



The Importance of Childhood Immunizations

by Judy Zabel RN, MS, NCSN
Supervisor of Health Services



According to the CDC, "It is always better to prevent a disease than to treat it." Disease prevention is the goal of immunizations; it is also a key to public health. *Vaccines help prevent diseases and save lives.* A review of the history of

childhood diseases show the following: Each year, from 1958-1962, over a half million cases of measles were reported and an average of 432 measles-related deaths occurred. Then the measles vaccine was licensed. By 2000, only 81 cases of measles were reported in the U.S.

Annually, from 1951-1954 polio infected nearly 20,000 Americans and caused 1,900 deaths. Many were left paralyzed. The first polio vaccine was licensed in 1955. Today there are no reports of polio in the United States, even though the disease still exists in some parts of the world. Similar statistics show the effectiveness of vaccines against diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus and Haemophilus influenzae type b (Hib). One might say, since some diseases are now rare, why continue to vaccinate? The disease-causing viruses and bacteria still exist in nature. When there are a large number of individuals who have not been vaccinated against a particular virus, an epidemic can occur. An example of this occurred in Great Britain in the early 70's when people stopped immunizing for pertussis. Within a few years, a pertussis epidemic occurred. There were 100,000

cases and 36 deaths. Japan suffered a similar fate in the 1970s after the rate of vaccination against pertussis also declined. In 1979 there were 13,000 cases of pertussis and 41 deaths.

Generally, younger children who develop an infectious disease are more at risk for complications and or death, than older children and adults. All of the above facts, point to the continued need for immunizations for all children to prevent illness, hospitalizations, and complications from vaccine preventable diseases. Immunizing also protects the health of children who cannot be vaccinated; such as children with immune deficiencies or weakened immune systems due to medical treatments like chemotherapy.

Influenza causes approximately 226,000 hospitalizations and 36,000 deaths annually. The highest incidence of influenza disease is in children. **As a result, it is highly recommended that they are vaccinated to help prevent the spread of the illness in the community.** New developments in childhood immunizations include the recommendation that all children over 6 months of age, receive Influenza vaccine each year. The nasal spray Influenza vaccine (a live but weakened virus), is available for healthy children and adults from ages 2 through 49 years. The injectable influenza vaccine is administered to children younger than 2 years; adults over the age of 50 years and others with certain medical conditions. Another new development is the Tdap vaccine for children age 11 and older. It contains the Tetanus Toxoid(s), Diphtheria Toxoid and Pertussis Vaccine. **The disease Pertussis (Whooping Cough) is increasing in the community.** Newborn babies are at a higher risk for pertussis in the community, since they do not have maternal immunity against Whooping Cough. In the past, the last vaccination for pertussis was given when children entered kindergarten; however immunity provided by that dose begins to wane in 4-5 years. With the bacteria being present in the community it is important to receive a booster dose after age 5. Health care providers should be contacted to discuss the need for the influenza and Tdap vaccinations.

Sources: Centers for Disease Control and Prevention website: www.cdc.gov; National Immunization Hotline: 800-232-2522

"Is it so small
a thing to have
enjoy'd the sun,
To have lived
light in the
spring,
To have loved,
to have thought,
to have done..."

—Matthew Arnold
(1822-1888)

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Computer Update

*by Kathy Hall,
Health Technician
Humann Elementary School*

How far we have come! Last year at this time we were just bringing everyone onboard with Sapphire. You have all become fantastic users over the course of just a year.

We hope that using the screening component has been a good transition from the AS400. We are optimistic that soon we will be using Sapphire for all of our health computer needs. In the very near future we anticipate a new release that will allow us to enter immunizations on Sapphire as well. We will be discontinuing the use of the AS400 for health recording. We may continue to look up schedules and phone numbers on the AS400 if needed.

