



HEALTH FOCUS

Building Bridges Between Health and Learning

Health Services Department • Lincoln Public Schools • 5901 O Street • Lincoln, NE 68510 • (402) 436-1655 (Fax) 436-1686

Early Childhood Education Program Changes 2008-09 School Year

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



The LPS Early Childhood Education program is changing and growing, primarily as a result of policy changes being implemented by the Nebraska Department of Education Office of Early Childhood. The

Nebraska Department of Education (NDE), at the request of the Nebraska State Board of Education, conducted an Early Childhood Policy Study during 2004-2005, addressing kindergarten and pre-kindergarten issues. The report included many recommendations which impacted LPS, such as statewide full day/every day kindergarten, which will be fully implemented by LPS for the 2008-2009 school year. Another recommendation was to expand the number of Nebraska early childhood grant funded programs, to increase the availability of preschool education for 3-4 year olds, and to provide for state funding of these programs. The qualifications of teachers and para educators, curriculum issues and family involvement would also be addressed. The full report can be found at www.nde.state.ne.us/ech/ECPolicyStudy.htm.

Primarily, the changes to the LPS ExCITE program involve the integration of Early Childhood Special Education (ECSE), Head Start, and the 3-4 year old preschool children. This integration will create a significant in-

crease in the number of classrooms. This will be offset by ECSE collaborative teachers and other related staff, (based on individual student needs) who will support students in the classrooms. There will be 44 early childhood classrooms in 22 elementary buildings for the 2008-2009 school year. These programs are supported through state and federal funds with a strong family component that is built into each program.

It is projected that there will be future growth with the implementation of the state aid funded preschool program. The growth of the early childhood program will impact Health Services, since these younger students are included in our health screenings, health education, chronic disease identification and case management. Family involvement is pivotal in planning the education and health needs of these children. It is expected that the school nurse (and other Health Services personnel as appropriate), will be an active participant on the team. It is also important that school nurses participate in the health planning portion of Individualized Education Plans (IEPs) for children with health impairments, as part of their disabilities.

Federal Programs has added a nurse to their staff to assist with the health component requirements of Head Start. Phyllis Boshae, RN has accepted this position and she is busy reviewing the health needs and opportunities for these students and their families. Some priorities will be: assisting families with health education, establishing a medical home for children, and accessing community resources. The school nurses will be working closely with Phyllis to assist families with specific medical needs or concerns. I see this as a mutually beneficial working relationship which will assist families more quickly and efficiently.

As with all change there will be growing pains, unexpected benefits and pitfalls; however, we look forward to the integration of these preschoolers (as we all work to provide a safe, healthy, secure environment) into the learning community at LPS.

“Goodness makes greatness truly valuable, and greatness makes goodness much more serviceable.”

—Matthew Henry
(1662-1714)

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Health Tid Bits

Your Oral Health and Medications

It is very important that dental professionals become aware of medications their patients are taking. Some drugs can interact with dental medications or the oral environment and cause problems. Some medications may have common side effects, which include:

- **Abnormal Bleeding:** Aspirin and anticoagulants can cause bleeding problems during oral surgery.
- **Oral Soft Tissue Reactions:** Blood pressure medications, immunosuppressive agents, and oral contraceptives are linked to the development of mouth sores, inflammation, or discoloration of the soft tissues of the mouth.
- **Enlarged Gum Tissue:** Anti-seizure medications, immunosuppressive drugs and calcium channel blockers can cause the gum tissue to over grow and become inflamed.
- **Dry Mouth:** Anti-histamines, decongestants, painkillers, high blood pressure meds, muscle-relaxants, drugs for urinary incontinence, Parkinson's disease medications, and antidepressants can cause soft tissue irritation and increase susceptibility to decay.
- **Fungal Infections:** Oral inhalers for asthma can cause oral candidiasis, a fungal infection in the mouth.

Taking an up-to-date medication list to every 6-month check-up will provide the dentist with the most recent medical information that is necessary for them to provide the best care and prevent any adverse reactions.

