

Guidelines for Setting Up Health Office Visits

- You may customize these to suit your district needs and can be changed at any time.
- It is easier to begin with discharge type and work you way back.
 - Discharge Type
 - Intervention Type
 - Observation Type
 - Complaint Type

Health Discharge Type



New

Health Discharge Type Editor

Name

- Accident Paperwork completed & given to parent/C.O
- Back to class
- Called parent
- Emailed parent
- EMS
- Head injury letter sent home with student
- Left school for medical referral
- Left school for other referral
- Note home to parent
- Parent to monitor at home
- Referred to counselor
- Referred to physician
- Return to nurse if feels worse
- Sent home
- Sent to other staff
- Should be fever free for 24 hours before returning
- Should consult MD if symptoms continue

Discharge Type

The following discharges **MUST** be used as options:

- Back to class
- EMS called
- Sent to (referred to physician)

Health Intervention Type Detail

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Begin CPR"/>	<input checked="" type="checkbox"/>
<input type="text" value="Call 911"/>	<input checked="" type="checkbox"/>
<input type="text" value="Monitor ABCs"/>	<input checked="" type="checkbox"/>
<input type="text" value="Use AED"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Apply soda paste or meat tenderizer"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Assess ears"/>	<input checked="" type="checkbox"/>
<input type="text" value="Assess temperature"/>	<input checked="" type="checkbox"/>
<input type="text" value="Check throat"/>	<input checked="" type="checkbox"/>
<input type="text" value="Palpate lymph nodes"/>	<input checked="" type="checkbox"/>
<input type="text" value="Question student about symptoms."/>	<input checked="" type="checkbox"/>
<input type="text" value="Safe crisis assessment completed"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Contact parent or guardian"/>	<input checked="" type="checkbox"/>
<input type="text" value="Nebulizer treatment given"/>	<input checked="" type="checkbox"/>
<input type="text" value="Reassess in 10 minutes"/>	<input checked="" type="checkbox"/>
<input type="text" value="Rescue inhaler used"/>	<input checked="" type="checkbox"/>
<input type="text" value="Rest"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Adhesive bandage"/>	<input checked="" type="checkbox"/>
<input type="text" value="Gauze pad"/>	<input checked="" type="checkbox"/>
<input type="text" value="Moist wound dressing (MRD)"/>	<input checked="" type="checkbox"/>
<input type="text" value="Steri-strips"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Change of clothing"/>	<input checked="" type="checkbox"/>
<input type="text" value="Issue incontinence pad"/>	<input checked="" type="checkbox"/>
<input type="text" value="Use of bathroom"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

*Name

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X One-on-one counseling	<input checked="" type="checkbox"/>
X Provide literature and information	<input checked="" type="checkbox"/>
X Refer to clinic	<input checked="" type="checkbox"/>
X Refer to MD	<input checked="" type="checkbox"/>
X Referral to administration	<input checked="" type="checkbox"/>
X Referral to external agency	<input checked="" type="checkbox"/>
X Referral to school psychologist	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

*Name

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Apply dental gauze	<input checked="" type="checkbox"/>
X Apply Orajel	<input checked="" type="checkbox"/>
X Dental/Orthodontic wax	<input checked="" type="checkbox"/>
X Provide toothbrush	<input checked="" type="checkbox"/>
X Refer to dentist	<input checked="" type="checkbox"/>
X Replant tooth	<input checked="" type="checkbox"/>
X Rinse mouth	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

*Name

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Allergy care plan	<input checked="" type="checkbox"/>
X Asthma care plan	<input checked="" type="checkbox"/>
X Diabetes care plan	<input checked="" type="checkbox"/>
X Epilepsy care plan	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

*Name

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Check blood sugar	<input checked="" type="checkbox"/>
X Give insulin	<input checked="" type="checkbox"/>
X Maintain normal body temperature	<input checked="" type="checkbox"/>
X Monitor ABCs	<input checked="" type="checkbox"/>
X Notify parents	<input checked="" type="checkbox"/>
X Provide glucagon	<input checked="" type="checkbox"/>
X Provide sugar, or food with sugar	<input checked="" type="checkbox"/>
X Provide water to drink	<input checked="" type="checkbox"/>
X Refer to MD	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

*Name

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Contact lense solution	<input checked="" type="checkbox"/>
X Eye drops	<input checked="" type="checkbox"/>
X Eye wash/flush	<input checked="" type="checkbox"/>
X Eyeglass repair	<input checked="" type="checkbox"/>
X Remove foreign object	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

