched whistling wheezes may be audible
- O2 saturations below 96%
- Intercostal/Sternal retractions with respirations
- Use of accessory muscles with respirations
- Difficulty noted when speaking, unable to complete sentences without taking breaths

Management

- Assess Respiratory Status i.e. respirations, auscultate chest for wheezing/air entry
- Maintain upright position
- Follow Asthma Care plan as ordered by doctor for medication management/O2 sat perimeters
- Notify Parent/and or 911 if condition does not improve or becomes severe

Back and Neck Injury

Physical Findings

- Fall, Blunt force trauma
- May or may not have been witnessed
- Pain, made worse by pressure of movement (do not move)
- Pain may radiate into arm or leg
- Nerve involvement: Weakness, tingling, numbness, inability to move are or leg

Management

- Do not move, bend or rotate neck
- Assess response to extremities by determining if victim can feel finger touch-do not move extremities
- If sensation is intact, pain is minimal to absent and victim able to move all extremities normally, allow student to slowly sit up and then walk.
- If pain, sensory impaired, keep student still, hold neck in traction and have someone call 911 and notify parent
- Monitor vital signs; hold neck in traction until EMS arrives.
Bites-Animal and Human (if skin broken)

Physical Findings

- Teeth marks/open wound

Management

- Wash with soap and water
- Apply loose dressing
- Notify Parent and determine if tetanus booster needed
  - If animal bite-refer to Animal Control/Health Dept/and or police as needed

Dental Emergencies

Toothache

- Have student rinse mouth with warm water and salt
- If swelling of gum, jaw or face occurs apply cold compress to cheek
- Notify parent of need to see dentist

Loss of Permanent Tooth

- Have student rinse out mouth with warm water and salt
- If tooth can be located, handle by top, not root portion.
- Place tooth in cup of milk
- Apply cold compress to face to minimize swelling
- Notify parents to take to dentist

Bitten Lip or Tongue

- Apply direct pressure to the bleeding area with a sterile guaze pad.
- If lip is swollen, apply a cold compress
- Notify parents and refer for emergency care if bleeding persists or bite is severe.

Orthodontic Emergencies

- Protruding wire from a brace can be gently bent out of the way to relieve discomfort by using a tongue depressor.
- If wire cannot be bent easily, cover the end with a piece of wax or cotton and notify parents to take to orthodontist.
Diarrhea

Management

- Determine possible cause, food ingestion, congested, etc. If isolated incidence, student may stay at school.
- If fever is present or soiling of clothes that is not able to be managed at school, call parent to pick up
- For diarrhea episodes of 2 or more in a row, call parent to pick up.

Fever

- Assess student’s temperature and notify parent to pick up if temperature greater than 100 F.
- Recommend to parents that students should be fever-free (less than 100 F without the use of Tylenol, Motrin etc.) for 24 hours before returning to school
- A fever of 105 F or greater is considered a medical emergency. If parent is not readily available, call 911.

Foreign Bodies-Ear, Eye, Nose

Physical Findings

- Eye-Pain, tearing, irritation
- Ear: Usually none, child may tell you he has something in his ear
- Nose: Child may state he/she placed object in nose

Management

Eye

- Pull down lower lid with tip of index finger. If foreign body can be seen in the lower lid, remove with wet cotton tipped applicator
- If unable to remove, patch eye, notify parents to take to take to doctor
- Chemical substances constitute serious emergency. Have someone call 911 while you flush eye with water and eyelids held open. Patch eye, notify parent

Ear

- Do not try to remove unless foreign body can be easily removed.
- Notify parent to take to doctor

Nose

- Do not attempt to remove unless object extruding from nostril
- Try having child blow nose forcefully with unobstructed side held closed
• Notify parent to take to doctor.

Fractures

Physical Findings

• Localized pain, following a trauma
• Asymmetry compared to opposite extremity
• Swelling, bruising may be present
• Difficulty rotating wrist, bearing weight etc.

Management

• Stabilize limb with splint, ice, and elevate.
• Notify parents for immediate medical care

Headaches

Physical Findings

• A headache is a diffuse pain in different portions of the head. The severity and area of pain may help to determine management
• Ask if child can describe character of pain-dull aching; acute (unbearable), intermittent, intense pain, throbbing pain, pressure pain etc. (Use picture pain scale for small children)

Common Causes

• Lack of sleep
• Hunger
• Thirst
• Too much sun or exercise
• Illness
• Trauma (accidently hitting head during play); Follow Head Injury Protocol

Management

• Take temperature
• Have student drink water/give crackers
• Have student rest quietly for 10-20 mins
• If unrelieved and student unable to participate in normal school activities, notify parent
Head Injury

Physical Findings

- Classify injury as mild, moderate or severe by the following criteria
- **Mild** - Bump to head, may or may not have swelling, bruising, student appears to be acting appropriately, pain relieved by ice or rest as needed
- **Moderate** - may experience brief period of unconsciousness, loss of memory, unusual behavior
- **Severe** - Loss of consciousness lasting 1-2 mins or longer, vomiting, fast or slow pulse, neurological signs such as irregular pupils, unilateral weakness etc.

Management

- Perform a neurological assessment- check pupils size and reaction, hand grips, orientation
- If head injury is severe call 911 and notify parent
- If head injury moderate notify parent to take for immediate medical care or call 911 if parent not available
- If head injury is minor assess injury, notify parent using head injury sheet/parent phone call as needed.