Signs of Gum Disease

- Gums that bleed while brushing or flossing
- Red, sensitive, or tender gums
- Gums that are pulling away from the teeth
- Pus forming between the teeth and the gums
- Loose teeth
- Spaces that are developing between the teeth
- A change occurring in the way the teeth fits together when you bite
- A change occurring in the way partial dentures fit

Health Tip

If you're diabetic, health check-ups are an important part of the management of this disease. With type 2 diabetes on the rise, a healthy lifestyle begins with a good checkup that is consistently maintained. Some recommendations at checkup include:

- Blood pressure checks at each office visit
- Dilated retinal (eye) exams yearly
- Cholesterol levels checked yearly
- Foot inspection at every office visit
- Regular dental checkups every 6 months
- Regular exercise and healthy eating habits, even consulting with a nutritionist if necessary
- Hemoglobin A1c tests (one of the best ways to check if diabetes is under control), as recommended by your physician.

Source: *Diabetes Outlook*, Spring 2007

Newsletter Committee Contact Information

Please forward any questions, comments or contributions to any member of the Newsletter Committee.

Hollis Alexander-Ramsay, RN
(Editor)

halexan@lps.org

Kay Duncan, RN
kduncan@lps.org

Marge McCabe, RN
mmccabe@lps.org

Elizabeth Post, RN
epost@lps.org

Kathy Hall, Health Technician
khall@lps.org

Other Contributors

Gayle Thomas, Executive Secretary,
Health Services

Cultural Corner

My Recent Visit to China

by Susan Kehrli-Moore, RN

On a recent trip to China I learned many things about that country and its people. Long ago they invented paper, the compass, gunpowder and printing. They built the Great Wall, begun in the 7th and 8th centuries BC, and continued for over 2000 years by more than 20 dukes, princes, and feudal dynasties to protect themselves from invaders, not realizing that it could be (and was) breached by bribing a guard. They built the Forbidden City with its almost 10,000 rooms, 178 acres and 1

million art treasures. The Terracotta Warriors, unearthed in 1981 by farmers digging a well, were each made differently by thousands of artisans, to protect the emperor in his afterlife. The emperor had the artisans all buried to protect the secret of their art.

Today, new cities are being built frequently and many are flocking to them from the countryside. The map of Beijing is constantly changing from all the construction that is occurring 24 hours/day. The Nanjing Drum Tower Hospital which has had over six names in its history, and currently has over 1400 beds, is expanding to 6000 beds. It will become the largest hospital in China, with an emphasis on research

-- including research on cleft lip and palate, a condition often found in newborns in China. Founded in 1892 by missionaries, it is one of the first hospitals to have western medicine, medical and nursing schools.

Christianity has been in China since the 7th century, but more so since Jesuits and Protestant missionaries arrived in the 16th century. Shanghai has a large number of Jews from the Holocaust, because it was the only port in the world to accept them without an entry visa. The governmental changes after the Cultural Revolution, has left the government unable to fully and adequately care for the social needs of the people. Through the churches and the Amity Foundation (which is an independent non-governmental organization), Chinese women and men seek to promote:

- community and rural development;
- education for the poor, medical care, and social welfare (for people with mental retardation, autism, hearing impairment, polio, cerebral palsy, leprosy, etc.);
- relief and rehabilitation (disaster relief).

Doctors and nurses volunteer to run medical clinics after church services in many areas.

People in China have had many struggles and trials during the Nanjing Massacre of 1938-39 (for 6 weeks when over 300,000 people died); during the "Anti-Japanese War" (World War 2); the Cultural Revolution; and the Tiananmen Square Massacre. They yearn for peace, education, and prosperity. Individuals shared their own stories of how they survived these trials, with grandparents and parents helping by word and by example. Some told of family members being imprisoned, starved, tortured and killed. And then I asked how they were able to forgive. They said it was too hurtful to hold on to it, that they had to let it go --- and go on with life. They don't forget, but they forgive.



Committee Updates 2007-08

Thank you committee members for another tremendous year!

Computer Committee

Chair—Kathy Hall, Health Tech

It has been another exciting year for the Computer Committee with the implementation of the new software system Sapphire in all LPS Health Offices. Before the new school year, 16 nurses and health technicians were trained and began using Sapphire on the first day of school. In September, 19 more staff were trained. October brought onboard 51 more users and in November, we added the last 34. We have trained 120 Health Services staff to use the new system.

