

# 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: % after nurse intervention</b>						
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 re: client</b>						
1. Parents/Guardian						
2. School						
3. Community						
<b>II. Nursing Care: Assessment &amp; Intervention</b>	<b>Students</b>	<b>Staff</b>	<b>Visitors</b>	<b>Total</b>	<b>Outcome (Resolution/Improvement)</b>	
<b>A. Functional: Care to promote basic health needs</b>						
1. Activity/Exercise					n/a	
2. Comfort/Rest					n/a	
3. Growth & Development/Nutrition					n/a	
4. Self-Care					n/a	
<b>B. Physiological: Care to promote optimal biophysical health</b>						
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: Care to promote optimal emotional health and social functioning</b>						
1. Coping/Emotional Support					n/a	
2. Communication/Relationships					n/a	
3. Knowledge					n/a	
4. Behavior/Self-perception					n/a	
<b>D. Environment: Care to protect and promote health and safety</b>						
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 unclassified</b>						
<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 \_\_\_\_\_