

**HealthOffice Anywhere®**

**School Health Care Services**

**Documentation Instructions to Complete the  
Monthly Activities Report for ESHS  
via HealthOffice Anywhere**

**Updated: February, 2018**

The pages that follow were developed to provide guidelines for Massachusetts School Nurses who must complete the MA Monthly Activities Report.

Healthmaster has included this document as part of the Information to provide a quick and easy reference document.

#### Updates for February, 2018 Release

1. A new data point has been added for 8K4, Symptom Condition – Eye Irritation and EENT Assessment was removed from this data point.
2. A new data point has been added for 8J10 add Treatment – ENT Assessment and EENT Assessment was removed from this data point.
3. A new data point has been added for 8F1 add Treatment - Wheelchair Assistance.
4. Section 8 -Medical Procedure Admins to exclude Missed Admins.
5. Corrected the data point for 8A3 Faculty and Student, it didn't have Anger Control Assistance as part of the logic.
6. Corrected data point 5 to only count the number of events and not to include the assessment counts.

#### Updates for October 21, 2016 Release

1. We have updated the PDF for the current school year.
2. A new data point for student and faculty has been added: 8A11 – Other Behavioral Health Interventions. This field will populate when an Office Visit Type of Behavioral Health Interventions is selected.

#### Updates for October 31, 2015 Release

1. Opioid Antagonist has been added as a classification to the Static/Text Drop-down lists for mapping to 7A9b and 7B9b sections of the report.
2. Narcan, Narcon, Naxolone have been added to the Medication Name list in Static/Text Drop-down Lists.
3. Report line item 8C3 has been broken out into 8C; Injury 911/Ambulance Call and 8C4; Illness 911/Ambulance Call.
4. RAD **Action** of Ambulance Called-Injury and Ambulance Called-Illness have been added to Static/Text Drop-down list.
5. Report line item Nausea and/or vomiting have been added as 8E6.

#### Updates for July 31, 2015 Release

1. 7B11 will count only Other Classification and NOT include OTC.
2. 7B12 will count Other Classification that are OTC
3. 7B12 will count all Standing orders in OTC except a Standing Order for Emergency Epi-Pen

#### Updates for December 8, 2014 Release

1. Question 3 and 4 will no longer include counts for Standing Orders and PRN events.
2. Question 8K2 has been corrected to include Office Visits with a Symptom Condition of Pediculosis.
3. Added **Return to PE** as a selection choice to show in 4C
4. Office Visit types of Behavioral Health Assessment and Mental Health have been included for the Office Visit criteria for 4i.
5. 4i and 4ii have been corrected to include Dismissed to count if other criteria are met

#### Updates for July 28, 2014 Release

1. For Section 8D, numbers 5, 6 and 7 have had the following documentation instructions added in Office Visit Symptom Condition: Insulin Dependent Diabetes 1, Diabetes 2, Hypoglycemia, Hypoglycemic and Hyperglycemic.
2. If a medication is discontinued prior to the month the report is run for, it will no longer show on the report for 7A.
3. All admins for 7B12 are counted by the number of events not the number that is entered into the Dose field.
4. Standing Order Admins will be counted only in 7B12.

#### Updates for April 11<sup>th</sup> release

1. *Add Major Wound Care to static list for Treatment/Intervention and Service Treatment (MP) and map to 8K1*
2. *Add Wound to Symptom Condition for Dermatological for Medical Problems and map to 8K1*
3. *Remove Dressing/Bandage applied from 8K1*
4. *Add Concussion-Possible to symptom condition list and map to 8G1*
5. *Map Head Injury symptom condition to 8G1*
6. *Map Neuro Vital Signs treatment to 8G1*
7. *Add Seizure Surveillance to treatment list and map to 8G1*
8. *Add Concussion Follow up to Service Treatment (SP), Treatment and map to 8G2*
9. *Add Neuro Assessment to Treatment list and map to 8G2*
10. *Map Vagal Nerve Stimulator to Service Treatment(MP) list to 8G2*
11. *Add totals to 7A and 7B on pdf*
12. *Include "Sent Note Home" RAD Action to count for 9-Parent/Guardian<15 min*
13. *Map Mental Health as an OV type to include in 8A1*
14. *Map Behavioral Health Assessment as an OV type to include in 8C4 & 8C5*
15. *Map all Musculoskeletal Symptom Conditions to count for 8F3*

*Please note that a revision date will show on the first page of the report to confirm that you are on the latest update.*

# Monthly Activities Report

## Essential School Health Services Program

### Intent

The general intent of this document is to provide direction for ESHS districts using HealthOffice to guide their purposeful and consistent data entry of all health office encounter types to ensure optimal results on the new 904 MA Report.