Have you ever heard of Atomic Learning? Have you ever wondered how to “save as”? Atomic Learning is a place that you may go to look up “How do I do that” type of things. To find Atomic Learning go to the LPS



web site and click on the staff tab. On the left under popular pages you will see Atomic Learning. The subjects are endless. In keyword search, type in whatever info you want to find and a list will appear. Click on the one you want and it will play a video tutorial of the subject you are interested in learning. Try it for “save as word xp” (word xp is the version of word that we have on our computers).

We are optimistic that soon we will be using Sapphire for all of our healthy computer needs.

You may also go to the computing services webpage to find an array of help subjects. For example: You need to complete a help ticket. Go to the main LPS website and type computing services. Click on [Lincoln Public Schools | Computing Services](#). You can get many subjects here also including atomic learning, helpdesk ticket, DocuShare and ICE.

The computer committee continues to explore new pieces of Sapphire to share with all of you. We also try to keep you updated on information that will be helpful in other programs that we put to use on a daily basis. Expand your horizons and learn a new piece of technology. After all school is for learning!

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CELEBRATION

The following Health Services staff, have December birthdays.

Patty Baker RN
 Marcia Jones RN
 Lynn Moorehead-Fisher RN
 Hollis Ramsay RN
 Heidi Stange RN

Best wishes on another milestone!



Bullying in School

by **Liz Post, RN**
Elliott Elementary, School Nurse

“When will our consciences grow so tender that we will act to prevent human misery rather than avenge it?”

Eleanor Roosevelt

What is bullying? It may be threatening words, pushing, hitting, spreading hurtful rumors, writing nasty notes, using indecent gestures (sexual harassment), leaving people out, demanding money or property, or intolerance to differences. It is a serious problem that can cause years of pain and unhappiness and unfortunately, it is an occurrence in daily school life for many students. This may account for high absenteeism rates. Bullying is not just a problem in schools; it may occur in families and neighborhoods too. Bullying isn't just in person any more either; even cell phones and computers have become popular ways for bullies to intimidate or become aggressive.

There has been increased awareness of bullying in schools, and even though it may appear that bullying is on the increase; it is suspected that there's been little change in the amount of bullying that goes on in schools. What has changed is that society is at last beginning to recognize just how absolutely horrific bullying is, and that the myths and misperceptions are just that.

It seems that children bully for a variety of reasons. It is essential to identify who the bully is, that is at the center of the violence - there's usually one person who is the gang leader. The reason(s) for bullying vary. Such examples include:

- **Frustration** - a student is impaired in some way and may be frustrated because the source of their difficulty has not been identified. Such problems can include deafness, dyslexia, autism, allergy, being left-handed, undiagnosed Post Traumatic Stress Disorder (PTSD), or some unidentified learning difficulty. Nevertheless the child

is expected to perform at the level of other students and no attempt is made to identify the source of the frustration.

- The student is being bullied and the responsible adults have repeatedly failed in their care of duty. The child slowly and reluctantly starts to exhibit aggressive behaviors, (because that's the only way to survive) in this bullying environment.
- The student either has no role model at home; or a poor role model for one or both parents, or has never had the opportunity to learn the appropriate skills.
- The child is being abused and is expressing anger through bullying.
- Neglect at home which is similar to abuse, as the child's emotional and behavioral development is being affected.
- The student has fallen in with the wrong crowd.

Bullying is not just a problem in schools; it may occur in families and neighborhoods too.

- The child has a conduct disorder, the precursor to antisocial, psychopathic or other personality disorder.

What can we do to help students who are being bullied? (i) We can listen and believe children

(observation and communication will be important). (ii) Reinforce what they are being taught appropriate skills. (iii) Keep a written record of bullying occurrences (this is more likely completed by administrative staff). (iv) DO NOT minimize

the situations or make excuses for others behaviors. (v) Tell the student that there is safety in numbers. **(vi) Health Office staff must notify administration as soon as they have been made aware of any bullying situation, and document precisely what has been said and done.**

It is possible that families may take legal action against bullies.

