





Agenda

Introduction

AAP Policy

Areas of shared interest

Roles and

Responsibilities

Summary

Introduction



• Dr. Chad Rodgers, MD, FAAP is a general practice pediatrician at Little Rock Pediatric Clinic for over twenty years. He also currently serves as Chief Medical Officer for AFMC (Arkansas Foundation for Medical Care) a healthcare quality organization.

Why I love School Nurses











Primary goals

Improve the lives of children and their families





AAP Policy

School nurses, working with pediatric patient-centered medical homes, school physicians, and families, are in a critical position to identify unmet health needs of large populations of children and adolescents in the school setting. Promoting the presence of a qualified school nurse in every school and a school physician in every district fosters the close interdependent relationship between health and education. Academic achievement, improved attendance, and better graduation rates can be a direct result of a coordinated team effort among the medical, family, and educational homes all recognizing that good health and strong education cannot be separated.

Recommendations - Pediatricians should:

- Advocate for one full time nurse
- Have access to health care related information
- Establish a relationship for chronic disease management
- Include "important team member"

Where we meet



Immunizations

- Routine vaccination schedules
- Ensuring timely vaccinations
- Vaccine exemptions

School Health

- Medications at school
- Asthma Action Plan
- School Physicals
- Food Allergy Plan
- Sick visits

Unmet Needs

- Preventive Check ups
- Recurrent/frequent health issues
- Accommodations
- Nutrition/weight
- Parent issues
- Housing

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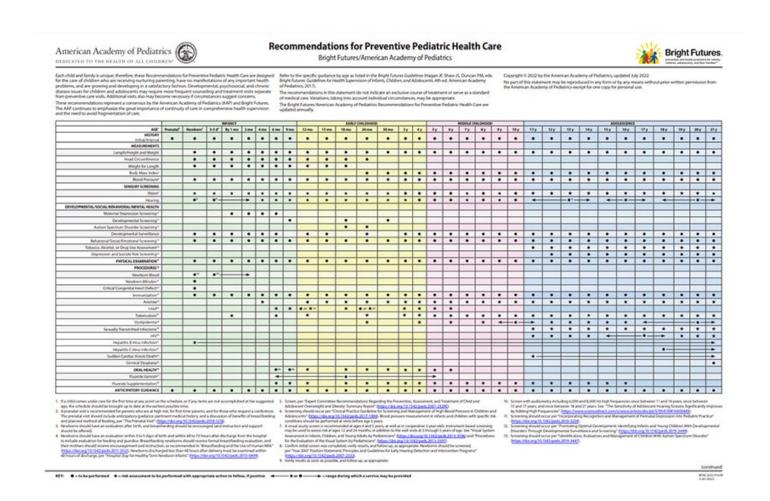
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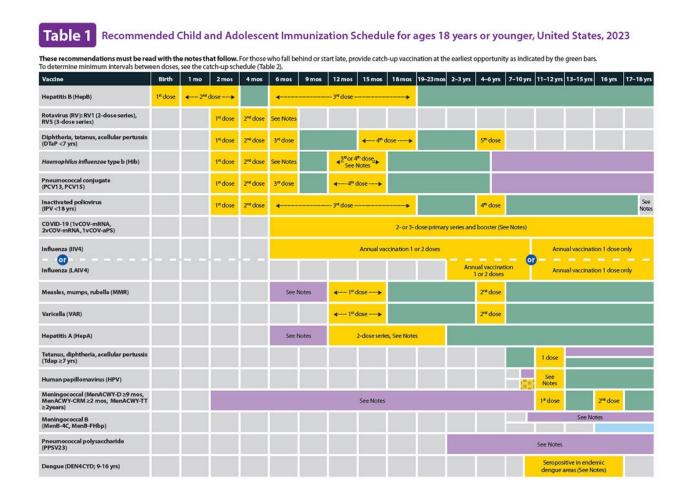
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Periodicity Schedule

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.3578992.1570635395.1682444982-1884551380.1587051825



Routine Vaccination Schedule





Vaccinations

www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

Recommendations

- You are an authority and expert on child health and vaccination
- Advocate and build trust
- Frequent interactions and discussions
- Provide trusted resources
- Set up system of reminders
 - End of school year
 - Beginning of school year
 - All in between monthly reminder, first of the month, birthdays, day of the week
- Communicate bi-directional
- Make sure vaccinations are recorded correctly and updated



Vaccine exemptions

https://onlineimmunizationexemption.adh.arkansas.gov/WebsiteContent/Home-Page.aspx



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School Health



Medications

- Ensure compliance and safety
- Opportunity to educate
- Frequent interactions and discussions
- Provide trusted resources
- Communicate bi-directional!

