

When to See the Nurse Guide for Teachers

Use "8 B's" and the "20 Minute Rule": *Send B's to the nurse*. All other complaints *wait* 20 minutes to see if complaint resolves, which it usually will. You can check first with the nurse to make sure.

1. BLOOD

Anything *significantly bleeding*--not paper cuts or old picked scabs. Bloody nose remains in the classroom and only after 15 minutes of constant pressure without resolution should be sent to nurse. When possible, bleeding should be "contained/ controlled" in the classroom before sending to nurse (give student tissues, gauze, wash, band aid). Use standard precautions (gloves) when caring for bleeding. First Aid kits in all classrooms have supplies for treating minor injury care in the classroom.

2. BONES / BREAKS

Immediate injury that could be a broken bone. *Leave the child where they are* if they can't get up on their own or if there is obvious deformity. *Injuries that occurred at home can wait*.

3. BURNS

Burns from heat sources that blister, any burn to face, ears, neck, genitals. FLUSH THE BURN WITH COOL WATER FOR 15 MINUTES BEFORE SENDING.

4. BRAIN

Injuries or impact to the head/face/cervical spine (neck) must be evaluated. Adult escort to see nurse. Headaches can wait (unless migraine) as they will often resolve on own. Encourage hydration, food first.

5. BURNING UP

Students just finished with exertion such as PE, Park, Recess, running up stairs, etc. should have a period of cooling down and hydration before being assessed. Check to see if student is over-heated due to warm classroom or too many layers of clothes. Dehydration can cause temperature to rise. Hydrate and encourage all students to hydrate throughout the day.

6. BARF / BOWELS

"Verping" (burping up food, swallowing or spitting it out) is *not* vomiting. Feeling "nauseous or queasy" in the absence of other symptoms such as appearing sick (pale, clammy, tired) can take the "wait and see" route. Only students who **actually vomit** should be sent in the absence of other symptoms or complaints. Children can often perceive hunger as stomachache. Often stomach issues are due to anxiety around academic or social issues, family issues or the need to move bowels. One loose BM is not diarrhea. Wait for more than one trip to the rest room and additional complaints, symptoms and an ill appearing child.

7. BREATHING

Any difficulty with airway, breathing, changes in color, choking. Subjective complaints from asthmatics.

8. "BONAFIDE"

Any health concern of chronic condition needing medication, assessment or care (asthma, diabetes, allergy, seizure, sickle cell, etc.) communicated to you by the school nurse in a Care Plan. Students requiring short term pain management &/or direct care as per medical directive to nurse and shared with staff.