Source: The Facts about Bullying, LPS brochure



Medications for Attention Deficit Disorder (ADD or ADHD)

by **Nancy Gerrard, MSN, APRN - NP**

Board Certified Psychiatric Nurse Practitioner

Nancy is a former LPS School Nurse

Classification of drugs for ADHD

Psychostimulants: These are generally the drug of choice for treatment of attention deficit disorder. Psychostimulants are primarily used for treatment of ADHD but they can also be used to treat narcolepsy or depression. These drugs start working within the first few days and improvement of symptoms is usually noted over the next 3 weeks. Medications prescribed depend on the provider's choice, the child's health history, and also cost. The sustained release stimulant medications are much more efficient for a school child's day; however, they are also more costly than the immediate acting stimulants. Monitoring the child's growth is extremely important. The child may take summers or weekends off of the stimulant if the provider agrees. These medications are schedule II which means the parent must get a written prescription each month from the provider. Psychostimulants are drugs that are highly abused and must be monitored closely. Be especially aware of any possible cardiac effects, as there has been recent documentation of negative cardiac responses with psychostimulants in children. These drugs include - Amphetamine (Adderall), Methylphenidate (Ritalin, Metadate, Concerta), Pemoline (Cylert). Cylert could be tried if methylphenidate or amphetamine is not effective.

Selective Norepinephrine

Reuptake Inhibitors: This medication takes up to 3 weeks to notice a response. It is not a stimulant and may be tried before stimulants

are prescribed. This medication is not addictive and is not approved for use in children under age 6. An example is Atomoxetine (Strattera).

Adrenergic Agent: Clonidine (Catapres), Guanfacine

Antidepressant: Bupropion (Wellbutrin), Venlafaxine (Effexor), Tricyclics (Imipramine, nortriptyline, desipramine)

Dopaminergic agent: Modafinil (Provigil)

Side effects may occur with any medication. Some of the common side effects of stimulants are listed: In parenthesis following each side effect is a possible treatment.

1. Energized or agitated feeling, excitability, or difficulty sleeping (**generally, nervousness only lasts a few days initially, may need to take medication earlier in day**).
2. Loss of appetite or weight loss (**take medication after meals, eat several small meals daily, and high calorie drinks may help**).
3. Increased heart rate and blood pressure (**call Dr.**).
4. Headache (**may take analgesic and also check B/P**).
5. Nausea or heartburn (**take medication with food or milk**).
6. Dry mouth (**drink water, brush teeth regularly, and use sugar free hard candy**).
7. Dizziness (**get up from lying position slowly**).

Rare side effects which should be reported immediately include:

1. Muscle twitches or tics
2. Irregular heart beat
3. Persistent throbbing headache
4. Soreness of mouth, gums, or throat

5. Skin rash or itching, swelling of face
6. Unusual bruising or bleeding
7. Yellow tinge in eye or skin, dark colored urine
8. Severe agitation or restlessness
9. A switch in mood to an unusual state of happiness or irritability

Augmentation

Some of these medications are used in combination with the plan that the medications may have a synergistic effect. Psychostimulants have been used in combination with clonidine, antidepressants, antipsychotics, and mood stabilizers. It is always important to educate and remind the parents of the importance of being compliant with giving their child the medication. It is also important to remind the parents/guardians to keep the provider aware of the child's response or side effects.

Source: Bezchlibnyk-Butler & Virani, *Clinical Handbook of Psychotropic Drugs for Children and Adolescents*

Nancy J. Gerrard MSN, APRN - NP

The American Nurses Credentialing Center credentials Nancy as a Family Psychiatric Mental Health Nurse Practitioner. Nancy is a member of the Nebraska Nurses Association, American Psychiatric Nurses Association, NLN, and the Nebraska Nurse Practitioners. Amongst her honors, Nancy was employee of the year, and inducted in Sigma Theta Tau: National Honor Society for Nurses. She is also an Assistant Professor, BryanLGH, College of Health Services.

In the Spotlight



Jody Geer, RN
LPS School Nurse
Kahoa, Norwood Park/Eastridge
and First Presbyterian

Life is GRAND! Mine started in Sioux City, Iowa. I am the middle child with an older sister and a younger brother. My dad Don was a printing pressman, and my mom Leah, is a retired beautician. My sister Donna is the Warranty manager for Embraer Air Corporation in Florida, and my brother Brian, works for Kay-Dee in Sioux City. My family did lots of traveling/camping when I was a child (every state west of the Mississippi and several east, too). It was and still is one terrific family.

