



*current NC School Health Data on asthma in school *staying at school/asthma management environment *school nurse case management for students with asthma

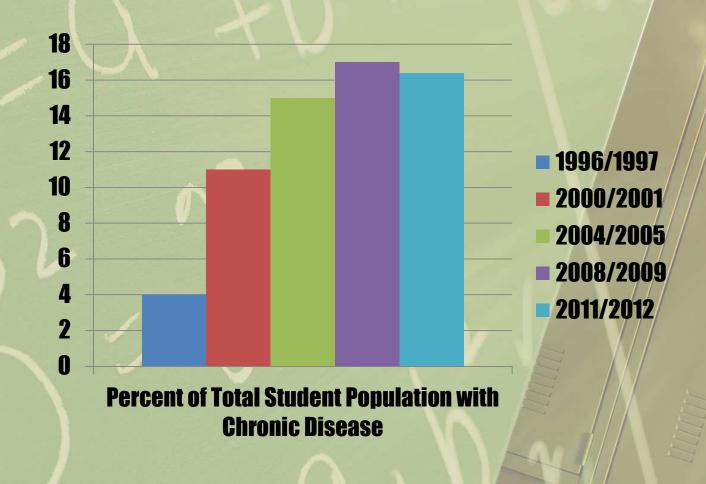


From the school health perspective, the environmental challenges for asthma at school include disease management factors:

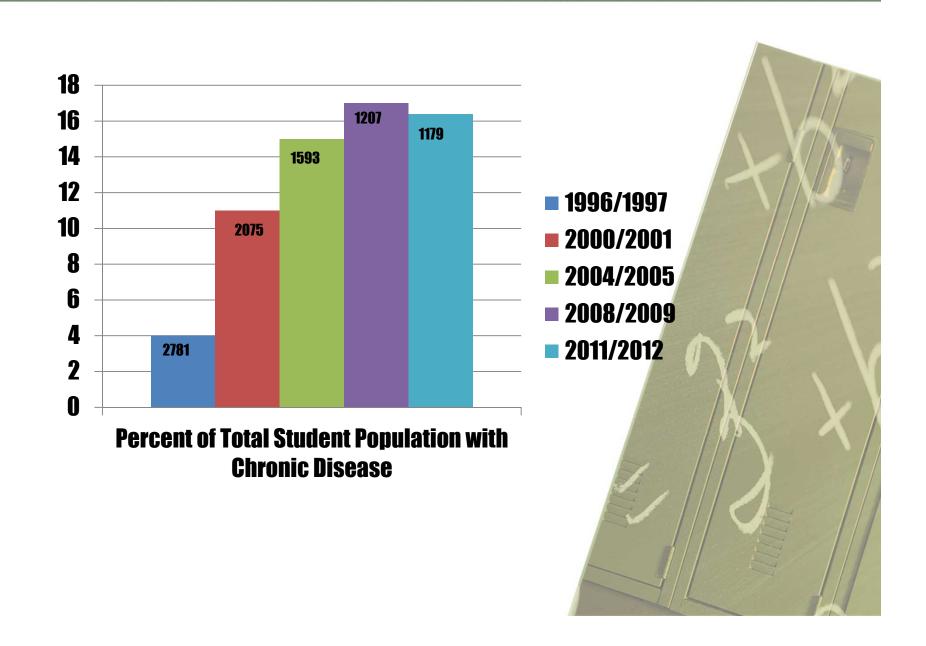
- Is the student known to the nurse?
- Is the nurse on site?
- Is a plan and medication in place?
- Is the student knowledgeable?
- Is the staff educated?

Current view of asthma from school nurses

- 105,542 students known to school nurses
- 7.5 % of total public school population



Nurse: Students Ratios for Selected Years



Self Carry of Asthma Medications

- G.S. 115C 375.2: Possession and self-administration of asthma medication by students with asthma or students subject to anaphylactic reactions, or both (2005)
- Parameters

Parental authorization/release of liability
Health care practitioner statement, authorization, order
School Nurse assessment of student skill

School Nurse Assessment of Student Prior to Self-Carry

The request is reviewed by the school nurse, who provides the student with health counseling to include:

- 1. Review of health condition, medications, triggers, precautions.
- 2. Assessment of student's knowledge and developmental ability to be independent with medication.
- 3. Role play of procedure to be used when necessary and how to obtain help when needed.

School Nurse Assessment of Student Prior to Self-Carry (cont)

The request is reviewed by the school nurse, who provides the student with health counseling to include:

- 4. Review of school medication policy/procedures, disciplinary actions for sharing medication or failure to safeguard it.
- 5. Assure the student understands and signs a self-medication agreement.
- 6. Instruct the student's teacher(s), as appropriate, on the student's condition and authorization to self-carry and self-administer. This instruction may include cautions on usage and dosage of the medication.

Asthma Self-Carry Medications

2010-11

2011-12

- Number reported: 22701
- 22% of identified students
- Number reported: 20645
- 20 % of identified students

Asthma at School

1,920 nebulizer treatments were completed

 47,379 individual student counseling/education sessions were provided

• 52% of identified students had a health care plan in place

0.7% had a section 504 plan in place

"Asthma is a leading chronic illness among children and adolescents in the United States. It is also one of the leading causes of school absenteeism."

CDC Asthma & Schools

Absenteeism and Asthma

In 2008, asthma accounted for an estimated 14.4 million lost school days in children with an asthma attack in the previous year.

American Lung Association

Managed Asthma and Absence

• April 2013, Journal of School Nursing

 School based case nursing case management intervention for students with asthma

 Managed students demonstrated reduced absenteeism (almost 2 school days) in the post intervention period

School nurse interventions seek to foster management of asthma at school, allowing a child to remain at school.



School Nurse Case Management

A nurse-managed program for students with chronic/complex asthma involves more than occasional contacts with the student, family, teacher, and/or care provider.

It also includes a written plan of care for each student managed that follows the nursing process.

School Nurse Case Management

The school nurse plan of care includes:

Assessment

In order to demonstrate improvement, baseline and evaluation data must be measured. In an education setting baseline data should include both health information and education information.

Planning

Specific interventions with achievable goals, measurable outcomes and regular evaluations

School Nurse Case Management

The school nurse plan of care includes:

Interventions

Results oriented actions based on specific needs of the student and evaluated based on their impact on the student.

Evaluation

Periodic measurement of student progress and measurement at the end of care, or of the school year, allows the nurse to compare the current conditions to the goal or outcome desired.

Asthma Case Management Outcomes

- 1. Consistently verbalized accurate knowledge of the pathophysiology of their condition
- 2. Consistently demonstrated correct use of asthma inhaler and/or spacer
- 3. Accurately listed his/her asthma triggers
- 4. Remained within peak flow/pulse oximeter plan goals
- 5. Improved amount and/or quality of regular physical activity
- 6. Improved grades
- 7. Decreased number of absences