Heat Exhaustion/Heat Stoke

Physical Findings

- Hot and dry skin
- High body temperature for severe cases
- Nausea/vomiting
- Muscle cramps

Management

- Get victim out of sun
- Apply to cool wet cloths
- Notify parents
- Give ice chips, sips of water as tolerated
- If severe, call 911

Hives

Physical Findings

- Round reddish pink wheels on skin, various sizes
- Itchy
- Often short-lived but re-appears, often in different parts of body
• May be accompanied by swelling of lips, eyes, fingers
• Hoarseness and difficulty breathing

Management

Determine history

• Allergies to foods or medications? Emotional factors? Inhalants-dust or pollen? Contact substances-lotions, laundry soaps, metals? Physical factors-sun or cold?
• Follow Emergency plan if student has one
• Notify Parents
• Calamine to affected area to relieve itching
• Call 911 if situation becomes severe

Impetigo

Impetigo is a superficial skin infection caused by staphylococci or streptococci

Physical Findings

• The skin eruption may begin with small blisters that later can contain pus and/or become scabbed. If pus erupts can become contagious on direct or secondary contact
• Itching is common

Management

• Keep sores covered with band aid
• Notify parent of need for physician diagnosis and treatment
• May attend school when treatment begun

Insect Bites/Stings

Make sure students and staff with known allergic reactions are identified and appropriate school staff is alerted

Management

• If student/staff is known to have allergic reaction, follow Emergency Care Plan and administer Epi-Pen or Benadryl as needed
• Assess bite for stinger present. Scrape surface of skin to remove stinger.
• Apply first aid such as “sting-relief”, calamine, ice to reduce redness or swelling
• Notify parent of sting and possible reaction signs and symptoms
Lacerations

- Clean with soap and water
- Apply firm pressure to control bleeding
- Apply band aid, butterfly or dressing
- If cut is severe, notify parents to take for emergency medical attention.

Lice

Physical Findings

- Presence of nits (small, round or oval, looks like piece of rice), that are firmly attached to hair shafts.
- Presence of live lice on scalp and hair
- Severe itching of scalp, especially around back of neck and ears
- A rash maybe present on back of neck

Management

- For live lice or nits present one-quarter inch from scalp, notify parents to pick child up for appropriate treatment.
- In cases where parents are not able to be reached, send written notice home to parent
- Student may return back to school once treated with appropriate lice-killing shampoo, and child brought to nurse’s office before going into class to be checked.
- In cases of financial hardship, contact the district social worker for assistance with lice shampoo.
- Give parents instruction sheet to rid home of head lice and prevent reinfestation
- Mass head checks are not warranted and not effective method of identifying head lice.
- Notes sent home to classmates if two or more children are identified in the same classroom.

Mononucleosis (Mono)

Physical Findings

- Milder in young children, most severe in high school and college age
- Fever, malaise and fatigue
- Sore throat, enlarged tonsils
- Swollen glands
- Abdominal pain (enlarged spleen)
- Fever may last 1-2 weeks, and malaise may last between 4-6 weeks.

Management

- Notify parents, diagnosis is confirmed by laboratory tests only
- Manage symptoms
Return to school on advice of physician.

**Nosebleed**

**Management**

- Have child sit upright
- Apply pressure below the nose
- Tilt head slightly forward
- If bleeding does not stop with pressure after 10 mins, notify parents

**Pink Eye (Conjunctivitis)**

**Physical Findings**

- Redness of eyes
- Purulent or watery discharge
- Redness and or swelling of eyelids
- Itching and rubbing eyes
- Crusts in inner corners of eyes, especially on waking from sleep.

**Management**

- Notify parents
- Refer to doctor for diagnosis and treatment
- May return to school after treatment begun
- Notify classmate parents with letter if needed (2 or more cases)

**Poison Ivy/Oak**

**Physical Findings**

- Itching, redness, small papules and vesicles (early stages)
- Large blisters and weeping of skin (late stages)
- Healing-drying crusting and gradual shedding of crusts and scabs (may take 2-3 weeks)
- Most common on hands, forearms, and face

**Management**

- Wash thoroughly after exposure (usually too late when discovered at school)
- Notify parents
- Manage itching with calamine etc.
- If severe refer to doctor for medical treatment
- Child does not need to be excluded from school.
Scabies

Physical Finding

- Rash: tiny papules, vesicles, and scabs. Sometimes looks like a red streak
- Location: back of hands, web of fingers, and front of forearms, lower abdomen, chest and armpits (rare on face, midback, palms and soles). Good diagnostic clue.
- Itching is intense, especially at night.

Management

- Notify parent for need of physician diagnosis and treatment
- Exclude from school until treatment has begun and student is cleared by physician.
- Seizures
- For physical findings refer to Seizure Care Plan

For Grand mal Seizure:

- Keep calm
- Remove anything in the area that may injure the child
- Do not try to restrict child's movement, force anything into mouth.
- Monitor airway, turn head to side if possible.
- Follow Seizure Care plan for students with known seizures
- If this is first seizure for student, call 911, notify parents and monitor until EMS arrives

Sprains

Physical Findings

- History of trauma twisted or snap
- Pain
- Swelling

Management

- Rice
- Ice
- Compression
- Elevate
- Notify parent
Vomiting

Nausea and vomiting are very common childhood symptoms. In a school setting, it must be decided whether the nausea/vomiting is the result of a disease or other causes such as food, too much exercise, coughing, emotional anxiety etc.

Management

- Assess episode of vomiting to rule out conditions above
- Assess temperature
- Allow child to rest for 10-20 mins, if nausea subsides and child able to keep down ice chips sips, no fever and not ill, child may be allowed to return to class.
- For obvious illness, notify parent to pick up.