The 904 report has been completely revised and this document is provided with specific instructions related to HealthOffice data entry, which are identified in this document by *selections in a different font*.

This was intended for ESHS members using HealthOffice to help guide in-service instruction to all users.

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### Assumptions

To make these guidelines work correctly the following must be done:

- All medications (PRN, Standing Orders, and Scheduled) are entered in HealthOffice with the appropriate Classification field completed.
- All Medical Problems (e.g. seizures, asthma, diabetes) and their related Medical Procedures and/or Service Treatments (e.g. seizure observance, peak flow, check ketone, check blood sugar) are entered (via Maintenance) into HealthOffice and administered from the appropriate screen (either via the Quick Events, or through the Individual Items)
- All Office Visits (all types) are documented in the computer – students and staff. Anyone who is not a student, but who is considered part of the school staff, must have the “Faculty” box checked on the Person screen.
- Use the RAD (Results/Outcomes, Actions and Dispositions)
- The “Other” category is used sparingly and only when absolutely necessary to describe the encounter or related actions.
- The report is written to **INCLUDE** “Transferred” and/or “Deleted” status students and faculty **if** they had an activity (office visit) documented during the date range selected.
- The report will **EXCLUDE** any “Outside” activities (Office Visits) documented.
- Please note that if Faculty are not tied to one particular school, your faculty numbers will populate the report if running report for the entire district.

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- The following items will need to be activated in Administration/Lists in their corresponding Static Lists in order for each user to select these items in the program.

<b><u>ESHS (904) Additions to Anywhere</u></b>
<b>Add to OV type</b>
Behavioral Health Assessment
Emergency
<b>Add to OV Treatment/Interventions</b>
Mental Health
AED
Tracheostomy Suctioning
Chest PT
<b>Add to RAD Action</b>
Mobile Crisis Unit Call
Call to Parent/Adult for Emergency
Communicated with Parent/Guardian <15 min
Communicated with Parent/Guardian ≥15 min
Communicated with School Staff <15 min
Communicated with School Staff ≥15 min
Communicated with Community Agencies <15 min
Communicated with Community Agencies ≥15 min
Group Meeting < 15 min
Group Meeting ≥ 15 min
Referred for Health Coverage
PCP Referral
<b>Add to Symptom Conditions</b>
Concussion Mild (Neurological)
Concussion Moderate
Concussion Severe
Concussion Follow-up
Neurological Illness
<b>Add to Medical Procedure Service Treatments</b>
Apical Pulse Assessment
Cardiac Device Monitoring
Chest PT
Nutritional Counseling

Questions 1 and 2 are self-explanatory.

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### 3. Number of STUDENT encounters for nursing services this month

This field is the total number of **Office Visit Types by Primary Assessment** as long as a Disposition was entered (meaning a face to face encounter with the student). This field number also includes Scheduled Medical Procedure Admins and Schedule Prescription Admins. These student events may also be counted in Question #8 in one of the following Nursing Assessments/Interventions/Procedures/Treatments:

- Behavioral Health
- Cardiovascular
- Emergency
- Endocrine
- Gastrointestinal/Genitourinary
- Musculoskeletal
- Neurological
- Referrals
- Reproductive
- Respiratory
- Other

\*Any screenings, PRN Prescription Administrations, PRN Medical Procedure Admins or Standing Order Medications are **excluded**.

