1. Welcome to the School Nurse Survey

A.C.A §6-18-709 requires the Arkansas Department of Education (ADE) to annually collect data to assist in the development of health recommendations and guidelines based on student needs. This data can be used to provide, at least annually, a report to the local school board of directors on health concerns and necessities of students served by the district. ADE participates in the national studies for chronic health conditions of school-age children and the implications for school nurses to better provide health care services improving the connection between health and academic achievement. The collection of data from the school nurse survey aids in the development of continuing education using personal competencies from the Framework for 21st Century School Nursing Practice and for securing grant funding and opportunities.

* 1. What is your LAST name?

[   ]

* 2. What is your FIRST name?

[   ]

* 3. What is your licensure?

◯ LPN

◯ RN

◯ APRN

* 4. Valid email address:

[   ]

* 5. What Educational Service Cooperative is your district assigned, or in the Central Region?

[▲▼]

* 6. Was a school health report provided to your Superintendent or School Board of Directors from the previous year survey?

◯ Yes

◯ No

7. What is the name of your public/charter school district?

[▲▼]

8. What is the name of your school district? (Private)

[▲▼]

[   ]

* 9. What is the name of your school campus or campuses? (If you are a school nurse supervisor with no assigned campus, a second nurse on a campus, or the only nurse for a district and providing all data for the district, please indicate in the checkbox. Otherwise, check the campus/campuses and provide those in the comment box)

☐ School Nurse Supervisor not assigned a campus

☐ 2nd School Nurse assigned to a campus

☐ Only nurse in the district (so all campuses included)

☐ Campus/Campuses

Other (please specify)

[   ]

* 10. If you answered "School Nurse Supervisor" or "2nd School Nurse for the campus" for question 9, check "Yes" and submit NEXT and then DONE on page 3. You only complete page 2 if you have a campus or campuses you are assigned, otherwise, supervisors or additional nurses on a campus "skip" this section.

☐ Yes

☐ No
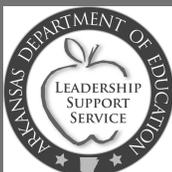
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2. Health Services Provided on a Campus or Campuses

* 1. Enter the number of students on campus or campuses with the diagnosis of any of the following chronic conditions:

Asthma	
Type I Diabetes	
Type II Diabetes	
Seizure Disorder	
Life-Threatening Allergy (anaphylactic reaction)	
Obesity (>95 percentile-BMI)	
Hypertension	
ADD/ADHD	
Autoimmune Disorder	
Blind/Visual Impairment (glasses included)	
Congenital Disorder	
Circulatory Disorder (except hypertension)	
Digestive Disorder	
Deaf/Hearing Impairment	
Depression	
Dermatologic Disorder	
Eating Disorder	
Encopresis Disorder	
Endocrine Disorder (except diabetes)	
Excretory Disorder	
Genetic Disorder	
Hematologic Disorder	
Hepatic Disorder	
Immunological Disorder	
Inflammatory Bowel Disorder	
Malabsorption Disorder	

Malignant Disorder	
Neurodevelopmental Disorder	
Neuromuscular Disorder	
Neurological Disorder	
Neurovascular Disorder	
Non-Life Threatening Allergy Disorder	
Orthopedic Disorder (permanent)	
Psychiatric Disorder (except eating disorder)	
Renal Disorder	
Reproductive Disorder	
Respiratory Disorder (except asthma)	
Substance Abuse	
Skeletal System Disorder	
Traumatic Brain Injury	

* 2. Enter the number of students on your campus diagnosed with a food allergy (includes, dairy, peanut, tree nut, egg, wheat, or other grains):

* 3. Enter the number of students on your campus with a known fragrance allergy:

* 4. Enter the number of students on your campus receiving scheduled medications daily at school on a long-term basis for this school year (>3 weeks):

* 5. Enter the number of students on your campus receiving medications at school on a short-term basis (<3 weeks):

* 6. Enter the number of times PRN Over the Counter (OTC) medications were dispensed *with* a health care provider order this school year:

[   ]

* 7. Enter the number of times PRN Over the Counter (OTC) medications were dispensed *without* a health care provider order this school year (parent consent only):

[   ]

* 8. Enter the number of students using essential oils for health care needs for this school year administered by the nurse, parent, or self:

[   ]

* 9. Enter the number of teachers diffusing essential oils in the classroom:

[   ]

* 10. Enter the number of students on your campus requiring each of the following specialized procedures this school year:

Blood Glucose Monitoring

Carbohydrate Counting

Catherization by Nurse or Unlicensed Assistive Personnel (UAP)

Dialysis (peritoneal)

Updraft/Nebulizer Treatment

Postural Drainage

Tracheostomy Care

Other Stoma Care

Suctioning

Tube Feedings

Subcutaneous Medications

Intramuscular Medications

Intravenous Medications

Insulin Pump

Urine Ketones

Wound Care

* 11. Enter the number of students receiving assistance by either a nurse or UAP with Activities of Daily Living (ADL's) due to disability (i.e. diapering, toileting, hygiene, ambulation, transfers, assistance with eating, meal preparation):

* 12. A systematic approach to case management for students with chronic health conditions includes an assessment, development, implementation, and an evaluation process to help improve health and academic outcomes. Does the nursing services in your district have a protocol in place for this process?