Paperwork! ⊗

- School physicals
- Asthma Action Plan
- Food Allergen Plan
- Medication management
- Accommodations



Sick Visits

Documentation

- Golden information
- Caregivers also everyone other than mom
- Vitals, medication if given, observations
- Did I say Communicate yet?
- Return to school

Recurrent sick days

- Shared goals
 - Safety
 - In school
 - Infection control
- Communication
- Plan!

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School Health

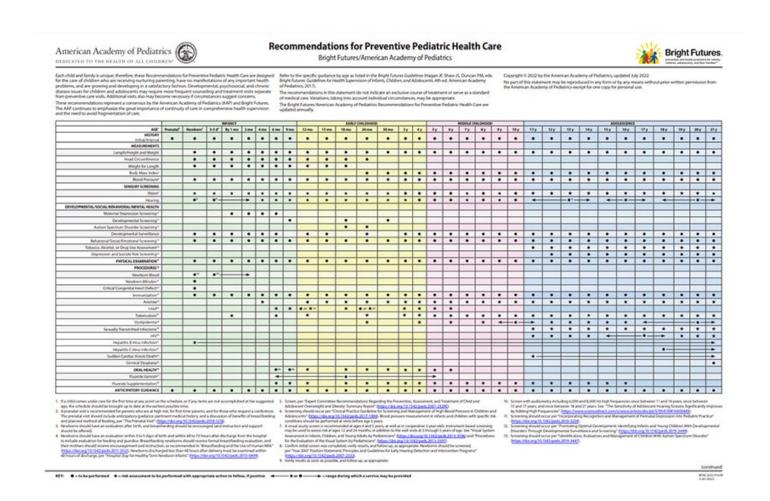
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Unmet Needs



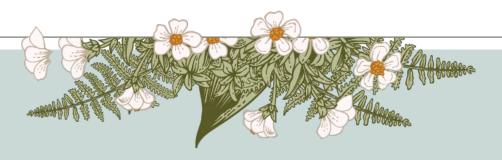
Importance of School

- May be the safest place they are all day long
- Safety nets
- Social supports
 - Food Insecurity
 - Shelter
 - Connection

The Trusted School Nurse

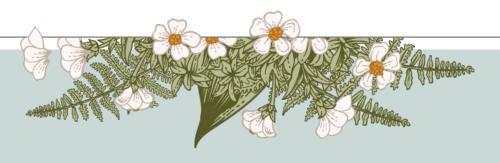
- Importance of Prevention
- Chronic Disease Management
- Resources/Health Education
- Support for Parents
- Teach the Kids

A Case Study



- JM is a 17-year-old junior in your High School
- His parents distrust the school and the healthcare community
- They opted for an alternative schedule but never followed through
- He played sports but had trouble with coughing and had to stop playing
- This morning he work up with a "high" fever, headache, neck pain, vomited once, has some body aches and is now developing a rash
- He's sitting in your office when you arrive to school

A Case Study — Continued



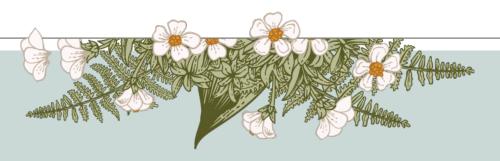
- He has had no check up because he gave up sports
- He isn't vaccinated
- He is sick again, but this time is different
- He appears very ill and has a purple, bruise like rash on face and hands
- Differential the flu or another viral illness, strep, pneumonia,
 ?meningitis?
- What now?

Meningitis



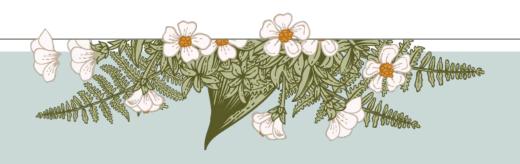
- Symptoms are concerning
- Immediate referral to the local ER
- Parents begrudgingly come pick him up
- He is evaluated and diagnosed with Meningitis
- Viral vs. Bacterial
- Hospitalized for treatment in PICU, placed in isolation, stabilized, prevention of loss of tissues

This could have been different



- He could have gotten vaccinated
 - Prevnar and HIB part of primary series with boosters at age 12-15 months
 - Meningococcal vaccination at age 16 Trumemba and Menactra or another combo with possible boosters
- Had routine Well Child exams and/or Sports Physical
- Identification and treatment of Asthma symptoms so he could play sports
- Encouraged by his favorite school nurse to go to the doctor/healthcare provider
- Other fallout he could lose digits/limbs, damage to brain tissues, loss of hearing, missed school, death!
- Bad for you and others you have been exposed to a preventable infectious disease!!

What to do next



- Take a pulse remain calm!
- Know the facts immunization status, type of meningitis
- Consult with local and state Health Department
- Review Immunizations of other students/close contacts
- Ensure close contacts have the education and resources needed especially if HD recommends prophylaxis

Summary



WEARE BETTER TOGETHER





Nothing you do for children is ever wasted.

Garrison Keillor







Thank you





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https://www.healthychildren.or

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Q & A