Please be aware that these events will not populate Question # 3 unless a **Disposition** is entered within the RAD screen:

- For example, if the Office Visit Type of “*Phone Contact*” is selected with no student present, the Office Visit will NOT count in Question # 3 Number of STUDENT encounters for nursing services this month.
  - If the student is in your office (Face-to-Face) and you select “*Phone Contact*”, you must also select a Disposition within the RAD screen so that the counts are populated in # 3.
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#### 4. Disposition of Students Utilizing Nursing Services (all encounter types)

Every Office Visit, Scheduled Prescription, or Scheduled Medical Procedure encounter results in **only one** disposition. If more than one disposition is documented for the event, only the **last disposition listed alphabetically will be counted**. You are better off using just one Disposition.

Please refer to the chart below which shows where each disposition choice is linked to on the monthly report for #4.

Number	Disposition	OV Type
4.A (i)	Dismissed	Illness Illness Acute Chronic Illness Illness Assessment Behavioral Health Assessment Mental Health
	Dismissed Due to Illness	
4.A (ii)	Dismissed	Injury Injury Acute Injury, Serious School Incident Accident
	Dismissed Due to Injury	
4.B	All Other Dispositions not included for 4.Ai, 4.Aii or 4.C	Any Office Visit Type
4.C	Back to Recess	Any Office Visit Type
	Returned to Class	
	Returned to PE	
	Sent on Field Trip	
	Sent to Cafeteria	
	Sent to Campus	
	Sent to Gym	

Number	Disposition	Event Type
4.A (i)	Dismissed Due to Illness	Scheduled Medical Procedure Admin or Scheduled Prescription Admin
4.A (ii)	Dismissed Due to Injury	Scheduled Medical Procedure Admin or Scheduled Prescription Admin
4.B	All Other Dispositions not included for 4.Ai, 4.Aii or 4.C	Scheduled Medical Procedure Admin or Scheduled Prescription Admin

## 4. Disposition of Students Utilizing Nursing Services (all encounter types) Continued

<b>4.C</b>	Back to Recess	Scheduled Medical Procedure Admin or Scheduled
	Returned to Class	
	Returned to PE	Prescription Admin
	Sent on Field Trip	
	Sent to Cafeteria	
	Sent to Campus	
	Sent to Gym	

## 5. Incident Reports Involving an Injury

These are serious injuries resulting in the creation of a formal incident/injury report, which is maintained in the nurse's office or submitted to the building principal for further administrative or insurance action. and also select the intent of the injury when possible, if unsure, select *Intent Unknown*.

Nurses must select the required **Injury** field (selecting either unintentional, intentional, intent unknown) located on the Office Visit Event tab and a type of Incident and date, in the Office Visit Incident tab.

## 6. Number of Diagnosed Concussions (*formerly question #8 but no changes were made to these instructions*)

Both A and B are hand counted by the nurse, not in HealthOffice Anywhere

Healthmaster suggests that you set up the Office Visit User Field Names of "**Boolean 1 Caption**" and "**Boolean 2 Caption**" which are check boxes in an Office Visit. These can be added to help in hand counting the numbers.

Office Boolean Fields are set up in System Settings/Office Visit User Defined Fields, shown below. Type in the label name of the field for Boolean 1 Caption and Boolean 2 Caption, then hit the Save button on the left part of the screen.

Value Type	Display Name
Date 1 Caption	
Date 1 Tooltip	
Date 2 Caption	
Date 2 Tooltip	
Boolean 1 Caption	During school sponsored activities
Boolean 1 Tooltip	
Boolean 2 Caption	During out of school activities

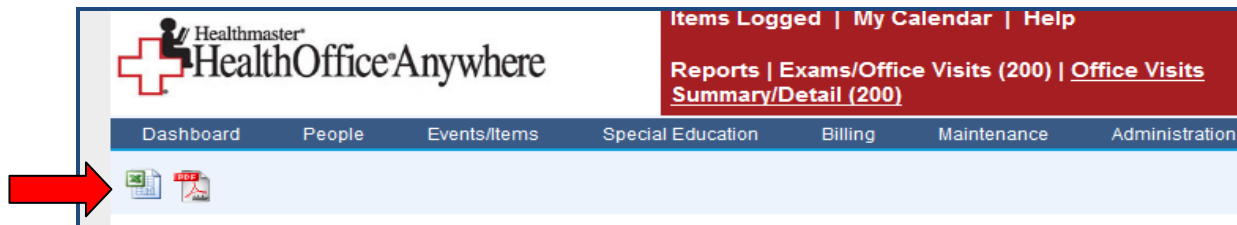


## 6. Number of Diagnosed Concussions Continued

Please note that you will need to input this information in System Settings the day before you need to use them, the system will need to reset for these fields to show in an Office Visit.