◯ Yes

◯ No

13. If "Yes", enter the number of students actively involved in this ongoing case management process:

[   ]

* 14. Enter the number of students with prescriptions for the following:

Albuterol/Xopenex or Fast acting Beta Agonist	[ ]
Glucagon	[ ]
Rectal Diazepam	[ ]
Intranasal Midazolam	[ ]
Sublingual or Buccal Benzodiazipine (i.e. lorazepam, clonazepam, valium)	[ ]
Epinephrine	[ ]

* 15. Enter the number of students with an emergency action plan for the chronic conditions with the following prescriptions:

Albuterol/Xopenex or Fast acting Beta Agonist	[ ]
Glucagon	[ ]
Rectal Diazepam	[ ]
Intranasal Midazolam	[ ]
Sublingual or Buccal Benzodiazipine (i.e. lorazepam, clonazepam, valium)	[ ]
Epinephrine	[ ]

* 16. Enter the number of "emergency" doses (not maintenance or preventive doses) administered by a licensed nurse:

Albuterol/Xopenex or Fast acting Beta Agonist
[   ]

Glucagon
[   ]

Rectal Diazepam
[   ]

Intranasal Midazolam
[   ]

Sublingual or Buccal Benzodiazipine (i.e. lorazepam, clonazepam, valium)
[   ]

Epinephrine
[   ]

* 17. Enter the number of "emergency" doses (not maintenance or preventive doses) administered by a UAP:

Albuterol/Xopenex or Fast acting Beta Agonist
[   ]

Glucagon
[   ]

Rectal Diazepam
[   ]

Intranasal Midazolam
[   ]

Sublingual or Buccal Benzodiazipine (i.e. lorazepam, clonazepam, valium)
[   ]

Epinephrine
[   ]

* 18. Enter the number of times 911 was called in relation to the administration of the following medications:

Albuterol/Xopenex or Fast acting Beta Agonist
[   ]

Glucagon
[   ]

Rectal Diazepam
[   ]

Intranasal Midazolam
[   ]

Sublingual or Buccal Benzodiazipine (i.e. lorazepam, clonazepam, valium)
[   ]

Epinephrine
[   ]

* 19. Enter the number of students with minor injuries and/or illnesses at your campus or campuses that required first-aid this school year:

[   ]

* 20. Enter the number of students having experienced an injury or emergency with post incident follow-up by 911 or health care provider:

Head Injury	[ ]
Eye Injury	[ ]
Fracture Injury	[ ]
Strain/Sprain Injury	[ ]
Dental Injury	[ ]
Psychiatric Emergency	[ ]
Heat Related Injury	[ ]
Respiratory Emergency	[ ]
Anaphylactic Reaction Emergency	[ ]
Sudden Cardiac Arrest	[ ]

* 21. Enter the number of student encounters/health office visits resulting in the following outcome referred by the nurse:

Students returned to class	[ ]
Students sent home	[ ]
Students requiring 911	[ ]
Students sent to health care provider	[ ]

* 22. Enter the number of students with a Do Not Resuscitate Order (DNR) for your campus/campuses:

[   ]

* 23. Enter the number of students impacted by teen pregnancy and/or sexually transmitted diseases (STD) this school year:

Pregnancies	
Pregnant adolescents receiving homebound services	
Pregnant adolescents who dropped out of school permanently	
Pregnant adolescents diagnosed as high risk (i.e. Gestational DM, Preeclampsia)	
Referral to health care provider for symptoms of STD's	

* 24. Enter the number of known students receiving professional mental health services:

On your campus	
Or off campus if known	

* 25. List all the mental health agencies (i.e. Ozark Guidance, Youthbridge) and school employed personnel (i.e. LCSW, LPC, LPE) providing mental health services to your campus and/or district:

* 26. Does your district or campus have a School Based Health Center (SBHC)?

○ Yes

○ No

27. If "Yes", what are the other services or duties you provide for the SBHC?

* 28. Did you directly or indirectly (using community partners) provide any presentations to school staff for chronic and/or acute conditons of students this school year (i.e. asthma, allergies, diabetes, seizures)?

○ Yes

○ No

* 29. Enter the number of visits/meetings/services provided to school personnel this school year (**as a patient**):

Blood pressure check	
Blood glucose check	
Height/Weight	
Injections	
Rescue Medications	
First Aid Treatment	
Workers' Compensation-Nursing only	
Education Regarding Medications	
Education Regarding Treatments	
Education Regarding Diseases	

30. Enter the TOTAL number of minutes with providing services for school personnel using the above data collected, if known:

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3. Survey Completed

1. Thank You for completing the survey! Please respond with any comments in the box below.