In January, we transferred the *Health Concerns* on the AS400 (the old system) to Sapphire. This allowed us to have more information available on one program instead of switching back and forth between programs. *Health Concerns* can now be viewed by teachers on the SSI (System for Student Information) where they have access to students' records, including medical information.

The committee has worked hard on writing instruction sheets for the different aspects of Sapphire, including the Daily Log, entering Medications, setting up the Daily Scheduled Events and Prescribed Vitals. We have put out tips sheets to help users learn new things and refresh their skills; and we have also revised and continue to update the drop down list to improve documentation.

Once the transition from Student Health Manager to Sapphire was completed; we began focusing on implementing new components to Sapphire. We hope to have the Medication Inventory, Screening, Immunizations and IHP (Individualized Health Plan) portions of the program, up and running by the beginning of 2008-09 school year. We are also looking forward to more reports that suit our particular needs.

There have been challenges that we have endured this year, e.g. the monthly reports with missing sections (medication counts); "being timed out" of the program if you step away for a few minutes; and even missing phone numbers. Yet, we have persisted. We would like to thank all of the Health Services staff for their cooperation and continued patience in this evolving project.

Emergency Response Committee

Chair—Myrna Stanard, RN

The Emergency Response Committee is comprised of the following members: Administrator Judy Zabel, RN and school nurses Myrna Stanard, Joan Creger, Marcia Jones, and Diane Smith. Our goal is to identify areas of improvement in relation to emergency situations within LPS. Our committee also assists with emergency response training for LPS staff.

The school district had the following 911 calls during the first semester: Elementary Schools - 15 calls; Middle Schools - 9 calls; High Schools - 19. Automatic External Defibrillators (AED's) were not used.

Our committee will meet this summer to discuss changes.

Mr. Kuehn, the LPS director of Security, has developed a flip chart for various emergency situations. Hopefully, this chart will be made available for the 2008-09 school year. During the 2007-08 school year, AEDs were implemented in the Middle and High schools, the District Office and a few other sites. Security Entrance Monitors were implemented in the Elementary, Middle and High schools.

It is important that we develop a consistent plan for Emergency Response throughout the district. In order to have a standardized response, we will need to have practice drills throughout the district. All schools are to participate in Code Red and emergency evacuation drills.

The Health Services "LPS Emergency Action Plan For Injury and Sudden Illness," is the model for acting in an emergency with a student(s). The "Safety Manual" provided by the administration at each school is the guide for school wide or environmental emergencies. Included in the "Safety Manual" are the plans for Code Red and other evacuation or non evacuation emergencies. Safe rooms are included in the building plans.

Immunization Committee

Chair – Cathy Bruggeman, RN

The Immunization Committee continues to monitor changes in immunization requirements as well as recommendations from the Communicable Disease Center. There were changes this year in the pneumococcal requirement for licensed day cares in the high schools, as well as an additional

recommendation for influenza vaccine for 6 month olds to 4 year olds.

A committee member attends the bi-monthly "Lincoln-Lancaster Immunization and Vaccination Effort" (LIVE). This coalition addresses current local, state and national immunization issues.

The committee has also contributed to current updates for Sapphire, the new health services computer system. The immunization program is in the process of becoming an active part of Sapphire. The immunization committee is also revising the immunization section of the school health handbook.

Goals for next school year are as follows:

1. Monitor compliance with immunizations, physical and vision examinations.
2. Monitor the development of a statewide immunization registry.
3. Monitor communicable disease developments and plan immunization services as needed.

Infection Control Committee

Chair – Heidi Stange, RN

The Infection Control Committee continues to discuss Infection Control issues and concerns throughout the school year. Some of the topics of interest this past year include Methicillin-Resistant Staphylococcus aureus, and Mumps and Measles in the schools.

The Lincoln Lancaster County Health Department (LLCHD) provides the Infection Control Committee with flu activity and communicable disease updates in the community, and provides information regarding Infection Control issues. The LLCHD also held a Pandemic Flu tabletop exercise. Scenarios were presented regarding Pandemic Flu outbreaks, followed by discussion as to what actions should be taken, in case the situation should arise in the community. **Flu shot clinics were available to staff this year and school nurses gave 1,980 doses of influenza vaccine in the fall.** Health Offices continue to report 10% or greater absences of students to the Supervisor of Health Services each week. The Infection Control Handbook and Exposure Control Handbook were also reviewed and revised.