During school sponsored activities	<input checked="" type="checkbox"/> T	During out of school activities	<input type="checkbox"/> T
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Once the above fields are in place, you can document your Concussions for Students and Staff. You will be able to obtain this information when running the 200 Office Visit Report and choosing the CSV option:



The information will be in the UDF Boolean 1 & 2 columns as “Yes” or “No”, shown below:

BD	BE
UDF Boolean 1	UDF Boolean 2
Yes	No
No	Yes

A “Yes” refers to that particular check box being checked. “No” will mean the check box is left unchecked. From this CSV report option, you can then hand count your documented Concussion numbers for that month.

Please call Healthmaster Support at (800) 732-7317 if you have any questions regarding the setup of the Office Visit Boolean fields.

## 7. Medication Management A. and B. *(there have been no changes to the classification types except Other)*

- Number of Scheduled Prescriptions<sup>1</sup> are those that are ordered routine/scheduled basis (qd, bid, q4h, etc.) <sup>1</sup>These prescriptions, when current, display within Items Scheduled
- Number of PRN Prescriptions/medications are those that are on hand for an individual student (e.g. Albuterol, insulin, Glucagon) to be given as needed but do not include Standing Order medications.

**A.** The number of Scheduled and PRN prescriptions kept on file:

**B.** This category has been changed to a separate table to include only administered medications.

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## 7. Medication Management Continued

The following are the medication classifications:

### 1. Analgesics

Only include analgesics (pain relievers) not available over-the-counter.

### 2. Antibiotics

Medications prescribed and administered *p.o.*, parenteral, or topical, for inhibiting the growth of or destroying bacteria and other microorganisms.

### 3. Anticonvulsants

Medications prescribed & administered for control of seizures.

### 4. Antihypertensive

Medications prescribed and administered for control of blood pressure.

### 5. Antihistamines

### 6. Asthma Medications

Medications prescribed to control asthma, administered orally and by nebulizer or inhaler.

### 7. Epinephrine (non asthma related)

Medication prescribed and administered for life-threatening allergy conditions. Not medications for asthma containing epinephrine. This includes Standing Orders for Emergency Epi-Pen.

### 8. Glucagon

Please note that the classification of Hyperglycemic Agent must be used. PRN Doses Administered per Prescription this month. The intent is to track the number of PRN Administered doses of Glucagon.

### 9. Insulin

Medication prescribed and administered for maintaining proper blood glucose levels. Insulin doses (bolus) administered by the student via an insulin pump in the presence of the nurse are to be included.

### 9b. Naloxone (Narcan)

This tracking will be for PRN admins. The Classification of Opioid Antagonist must be chosen.

### 10. Psychotropic Medications

All medications prescribed and administered to affect changes in mental status/ behavior (*regardless of their primary usage in other settings*). There are no sub- categories as in previous years.

### 11. Other Prescription

Count prescription medications that do not fall into one of the prescription medication categories above, based upon primary usage.

## 7. Medication Management Continued

**For Part B - These counts will be the total number of administered visits not the number of doses. Missed adminins will not be counted. (all of the above medication categories plus #12)**

### **12. Over the Counter (OTC) Medications<sup>2</sup>**

<sup>2</sup> OTC: Count over the counter medications that do not fall into one of the above categories and Standing Order Admins.

Examples would include eye drops, Tylenol, Advil, anti-fungal, Benadryl, tums, and calamine lotion.

Medications that are entered as Standing Orders will be counted here.

