



THE NURSES CORNER SCHOOL NEWSLETTER 2012



HELLO STUDENTS AND PARENTS

Working hard for a healthy school year!



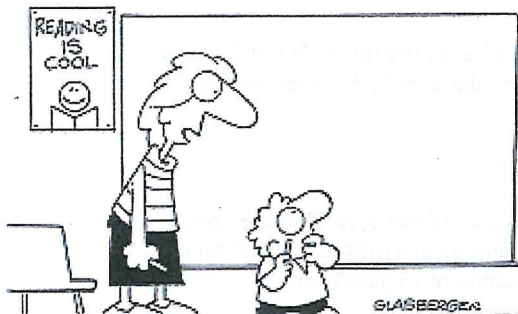
REMINDER!

- Don't assume that the school is aware of all health conditions or that health conditions get transferred over every year. If a student has a significant health condition, please notify the school secretary, teachers, and nurse every year.
- Please remember also that medication brought into the school must have the proper medication permission form filled out (available in the office), and the medication **MUST** be in the original container.
- Inhalers brought in to the office must be labeled or in the original box for proper identification.
- School nurses do not stock any medication at school. Medications cannot be administered unless it has been brought in by the parent/guardian.

NEWSLETTER AGENDA

To view any previous newsletters check-out the nurses corner on the school website.

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"There aren't any icons to click. It's a chalk board."

IMPORTANT MEDICAL INFORMATION



1. Kindergarten registration for the 2012-2013 school year is at all elementary schools on March 20th from 12:00 pm until 7:00 pm.
2. The child entering kindergarten must be five years old no later than October 1, 2012 per state law requirements.
3. Forms will be required/presented by time of registration, or no later than dates listed below.
4. You will need to make sure you have the following : (contact central office or the elementary schools for specific details)
 - an up-to-date immunization certificate
 - physical examination form
 - a social security card
 - a birth certificate (original, large)
 - An eye exam (by Jan 1, 2013)
 - A dental screening (by Jan 1, 2013)
 - A hearing screening (done by physician)

For preschool registration information please contact Donna LaFever at Central Office or preschool teachers at the elementary schools.

Endnote

Each newsletter will feature an acute condition on the back page with information for you to know.



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PINK EYE (Conjunctivitis)

DEFINITION:

Inflammation and/or infection of the conjunctiva (mucous membrane lining the eye).

CAUSES:

Allergens, irritants (e.g., foreign object, dust, smoke), bacterial (staphylococcal, streptococcal, haemophilus) or viral (usually adenovirus, but also herpes simplex) infections.

COMMON PHYSICAL FINDINGS:

1. Redness of sclera.
2. Discharge: purulent or watery.
3. Itchiness: student rubs eye(s).
4. Eyelids may be red and/or swollen.
5. Crusts in inner corner of eyes, especially on waking from sleep.

PHYSICAL FINDINGS THAT HELP DIFFERENTIATE CAUSE:

1. *Allergic*: discharge remains watery; bilateral.
2. *Bacterial*: (the common meaning of "pink eye"): purulent drainage (thick, yellow to greenyellow) and more crusting during sleep; usually begins in one eye and is spread to other by hand, contaminated eye mascara, etc. This is contagious but less easily transmitted to others than viral.
3. *Viral*: usually less severe, watery discharge but may be thick and white to pale yellow; lasts 3-5 days. This is highly contagious but does not require antibiotics. All three may occur with the common cold.

MANAGEMENT (with specific care based on likely cause or medical diagnosis):

1. Exclusion from school: The registered nurse may not exclude those whose conjunctivitis is mild or associated with a cold or allergy. School policy should direct other personnel to exclude ALL cases for medical evaluation. Health care provider may prescribe antibiotic drops or ointment. Students return to school when treatment has begun.
2. Discourage home treatment with old ointment or steroid drops.
3. Over-the-counter drops may be used for comfort of mild allergic or viral conjunctivitis. Health care provider may order topical anti-inflammatory drops for significant allergic conjunctivitis.
4. Cool compress for temporary relief.
5. Check visual acuity; it should be normal or unchanged from the student's usual acuity.
6. Check fingers and nose for impetigo. Review handwashing and other measures to prevent spread of infection.
7. Refer any case with subconjunctival hemorrhage.

FOLLOW UP:

Educate about handwashing and keeping fingers/hands away from eyes. Educate about not sharing face washcloths and eye makeup. Discard unused eye makeup. The chart that follows presents indicators of iritis (uveitis or inflammation of iris) and keratitis (inflamed cornea).