I attended St. Michaels Catholic Grade School, Heelan Catholic High School, in Sioux City, and Mt. Marty College in Yankton, SD. There were many fun times in Yankton. I spent lots of time at the lake/dam and even some fun in the dorm; like the time they soaked my red, white and blue sheets, while I was working, and hung them out the window (and the temp was below 0). Or the time we were told to scrub the hall; so we used towels to plug up under the doors and threw the water down the hall, and slid up and down on towels (until Sister Martin caught

us.) And there were the times we sewed undergarments together; put toothpaste under the handles on the drawers; put Saran wrap on the toilets, turned the bed frames upside down and...oh, I could go on. We did study, just not all the time.

My first nursing job was in Recovery Room at St. Elizabeth's Regional Medical Center, here in Lincoln. One day, the ladies locker room had no scrub outfits, so I went to the men's locker room, knocked and asked if all were dressed, and heard yes. Well! One doctor only had black socks on. They were waiting for me to turn all red and run out ... but I just said that I needed some scrubs, picked them up and walked out. I ruined their fun for the day.

I then moved to Sioux Falls, SD and worked in surgery. That was a lot of fun but scary at times too. I did end up with a scalpel in my leg. The surgeon (this same surgeon, on another day) was screaming that he didn't know "why he had scrub techs and circulating nurses," and so we left. Yep, walked right out the door...

Then, I moved to Scottsdale, Arizona to work in surgery. That was a great place to work but I missed my family. I met the anesthesiologist that had put my brother to sleep for his open heart surgery, some 26 years earlier in Iowa City, Iowa.

I came back to Lincoln and worked at Bryan Hospital in surgery, for a short time before I got hired at the Lincoln Lancaster County Health Department, where I worked for 28 years as a Public Health Nurse. My job included home visits to elderly and pregnant ladies and new babies. It was a wonderful experience, like the time I went to visit an elderly man and he met me at the door, stark naked; or the young mom giving Lipton cup a soup

to a one week old and wondering why she screamed all the time; or the rat in the baby's bed. Reminiscing, there are many stories to tell and mounds of education for me and the people I visited. Many times, I would think the young girls were not listening; then at the next visit they would ask me a question related to the previous visit, this would surprise me! There were times of frustration too. Times, I wanted to walk out of the house with the baby but couldn't; so I would work with CPS, go to court and sometimes

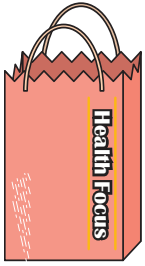
"I definitely made a GREAT career change in coming to LPS."

the child was taken away. On the other hand, there were many good outcomes; sometimes after lots of education. I have seen several of "my" babies, with babies of their own and doing great.

I met my husband, Mike, at Claties Donuts. He had three children and they quickly became like my own. Mike is a mechanic and owns his own business. He also rents out U-Hauls. Brian, the oldest is in Orlando, Florida and is the IT specialist at a 4-star resort. Matt, the middle child is in Omaha and is an IT specialist with GIS Systems Corp. Ann, the youngest is a phlebotomist at BioMat, and she lives with her husband Cory, a finish carpenter, in Lincoln. We get to spend lots of time with our 4 y/o granddaughter Mackenzie, who has been the light of our lives; I have tons of stories to share about her.

I have traveled to Australia (to visit my friend) and on an Alpine tour with my mom. After seeing all the sights we possibly could, we attended the Passion Play in Oberammergau.

I definitely made a GREAT career change in coming to LPS. Many thanks for the help I have received and for future help as I transition into my new job.