All medication types on the Monthly DPH Report correlate directly with the HealthOffice Medication Classification List above with the exception of:

- Bronchodilator will be counted with #6
- Psychotropic Non-ADD will be counted with #10
- Anti-Anxiety will be counted with #10
- Anti-Depressant will be counted with #10
- Stimulant will be counted with #10

The following Classifications will be counted with #11

- Anti-inflammatory
- Anticholinergic
- Antifungal
- Antipyretic
- Antituberculous
- Corticosteroid
- Gastrointestinal
- Muscle Relaxant
- Non-Stimulant
- Other

## 8. Nursing Assessments/Interventions/Procedures/ Treatments

This entire section of the report refers to activities provided for a pre-existing condition, which usually, but not always requires a physician order. These procedures and events have been regrouped by system and are now in alpha order. These counts will now include Office Visit Assessments and some Action RAD items but don't include any Missed Administrations for Procedures.

**NOTE - The total number of Assessments, Treatment/Interventions and Procedures are being counted, not the number of students.**

**Field Name on report**

<b>A. Behavioral Health</b>	<b>OV Type or OV Treatments/ Interventions</b>	<b>Comment</b>
1. Behavioral Health Assessment( Office Visit type and name on report)	OV Type-Mental Health or Behavioral Health Assessment	No treatments are required to be entered. Only counts as long as either of these OV types are chosen.
2. Anti-Bullying Interventions by District Protocol	Anti-Bullying Intervention	Any OV with this treatment
3. Coping Enhancement/ Reassurance Check-in/Self-Calm	Anger Control Assistance Coping Enhancement Calm Techniques Behavioral-Reassurance Check-In Reassured	Any OV with any of these Treatments
4. Restraint/Seclusion Assessment and/or Monitoring	Behavioral-Monitoring Behavioral-Restraint Behavioral-Seclusion Assessment	Any OV with any of these Treatments
5. Stress/Anxiety Reduction/ De-escalation	Stress Management Anxiety Reduction	Any OV with either of these Treatments
6. Monitor for Self-Harm/ Suicide Ideation	Self-Harm Monitoring Suicide Prevention	Any OV with either of these Treatments
7. Social Skills Support	Self-Esteem Enhancement Behavior Modification/ Program Support Decision Making Support	Any OV any of these Treatments
8. Relationship Guidance	Family Support Relationship Guidance	Any OV with either of these treatments
9. Substance Abuse Assessment	Substance Abuse Assessment	Any OV with this Treatment
10. Grief Counseling	Grief Work Facilitation	Any OV any of these Treatments
11. Other Behavioral Health Interventions	OV Type of Behavioral Health Interventions	

**Field Name on report**

<b>B. Cardiovascular</b>	<b>Medical Procedure- Service Treatment</b>	<b>OV Treatment/ Interventions</b>	<b>Comment</b>
1. Blood Pressure Measurement	Blood Pressure	Blood Pressure Test	Count MP and OV Treatment
2. IV Line Assessment	IV Medication and Infusion: Tube in place	N/A	Count all of these Medical Procedure Treatments.
	Administer IV Medication		
	Change IV Bottle or Bag		
	Change Peripheral IV Tubing		
	Cannula Irrigation		
3. Central Line Maintenance	Infusion Pump	N/A	
	Central Venous Line to Silastic Catheter: Exit Site Care Central Line Flushing		
4. Apical Pulse Assessment and Intervention as needed	Apical Pulse Assessment	Pulse Check-Apical	Count both MP admin and OV
5. Cardiac Device Monitoring	Cardiac Device Monitoring	N/A	Medical Procedure Treatment only

**Field Name on report**

<b>C. Emergency</b>	<b>OV Type Treatments/ Interventions</b>	<b>Comment</b>
1. CPR	OV Type-Emergency with CPR as Treatment	Must select both
2. AED Use	OV type-Emergency with AED as Treatment	Must select both
3. Injury 911/ Ambulance Call	OV type -with RAD Action - Ambulance Called-Injury	
4. Illness 911/ Ambulance Call	OV type -with RAD Action - Ambulance Called-Illness	
5. Behavioral Health 911/Ambulance Call	OV type - Mental Health or Behavioral Health Assessment and with RAD Action-Ambulance Called	Either of these two OV types only
6. Mobile Crisis Unit Call (Add to RAD Action)	OV type -Mental Health or Behavioral Health Assessment with RAD Action Mobile Crisis Unit Call	Either of these two OV types only
7. Other Referral for Emergency Health Services	OV type with RAD Action Call to Parent/Adult for Emergency	Any OV type

