

SPECIAL PROCEDURES

The following procedures are typically performed by a registered nurse. The delegation of these procedures and others to unlicensed clinic personnel or other school staff may be appropriate when:

- It is not otherwise prohibited by state statute or regulations, legal interpretation or school policies
- It does not require exercising nursing judgement
- It is delegated and supervised by an RN
- It is approved by local school board policy according to their guidelines in such matters

PROCEDURES

- 1. Clean Intermittent Catheterization**
- 2. Gastrostomy Tube Feeding—Bolus, Slow Drip, Continuous**
- 3. Nebulizer Treatments**
- 4. Percussion and Postural Drainage**
- 5. Trach Care and Suctioning**

These are the most common special procedures required during school hours. You should consult with your cluster/school nurse or Student Health Services when these procedures are ordered, for training on the step-by-step procedure, and check-off for staff members who will be doing these procedures. Your school nurse can also give you information on other special procedures that may be ordered.

CLEAN INTERMITTENT CATHETERIZATION

Clean intermittent catheterization (CIC) is a clean procedure used to empty the bladder, when the bladder cannot empty on its own. CIC is used when the nerves that stimulate the bladder do not function, either from a congenital condition such as spina bifida, or from spinal cord injury resulting from accidents. Catheterizing the bladder every few hours helps to prevent infection and prevents wetting caused by urine that overflows the capacity of the bladder. It also prevents the backup of urine into the kidney, resulting in kidney damage.

The student or another person empties the bladder by putting a small, clean tube or catheter into the bladder and letting the urine drain out. Most students will need to do this every 4-6 hours during the day. A clean, private space preferably in the bathroom or health office should be utilized for this procedure. Infrequently, the procedure may require sterile technique depending on student-specific needs.

GASTROSTOMY TUBE FEEDINGS

A gastrostomy is a surgical opening into the stomach, through the abdomen. A flexible rubber tube, called a G-tube, is put into the surgical opening. This is a simple and safe way to give food, medicines, and fluids directly into the stomach when the student is unable to take these by mouth. The G-tube is held in place from the inside of the stomach, as well as from the outside. The tube is clamped or capped between feedings to prevent leakage. This tube does not normally cause the student discomfort and is covered by clothing. Some students will have a G-tube “button” on the abdomen, which will plug directly to the feeding tube.

A G-tube can be used for the following reasons:

- Obstruction of the esophagus
- Impaired swallowing, with possible risk of choking or aspirating
- Failure to maintain adequate nutrition by mouth

A student may receive a G-tube feeding by either the bolus or continuous (slow-drip) method. A bolus is a specific amount of feeding given at one time (usually over 20-30 minutes). A slow-drip is a feeding that is given slowly over a number of hours, running continuously. Feedings may be pureed and diluted foods, or specially prepared formulas. Water and juices may also be given this way. These children may also receive their medications through the G-tube, if ordered this way. Special preparation of the medications and careful flushing with water afterwards is necessary.

NEBULIZER TREATMENTS

Nebulizer treatments deliver medication in mist form directly to the lungs. When air from the compressor (i.e. air pump) is pushed through the tubing and into the medicine chamber or nebulizer cup, the medicine breaks up into a mist that the student inhales. Medication by nebulizer can reach the bronchioles more rapidly, and requires less coordination and breathing effort than when using a metered dose inhaler. Small doses of medication inhaled directly into the lungs cause fewer side effects than the same medication taken orally. Young children who have not mastered the metered dose inhaler and students with moderate to severe asthma can benefit from aerosol treatments. Nebulizer treatments can also be used to deliver some other medications when ordered.

PERCUSSION AND POSTURAL DRAINAGE

Percussion and postural drainage help to maintain lung capacity by assisting students who have difficulty raising sputum from the lungs. Percussion involves loosening the mucous by hitting the student's chest with a cupped hand in a certain sequence. Postural drainage is accomplished by positioning the student in various ways that facilitate drainage of the mucous. It may be performed at intervals determined by student's tolerance, physical needs, and physician orders. Suctioning may accompany postural drainage when ordered. Students who need postural drainage have pulmonary dysfunction from conditions such as Cystic Fibrosis, Chronic Bronchitis, Asthma, Muscular Dystrophy, and Cerebral Palsy.