Medical Advisory Board

Chair – Judy Zabel RN

The Committee reviewed many reports of activities in the Health Offices for this school year. The emphasis is to support students in remaining healthy and ready to learn while at school. Reports included 911 calls, self-management contracts for chronic illnesses, vision evaluation numbers, CPR/First aid classes for staff, and student health office visits. Discussions continued regarding the staffing needed for students requiring Diastat to treat seizures. The Committee supported the decision to continue to staff health offices with licensed nurses, when a student has an order for Diastat at school. The Exclusion criteria for students were reviewed and no changes were made. The Committee approved the addition of saline nasal spray to the list of over-the-counter products that may be used in the school Health Office at parent request.

Newsletter Committee

Chair – Hollis Alexander-Ramsay, RN

The Health Focus Newsletter has just completed its third year of publication. We have published twelve issues, 4 each school year and one issue per quarter. We have distributed about 425 issues of the newsletter with each publication. The newsletter can be viewed on the web, in 2 locations: 1) from the LPS.org website, click on Student Services, then on Health Services, the information is located on the right side of the page; 2) In DocuShare, which the LPS staff can access with their username and password.

I would like to extend an invitation to anyone interested in joining the committee. Also, if you have an interest in writing, researching or editing, you are more than welcome to share those talents with us. In the new school year, we hope to continue sharing Health Services information and perhaps revamping the format to give it a fresh look. Comments on the newsletter may be shared with any of the committee members. We look forward to getting information on how we can stay interesting with new and exciting ideas. Thanks to the committee members for another productive and informative year.

Nurse Practice Committee

Chair – Lynn Morehead Fisher, RN

The Nurse Practice Committee spent most of this school year working on *Field Trip Guidelines* and “*What to do with all of these Papers*”. We were able to complete the asthma and anaphylaxis forms and develop a guideline for transferring charts from one school to another.

We are currently starting to update the Health Services Handbook. It is our intent to redo all the forms and update all the information. We have had requests from some committee leaders to do those sections that apply to their committee work, and sections that apply to the nurses in the district. The Nurse Practice committee feels that this is a good system because it will allow the newest information regarding some subjects, to be addressed first and placed in the handbook. It is my intent to look at the way the handbook is numbered and to place an index in it, making it more user-friendly. We will also put an additional section in the handbook for Health Services forms.

Social Committee

Chair – Kay Duncan, RN

Once again, the Social Committee has had a busy year. We have provided gifts for boss’s day, secretary’s day, a new baby, as well as several memorials for those nurses who lost loved ones. We have also sent numerous cards in honor of celebrations. A contribution was made to the Harvest of Books. Snacks were provided for the In-service that was held in February for health technicians.

The Social Committee dues are paid by every school nurse. We send cards to all Health Services members when we know of something going on in their life; send memorials on the occasion of the death of an immediate family member of a school nurse; and for school nurses who are sick or are injured, we send a gift.

Please continue to notify the Social Committee or Health Services secretary of any known illness, surgery, deaths, or other special events. Information about staff members that warrant concern, will be shared via email with the staff to express concerns as they wish (unless the staff member does not want to share their personal information).

Committee members include the following nurses: Kay Duncan - Chairman, Nadine Frerichs, Kim Nelson, Tonya Hartsook, Liz Post, Heidi Stange and Leigh Krueger.

Staff Development Committee

Chair - Susan Kangas-Packett, RN

The Health Service’s Staff Development committee is an amazing group of school nurses to work with. Committee members include Kay Duncan, Maralee Cloran, Nancyruth Leibold, Liz Post, Julie Frederick, Tonya Hartsook, and Sheryl Woodward. Each member has contributed to program development and presentation which is truly appreciated.

We had a very successful flex time program at Madonna Rehabilitation Hospital last June with approximately 90 nurses in attendance. Other programs this year included the annual Skills Labs and Program Update at the beginning of the school year and two Health Technician programs; as well as various other flex time programs for LPS certified staff.

Kay Duncan, RN also formed a salary advancement class for school nurses this past spring. There was an array of speakers including the police department, community programs and local physician offices. Kay is already planning another class for next spring!