**Field Name on report**

<b>D. Endocrine</b>	<b>Medical Procedure- Service Treatment</b>	<b>OV Treatment/ Interventions or Symptom Condition</b>	<b>Comment</b> <i>Be sure to enter numerical data for Blood Glucose and CHO charting</i>
1. Blood Glucose Testing (Glucometer)	Diabetes: Glucose Testing	OV Treatment - Glucose Test	Any OV types for all Endocrine items
2. Diabetes Equipment Monitoring and Maintenance	Insulin Pump-will include counts for Pump Site Integrity Checked, Pump Site Changed, Units Adjusted	OV Treatment - Insulin Pump Care  OV Treatment - Insulin Pump Education	Count OV treatments and MP Admin along with counts for each- Pump Site Integrity Checked, Pump Site Changed, Units Adjusted
3. Carbohydrate/ Insulin Calculation	Carbohydrate/Insulin Calculation	OV Treatment - Carbohydrate/ Insulin Calculation	CHO's will be counted also if done as part of a different Endocrine Service Treatment in section 8D
4. Check Ketones	Check Ketone	OV Treatment - Ketone Testing	Ketone will be counted also if done as part of a different Endocrine Service Treatment in section 8D
5. Diabetes Management Skills/Education	N/A	Symptom Condition- Endocrine/Diabetes, Insulin Dependent Diabetes Type 1, Diabetes Type 2, Hypoglycemia, Hypoglycemic or Hyperglycemic AND OV Treatment-Teaching Individual or Discussed Home Care for Injuries /Conditions(Self-care)	Count either of these OV treatments
6. Nutritional Educational Assessment/ Intervention	Food or Snack  Diabetes Care	OV Symptom Condition- Endocrine/Diabetes, Insulin Dependent Diabetes Type 1, Diabetes Type 2, Hypoglycemia, Hypoglycemic or Hyperglycemic AND OV Treatment-Food or Snack	Ketone, Glucose Testing and Pump management will count in their corresponding sections if performed in either of these MP Admins
7. Nutrition Education related to Diabetes	Nutritional Counseling	OV Symptom Condition- Endocrine/Diabetes, Insulin Dependent Diabetes Type 1, Diabetes Type 2, Hypoglycemia, Hypoglycemic or Hyperglycemic with OV Treatment Nutritional Counseling	Ketone, Glucose Testing and Pump management will count in their corresponding sections if performed in this MP Admin

**Field Name on report**

<b>E. Gastrointestinal/ Genitourinary</b>	<b>Medical Procedure- Service Treatment</b>	<b>OV Treatment/ Interventions</b>	<b>Comment</b>
1. Naso-gastric, Gastrostomy, or Other Feeding Tube Care Usage	Gastrostomy: Tube/Button: Slow Drip or Pump	N/A	Any of these MP Service
	Flush G-Tube		Treatments
	Gastrostomy: Tube/Button: Syringe		
	G-Tube Replacement		
	G-Tube Venting		
	J-Tube Feeding		
	NJ-Tube Feeding Tube Feeding Care		
2. Ostomy Care(Colostomy/Ile ostomy/Urostomy)	Ostomy Care:Empty or Change Pouch	N/A	Any of these MP Service Treatments
3. Catheterization or Catheter Care	Catheterization - Assist	N/A	Any of these MP
	Catheterization - Clean		Service
	Catheterization - Monitor		Treatments
	Catheterization - Sterile		
4. Toilet Protocol for Encopresis	Diapering Bathroom Assist	Bathroom Assistance	Any OV type
5. Weight Measurement for medical condition not related to screening	N/A	Height/Weight checked	Any OV type
6. Nausea and/or Vomiting	N/A	System Group Gastrointestinal/ Symptom Condition- Emesis(Vomiting); Nausea; Nauseated OR Nausea & Vomiting	Any OV type