TRACHEAL CARE AND SUCTIONING

A tracheostomy is a surgical opening through the neck into the trachea (windpipe), which allows the student to breathe when he cannot breathe normally through the nose or mouth. The opening in the neck is called a stoma, and a plastic or metal tubing is inserted to hold the stoma open and allow air passage. Tracheostomy tubes are usually held in place with a tie around the neck. It should be noted that some students do not need a tracheostomy tube.

Students may have a tracheostomy because of an illness or injury, a congenital anomaly, or a neuromuscular condition that inhibits effective breathing or clearing of secretions. Clearing secretions, or tracheal suctioning, is accomplished by using a thin suction tube and a vacuum/suction device.

Depending on the student's age, he or she may be able to request suctioning when needed, and assist with the procedure. Indications for suctioning include:

- Visible secretions filling the opening of the tracheostomy
- Noisy or rattling breathing sounds
- Signs of respiratory distress, such as anxiety or blueness around the lips
- Absence of air moving through the tracheostomy
- After respiratory treatments
- Before drinking or eating, if congested

REQUEST FOR PHYSICIAN'S ORDERS

Dear Dr. _____

We would like to request that you complete the attached form, Physician's Orders for Administration of Specialized Health Care Procedures, for:

Student's name: _____

This form will grant authorization to school personnel to perform or assist with your patient's special procedure(s).

A standardized procedure for _____ has been attached for your review. Please make whatever changes are necessary to meet the individual needs of your patient or send your own protocol. School personnel will not be permitted to perform such services until forms are completed and received.

Thank you for your cooperation in this matter. This will assist us in maximizing _____ participation in our school program.

Student's name

Sincerely,

PARENT REQUEST FOR PHYSICIAN'S ORDERS

Dear Parent or Guardian:

Student's Name: _____

We would like to request that you and your child's healthcare provider complete the attached Specialized Health Care Procedure forms prior to your child's arrival at school. These forms will grant authorization to school personnel to perform or assist with your student's specific procedure(s).

In the event that the forms are not received by the time your child begins school, we request that you provide the services at school. School personnel will not be permitted to perform such services until the forms are completed and received, and any necessary training is completed on the procedure.

Thank you for your cooperation in this matter. This will assist us in maximizing your student's participation in the school program.

Sincerely,

**Physician's Orders for Administration of
Specialized Health Care Procedures**

Date: _____

School: _____ **Principal:** _____

Name of Student: _____ **Birth Date:** _____ **Age:** _____

Address: _____

Physical condition for which the specialized health services are required:

Name of standardized procedure _____
(Please attach information required to understand the steps of this procedure)

Precautions, possible untoward reactions and interventions

Time schedule and/or indication for the procedure:

The procedure is to be continued as above until: _____

Physician's Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

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To Whom It May Concern:

I hereby give my permission for exchange of confidential information contained in the record of my child, _____ **between** _____

_____ **and** _____

Doctor.

School

Parent or Legal Guardian Signature

Date

Specialized Health Care Training Form Designated In-School Health Team

Date: _____

School: _____ **Principal:** _____

Designated In-School Health Team For:

Name of Student: _____

Procedure: _____

The following staff members have been designated by the principal to perform and/or assist with specialized health care procedure as requested by the parent or guardian of student.

Signature indicates that training has occurred and that the designated staff understands the activities required administering the procedure.

Staff Member	Staff Member's Signature	Trainer's Signature	Date

Principal's Signature

Date

SPECIAL PROCEDURE HEALTH CARE RECORD FULTON COUNTY PUBLIC SCHOOLS

STUDENT: _____ GRADE: _____ SCHOOL _____

SPECIAL PROCEDURE: _____

After special procedure, record time and initials in appropriate block.

AUGUST							SEPTEMBER							OCTOBER								
M	T	W	Th	F			M	T	W	Th	F			M	T	W	Th	F				
1st							1st								1st							
2 nd							2 nd								2 nd							
3 rd							3 rd								3 rd							
4 th							4 th								4 th							
5th							5th								5th							

NOVEMBER							DECEMBER							JANUARY								
M	T	W	Th	F			M	T	W	Th	F			M	T	W	Th	F				
1st							1st								1st							
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5th							5th								5th							

FEBRUARY							MARCH							APRIL								
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MAY							JUNE							JULY								
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INITIAL/ SIGNATURE:

_____/_____/_____ /_____/_____/_____ /_____/_____/_____