A new subcommittee was created to help support Joan Creger, RN with CPR and First Aid training. Joan has estimated there are more than 500 LPS employees that require annual CPR recertification. Joan and the committee are planning for a few changes next year, including recertifying all Health Service staff on August 15th and 18th during the Skill Lab.

Congratulations

Kay Duncan, RN—The 2008 recipient of the Helen Krieger Outstanding Health Care Provider Award.

Understanding ADHD Diagnosis

By Hollis Alexander-Ramsay, RN MSN

According to the CDC, ADHD “is a neurobehavioral disorder that may affect more than two million school-aged children and can last into adulthood.”

ADHD which means Attention Deficit Hyperactivity Disorder is listed in the 2000 Diagnostic and Statistical Manual for Mental Health Disorders (DSM IV). The criteria for diagnosing ADHD are very specific. This list is presented in a modified form and is listed for information purposes. ADHD is diagnosed by health care providers who are trained to use the DSM IV to diagnose and treat the condition.

DSM-IV Criteria for ADHD

May be A or B.

- A. 6 or more of the symptoms under Inattention have to be present for at least six months causing disruption and developmental problems.

Inattention

- Little attention is paid to detail and careless mistakes are made with school work and other activities.
- Often having a hard time staying on task with activities.
- Often does not listen when being addressed directly.
- Often fails to follow instructions which may include schoolwork, chores (which may not be related to a lack of understanding of instructions or oppositional behavior).
- Often may lose things that are needed for tasks and activities (e.g. school homework, school assignments, toys, books).
- Often has trouble with organization.
- Very easily distracted.
- Forgetful with daily activities.

- B. 6 or more of the symptoms under hyperactivity/impulsivity have been present for at least 6 months causing disruption and developmental problems.

Hyperactivity

- Often seen fidgeting or squirming with hands or feet in a seat.
- Often is up from seat when expected to remain in seat.
- Often seen inappropriately running about or climbing when it is not appropriate.
- Often unable to enjoy leisure activities quietly.
- Often may talk excessively.
- Often “on the go.”

Impulsivity

- May often blurt answers out before the question has been finished.
- May often have a hard time awaiting their turn.
- May often interrupt others by disrupting conversations or games.
- Some of the above symptoms were present before the age of 7.
- Data has to show clear evidence of significant impairment in social, school, or work settings.
- The symptoms occur outside of a diagnosis of Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not isolated to Mood, Anxiety, Dissociative or Personality Disorder.

Based on the above criteria, 3 types of ADHD are identified:

1. ADHD, Combined Type: Meets criteria in 1A and 1B for the past 6 months.
2. ADHD, Predominantly Inattentive Type: Meets criterion in 1A, but

criteria in 1B is unmet for the past 6 months.

3. ADHD, Predominantly Hyperactive-Impulsive Type: Criterion in 1B is met, but 1A is unmet for the past 6 months.

Research suggests that medical and behavioral therapies are a very helpful form of treatment for ADHD and its comorbidities (approximately 50% of the children with ADHD have other behavior disorders). More research is needed on the long-term effects of all treatments and the effects of long-term ADHD medications in children.

The CDC recognizes the need for further research in ADHD. Particularly,

More research is needed on the long-term effects of all treatments and the effects of long-term ADHD medications in children.

the focus should be on its causes and risk factors, its prevalence and is the prevalence increasing. Research is also needed on the socio-economic impact ADHD has on families, schools, the workforce, judicial and the health systems. Some questions

that remain unanswered are, whether ADHD and its comorbidities are being diagnosed and treated appropriately. Also, are persons with ADHD receiving the right treatment and is it being offered in a timely manner.

Health Offices in LPS, dispense ADHD medications to students who are being treated. In many instances communication is established among the child’s health care provider, parents, teachers and the Health Office. This is a collaborative effort because it is important to monitor for any side effects to the medication, and also to observe if the medication is making a difference in helping the student’s behavior and learning abilities.

These students are followed regularly by their health care provider(s).