**Field Name on report**

<b>F. Musculoskeletal</b>	<b>Medical Procedure- Service Treatment</b>	<b>OV Treatment/ Interventions or Symptom Condition</b>	<b>Comment</b>
1. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction	Orthotic or Prosthetic Device Adjustment  Treatment - Wheelchair Assistance	OV Treatment- Crutch Walking Instructions OV Treatment Wheelchair Assistance	Any OV type with this treatment

2. Physical Therapy(Range of Motion Exercises, etc.	N/A	OV Treatment- Stretching Exercises, Range of Motion Exercises	Any OV type with either or both of these treatments
3. Musculoskeletal Assessment	Symptom Condition-any selection will count for Musculoskeletal System Group	Symptom Condition-any selection will count for Musculoskeletal System Group	Any OV type with any of these Symptom Conditions

**Field Name on report**

<b>G. Neurological</b>	<b>Medical Procedure- Service Treatment</b>	<b>OV Treatment/ Interventions or Symptom Condition</b>	<b>Comment</b>
1. Neurological Assessment Acute	N/A	Treatment -Head Injury Assessment  Treatment-Neuro Vital Signs  Treatment-Seizure Surveillance  Symptom Condition- Concussion-Possible  Symptom Condition - Head Injury  Symptom Condition - Seizure (Possible)	Any OV type - Can count both in one event
2. Neurological Assessment Chronic	Service Treatment-Other Neurological(Illness)  Service Treatment- Concussion Follow-up  Service Treatment-Vagal Nerve Stimulator  Symptom Condition - Concussion Mild Concussion Moderate Concussion Severe  Symptom Condition- Migraine Headaches  Symptom Condition - Seizure Disorder	Symptom Condition - Concussion Mild; Concussion Moderate ;Concussion Severe  Treatment-Concussion Follow-up  Treatment-Neuro Assessment  Symptom Condition- Migraine Headaches  Symptom Condition - Seizure Disorder	Any OV type -will count more than one of these symptom conditions and treatments for an OV



**Field Name on report**

<b>H. Referrals</b>	<b>Exam</b>	<b>RAD Action</b>	<b>Comment</b>
1. PCP	Any OV- Referred by:Scheduled	PCP Referral	Count once if they have both Scheduled Referred by and PCP Referral
2. Dental	Dental exam-Referred by:Scheduled  Oral exam- Referred by: Scheduled  Any OV type(except Behavioral Health Assessment)	Dental Referral	Count Scheduled Referred by only if Dental Referral Action is selected for both dental, oral and OV
3. Behavioral Health	OV type - Mental Health or Behavioral Health Assessment	Agency Referral; Clinic Referral; Mental Health Referral	Choose only 1 Referral Action for each MP Admin and OV
4. Other Healthcare Providers	Any Medical Procedure or any OV type	Referred to Specialist	
5. Referred For Health Insurance Coverage	Any Medical Procedure Admin with RAD Action-Referred for Health Coverage	Any OV with RAD Action-Referred for Health Coverage	

**Field Name on report**

<b>I. Reproductive</b>	<b>Prenatal Exam</b>	<b>Office Visit Type</b>	<b>Comment</b>
1. Reproductive Health Interventions	Both student and faculty exams	Pregnancy Related or Reproductive with any Treatments	Count each Treatment for either OV type
2. Referred for Follow-up for Reproductive Concerns	RAD Action-Agency Referral, Clinic Referral, Refer to Specialist	Pregnancy Related or Reproductive	Count these specific RAD Action only
3. Number of Females Who Gave Birth	This will have to be a hand count		

**Field Name on report**

<b>J. Respiratory</b>	<b>Medical Procedure- Service Treatment</b>	<b>OV Treatment/ Interventions</b>	<b>Comment</b>
1. Peak Flow Monitoring	Peak Flow Meter	Peak Flow	Count both types of MP Admins and the OV Treatment.
	Respiratory Assisted Peak Flow Meter		
2. Nebulizer Treatment	Mechanical Nebulizer	N/A	Count only MP Admin