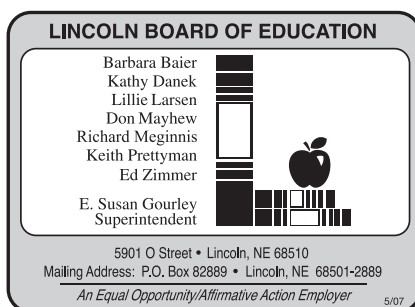
Gayle's Grab Bag

This has been a very busy time of year in the Health Offices with dental screenings, flu shots, vision, hearing, height and weight screenings; plus recording all of the information on the computer, amidst other duties. Everyone will definitely be ready for the holiday break towards the end of December. It's wonderful to know that we have such a dedicated group of nurses and health technicians in our Health Offices. Our schools are very fortunate to have all of you care for the students.

Before going on break for the holidays, I am reminding nurses to return their audiometers and tympanometers to LPSDO for the mid-year checkup. **All equipment will need to be returned to the district office by December, 22. Please sign your equipment in, on the lavender colored equipment sheets and then sign them out on the same sheet in January after the break.**

I would also like to take this opportunity to say a big THANK YOU to everyone for their flexibility; and for their assistance with meeting the staffing needs this fall in our schools. With several ongoing unfilled positions and several new ones occurring, sometimes we have been stretched to our limits. I am sure a lot of times your efforts may seem to have gone unnoticed, but they have been greatly appreciated. You are all doing an AWESOME job and what YOU do, **makes a difference.**

Louella (Gayle) Thomas
Executive Secretary, Health Services
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Under the Microscope

Keeping tabs on what's new

New Employees

We welcome these new employees to our Health Services family:

Jody Leonard, RN Sub

Libby Jones, Health Technician Sub

Sara Bell, Health Technician Sub

Melissa Slade, Health Technician, Saratoga

Samantha Jennings, Park Health Technician

Christina Rudd, Goodrich Health Technician

Jennifer Matson, Lefler Health Technician

Resigned

Ana Taylor, Treatment Nurse

Sandy Sunderman, Prytle Health Technician

Lynette Markey, Treatment Nurse

Change of Assignments

Peggy Hershberger, Treatment Nurse to RN Sub

Missy Nunn, Lefler Health Technician to Southeast HT

Deb Carney, Southeast Health Technician to East HT

Nurse Humor

Submitted by Kim Nelson, RN

The student's name has been changed for anonymity.

1st- you have to know this young gal in 2nd grade to get the whole picture. Anna comes in Monday afternoon; "Um, I don't feel vewy well and I just want to go home and be whiff my mom." Hasn't had lunch yet, no injury and no fever. I called her teacher and she wanted her in class, so I walked her down the LONG hall to class. This is how the conversation goes:

Kim: So Anna, what would you do if you went home with mom?

Anna: Um, rest my head and watch bubbles and princesses.

Kim: Oh wow. And aren't you a princess Anna?

Anna: (looking at the floor shaking her head) Um, no, not exactly. But you are a princess.

Kim: Well why would I be a princess and you are not?

Anna: Because you look like one.

She got a big hug for that... and reassurance she was a full fledged princess!!



Community Resources

Parenting Information Classes

BryanLGH Medical East
481-8886

Family Service

441-7949

LAP/Head Start

Early Head Start

471-4515

Lincoln Medical

Education

Partnership

483-4581

LPS Student-Parent

Program

436-1988

Northeast Family Center

Parents as Teachers

471-3700

SERMC

219-7000

UNL/Cooperative

Extension

Lancaster County

441-7180

YWCA

434-3494

Family Recreation

Lincoln Parks & Recreation

441-7847

Nebraska Museums

Association

472-5361

YMCA of Lincoln

434-9205

Young Family's Program

Lincoln Medical

Education Partnership

4600 Valley Road, Room 228
Lincoln, NE 68510

Ph 488-6511/483-4581

Improves the health of infants, mothers-to-be, parenting mothers who are economically disadvantaged and at risk due to medical, psychological, educational or financial matters.

Vocational Rehabilitation Services

471-3231

Provides evaluation, counseling, training and job placement services to persons with physical, mental, developmental disabilities.

Recycling Hotline

441-8215