Source: cdc.gov

In the Spotlight



**Hollis Alexander-Ramsay, RN
MSN**

My childhood was spent in my birthplace Guyana, South America. I was born at No. Ten Village, West Coast, Berbice, where I spent my formative years living with my grandmother, my mom, aunts and cousins. They say “it takes a village to raise a child,” my village sure raised me. Growing up in the countryside allowed me to form extended relationships with many people from my village, who could discipline me (even spank), then take me home, where I could be further disciplined. My mom was a single parent, already with one child when I was born. In those days it was not acceptable to have a child out of wedlock, so my dad was banned from seeing me for many years. As I grew, I totally disagreed with this philosophy and sure have a lot to say about both parents being involved in their child(ren)’s lives. My grandmother farmed (my grandfather died early) and my mom was a stay at home mom. My early years were carefree, spent chasing pigs, goats, sheep, chickens and also taking care of them. I fished, climbed trees, picked sugarcane and fresh fruit, and helped to plant and harvest rice. I loved to observe the cows being milked. Everything we ate was fresh with no preservatives or hormones.

I attended an all girls’ high school - Bishops High School. It is located

in the capital city of Georgetown. I passed the entrance exam “Common Entrance,” with tutoring from a relative who was a headmistress (principal). Education was free. With financial help from my aunts, I was able to attend one of the most prestigious high schools in my country, thanks to “the village” philosophy I mentioned above. My advanced high school years were spent in “Linden,” a blue collar mining town where bauxite was the main export. This poor community (that I was a part of) did not daunt me, neither my spirits, neither did the many days that we had very little food. Upon graduation, I worked as a radio announcer on a show called “Wake up Linden”. The show aired weekdays from 6 to 8 am. I was up at 5 am each day to do the show.

Guyana gained independence in 1966 from Great Britain. It then became a communist country with few opportunities, which left many young people frustrated. As a result, I migrated to Bermuda, then to the United States for a better life. My upbringing, definitely created within me a strong sense of wanting to be independent and self sufficient--these feelings were carved out early from watching my mom’s experiences as a single parent, and later, as a hard working wife and homemaker who struggled to make ends meet. This was all I needed to take off-- arriving in the United States was another chapter in my journey towards self-reliance. I enrolled in college full time and worked full time in New York, to cover living expenses and tuition. I earned my Bachelors and my Masters Degree in nursing. I had made it from my little village, called No. Ten, thanks to the “American Dream.” I seized the opportunities that were available to advance my education.

Once settled, I sent for my mom and my six siblings who now mostly reside in New York. My brother Myles lives in Atlanta. The lesson we learned as a

family, was the value of an education (we never took it for granted). Today, six of us are Master’s prepared; one brother chose not to attend college.

I met my husband Colin while in high school and although friends, we never dated until I moved to the US. After we were married, I moved to Nebraska from New York. Colin is an actuary and a full professor at UNL. He is also my rock and my “*mensh*.” Quite interestingly, he is from a family of 14 siblings; 40 nieces and nephews and still counting -- so family reunions are never dull. We have 4 children, Meredith - 17 (she is off to college this year), Astrid - 11, Anwar - 9, and Maia who is 6. My grandbaby is “Sparky” – Maia’s beta fish whom she has offered to her siblings for adoption. When that didn’t work she declared she would feed him every other day. Of course, that quickly ended when she was told that she would eat opposite

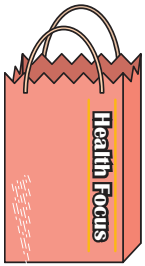
Sparky’s eating schedule. Last time I checked they were both happily enjoying daily meals.

I’ve held different career positions and enjoy nursing (there is something magical about helping others). However, I am also proud of being a mom and a wife

-- to me, family comes first. The kids keep us busy with their activities and school work. Our goal is to keep them well balanced and for them to understand the value of a good education.

I like to sew, garden, interior design, shop, travel and write poetry. I also enjoy my job with LPS. My background puts me in a unique position to help other students; mostly, encouraging them that if you work hard you can achieve anything. Our humble beginnings never stopped us from striving to improve our lives. I believe that opportunity and education is the key. Seize that key - it will transform your life.

“The lesson we learned as a family, was the value of an education (we never took it for granted).”