3. Pulse Oximetry	Pulse Oximetry/O2 Sats	Oxygen Saturation Level Pulse Oximetry	Count MP Admin and OV Treatments if selected
4. Oxygen Administration	Oxygen Administration	N/A	Count only MP Admin
5. Suctioning	Suctioning	Suctioning	Count both types of MP Admin and the OV Treatment.
6. Tracheostomy (Care, Cleaning, Tube Replacement)	Tracheostomy: Care & Cleaning	Tracheostomy Suctioning	Count all 3 types MP Admin types
	Tracheostomy: Suctioning		
	Tracheostomy: Tube Replacement		
	Tracheostomy Maintenance		
7. Auscultate Lungs	Auscultate Lungs	Auscultate Lungs	Count both types
8. Chest PT	Chest PT	Chest PT	Count only MP Admin
9. Inhaler Technique Instruction/Demonstration	Inhaler	Chronic Care or Chronic Illness Office Visit with Treatment-Teaching: Individual	Count MP Admin when RAD Action Teaching is chosen
10. ENT Assessment	N/A	ENT Assessment	

**Field Name on report**

<b>K. Other</b>	<b>Medical Procedure-Service Treatment, System Group or OTHER EXAM</b>	<b>OV Treatment/Interventions, System Group, Symptom Condition</b>	<b>Comment</b>
1. Major Wound Care	Service Treatment - Wound Care Service Treatment-Major Wound Care System Group-Dermatological with Symptom Condition-Wound	Treatment-Wound Assessment & Care Treatment-Wound Care Treatment-Major Wound Care	Any OV type can be chosen. If Wound symptom condition is chosen in an OV, it will count in 8K5 only.  Only choose one OV treatment per event
2. Head Checks for Pediculosis	OTHER EXAM TYPE-Parasitic	OV Symptom/Condition-Pediculosis	Any Office Visit type
3. Administer Immunizations	N/A	N/A	Counts total number of Immunization Admins
4. Eye Assessment and Care	N/A	Eye Care Eye Wash	Any OV type with the OV Treatment(s) selected

		Eye Irritation	
5. Skin Integrity Assessment	N/A	Treatments- Bandage; Bleeding reduction-wound; Cleanse and Dermatological (Skin) Symptom Condition-Abcess; Abrasion/Scrap	This excludes Major Wound Care
6. Nutritional Assessment/ Intervention	System Group - Nutrition/Metabolic AND Service Treatment - Food or Snack	System Group- Metabolic/Nutriti on AND Treatment - Food or Snack	Must select both to count -be sure not to select Endocrine for System Group as that would count in 8D6
7. Oral Health Assessment	N/A	OV Symptom/ Condition-Braces, Chipped Tooth, Lost Tooth, Tooth-Dislodged, Tooth-Erupted, Tooth-Loose	Must choose System Group of Dental

## 9. Nursing Case Management

### Field Name on Report

Parent / Guardian	All Medical Procedure	All OV Types(except Home Visit)	RAD Action- Communicated with Parent/Guardian < 15 min OR Sent Note Home; Communicated with Parent/Guardian > 15 min
School Staff	All Medical Procedure	All OV Types(except Home Visit)	RAD Action- Communicated with School Staff < 15 min Communicated with School Staff > 15 min
Community Agencies	All Medical Procedure	All OV Types(except Home Visit)	RAD Action- Communicated with Agencies < 15 min Communicated with Agencies > 15 min
Group Meetings	All Medical Procedure	All OV Types(except Home Visit)	RAD Action -Group Meeting < 15 min Group Meeting > 15 min
Number of home visits by school nursing staff	N/A	OV Type-Home visit Only	Only this OV type is counted. (No Disposition should be used)

## 10. Educational Forums/Group Activities Participated by School Nurses:

Educational Forums/Group Activity	Number of Programs or Meetings Attended	Number of Programs or Meetings Facilitated
Districts will need to input the topics from the report into the Admin Program/Text List/Educational Topics	This field will not be populated by HealthOffice Anywhere, this will be a hand count by the District.	This field will not be populated by HealthOffice Anywhere but the information can be obtained by running the 1202 Report. The Nurse will select their name for the report selection criteria of Session Facilitator. At the end of the report shows the total number of sessions.