Gayle's Grab Bag

As a reminder, there are a number of things that we need to do at the end of the year before leaving for the summer. Please remember to inventory your emergency medications, i.e. epipens and albuterol and send the completed checklist form to me. I also need expiration dates. Formulary medications may be kept in your building or returned to the district office over the summer. If you bring them to the district office, they should be batched together in a large plastic bag with the school name on the bag. **Please do not add them back into medication inventory.**

Please check to see if any equipment needs to be repaired, such as cots and blood pressure cuffs. If a cot needs to be repaired, please e-mail me with the school, the cot's location in the Health Office and then mark it with a piece of paper, indicating the problem. This will make it easier for the repair person to identify it. Please remember to return your laptop computer, cell phone, audiometer and any other equipment.

Several other things that may need to be turned in are: 1) Health Tech Skills Checklists, 2) Mileage Forms and Time Sheets, 3) Enhancement Fund Requests, and 4) School Nurses Annual Summary.

As the 2007-08 school year draws to a close, I would like to thank everyone for all your help and support during this very challenging year of learning my new position. I was finally over the learning curve a few months ago and now feel very comfortable doing my job. I truly appreciate everyone being so cooperative when I needed help and for keeping me on-track. Thank you also for advising me of situations unaware to me, sometimes even working with me to find a solution. I know everyone in Health Services is very dedicated to their job and some days have been very taxing. You are such an outstanding group of professionals and I am honored to be working with all of you. I would also like to say a BIG "thank you" to all of our Subs for stepping up to the plate and pitching in wherever I needed you to take an assignment. We couldn't do it without you!

I wish all of you a wonderful summer break filled with lots of fun and relaxation. See you next year!

Louella (Gayle) Thomas
Executive Secretary, Health Services
Box 18, LPSDO
lthomas@lps.org
(402) 436-1657

Under the Microscope

Keeping tabs on what's new

Change of Assignments

Phyllis Boshae, RN transferred to Federal Programs

New Employees

We welcome these new employees to our Health Services family:

Diana Hall, Treatment Nurse, Lakeview

Jodi Silva, Park Health Technician

Peri Sio-Hiles, Pound Health Technician

Sue Juengel, Health Technician Sub

Bid Farewell

Zeny Glenn, Lakeview Treatment Nurse resigned

Jill McCracken, Nurse, LPSDO resigned

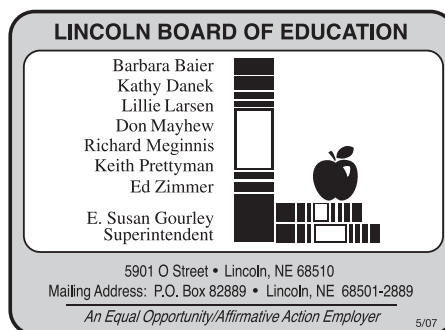
Ashley Heyen, Hawthorne Health Technician resigned

Nurse Humor

YOU KNOW YOU ARE A NURSE WHEN...

During a patient's two week follow-up appointment with his cardiologist, he informed me, his doctor, that he was having trouble with one of his medications. "Which one?" I asked. "The patch, the Nurse told me to put on a new one every six hours and now I'm running out of places to put it!" I had him quickly undress and discovered what I hoped I wouldn't see. Yes, the man had over fifty patches on his body! Now, the instructions include removal of the old patch before applying a new one.

Credit: Dr. Rebecca St. Clair, Norfolk, VA



Community Resources

NRRS

Nebraska Resource & Referral System

The NRRS is the fastest, most accurate and convenient way of locating valuable resources on line.

Providing more than 8000 services and financial resources to Nebraskans on the Internet.
121 S. 13th Street,
Suite 302
Lincoln, NE 68588-0227
(402) 472-0844
Toll Free (800) 746-8420
<http://nrns.ne.gov>

Answer4Families University of Nebraska- Lincoln,

**Center on Children,
Family and the Law**
Provides Internet based support and information for Nebraskans with special needs.

121 S. 13th Street,
Suite 302
PO. Box 880227
Lincoln, NE 68588
(402) 472-0844
Toll Free (800) 746-8420
www.answer4families.org
E-mail:
librarian@answers4families.org

Interested in Bright Lights Summer Camps?

Mostly at Randolph Elementary & Lux Middle Schools
Partial need-based available scholarships.

Classes weekly

June 9-July 7/08
Over 120 content-rich classes
Four 1-week day camps
Contact Bright Lights at
420-1115 or
info@brightlights.org.

YWCA Respite Network Offers "Take a Break Respite Program"

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Call 434-3494 ext 109
For more inf.