*Name

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Applied aloe	<input checked="" type="checkbox"/>
X Applied antibiotic ointment	<input checked="" type="checkbox"/>
X Applied pressure	<input checked="" type="checkbox"/>
X Applied pressure	<input checked="" type="checkbox"/>
X Applied topical medication - Burn gel	<input checked="" type="checkbox"/>
X Applied topical medication - Callergy Clear	<input checked="" type="checkbox"/>
X Applied topical medication 1% hydrocortisone	<input checked="" type="checkbox"/>
X Cleaned with peroxide and bandaged	<input checked="" type="checkbox"/>
X Cleaned with soap and H2O and bandage	<input checked="" type="checkbox"/>
X Cleaned, no bandage needed	<input checked="" type="checkbox"/>
X Eye drops applied	<input checked="" type="checkbox"/>
X Eye irrigated with artificial tears	<input checked="" type="checkbox"/>
X Flushed eye with copious water	<input checked="" type="checkbox"/>
X Ice pack	<input checked="" type="checkbox"/>
X Removed splinter with needle/lancet	<input checked="" type="checkbox"/>
X Removed splinter with tweezers	<input checked="" type="checkbox"/>
X Taped	<input checked="" type="checkbox"/>

X Tooth in milk and bag on ice	<input checked="" type="checkbox"/>
X Tooth replaced in socket for transport to d	<input checked="" type="checkbox"/>
X Wrapped with ACE bandage	<input checked="" type="checkbox"/>
X Wrapped with ACE wrap	<input checked="" type="checkbox"/>
X Wrapped with gauze	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Give fluids

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Clear liquids	<input checked="" type="checkbox"/>
X Ice chips	<input checked="" type="checkbox"/>
X Pedialyte	<input checked="" type="checkbox"/>
X Warm broth	<input checked="" type="checkbox"/>
X Water	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Lice check

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Check around ears	<input checked="" type="checkbox"/>
X Check crown of head	<input checked="" type="checkbox"/>
X Check itching	<input checked="" type="checkbox"/>
X Check nape of neck	<input checked="" type="checkbox"/>
X Lice comb given	<input checked="" type="checkbox"/>
X Lice Shampoo given	<input checked="" type="checkbox"/>
X Lice treatment and prevention information	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Given feminine hygiene product

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Non-medical	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Hot/Cold pack

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Cold compress	<input checked="" type="checkbox"/>
X Dry hot pack	<input checked="" type="checkbox"/>
X Ice pack	<input checked="" type="checkbox"/>
X Moist hot pack	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Medication

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Administer Benadryl 12.5 mg PO	<input checked="" type="checkbox"/>
X Administer Benadryl 50 mg PO	<input checked="" type="checkbox"/>
X Administer Benadryl 6.25mg PO	<input checked="" type="checkbox"/>
X Administer Epipen	<input checked="" type="checkbox"/>
X Administer Ibuprofen 200 mg PO	<input checked="" type="checkbox"/>
X Administer Ibuprofen 400 mg PO	<input checked="" type="checkbox"/>
X Administer OTC medication, note on file	<input checked="" type="checkbox"/>
X Administer RX medication, note or MD orc	<input checked="" type="checkbox"/>
X Administer Tylenol 160 mg PO	<input checked="" type="checkbox"/>
X Administer Tylenol 240 mg PO	<input checked="" type="checkbox"/>
X Administer Tylenol 320 mg PO	<input checked="" type="checkbox"/>
X Administer Tylenol 325 mg PO	<input checked="" type="checkbox"/>
X Administer Tylenol 650 mg PO	<input checked="" type="checkbox"/>
X Adminster Benadryl 25 mg PO	<input checked="" type="checkbox"/>
X Burn gel applied	<input checked="" type="checkbox"/>
X Cough drops broken into pieces given	<input checked="" type="checkbox"/>
X Cough drops given	<input checked="" type="checkbox"/>

Medications Continued

X Insulin	<input checked="" type="checkbox"/>
X L eye irrigated with artificial tears	<input checked="" type="checkbox"/>
X Lice shampoo given	<input checked="" type="checkbox"/>
X Metered dose inhaler	<input checked="" type="checkbox"/>
X Midol 2 tablets PO	<input checked="" type="checkbox"/>
X Nebulizer	<input checked="" type="checkbox"/>
X OTC antacid - Tums 1 tablet PO	<input checked="" type="checkbox"/>
X OTC antacid - Tums 1/2 tablet PO	<input checked="" type="checkbox"/>
X OTC antacid - Tums 2 tablets PO	<input checked="" type="checkbox"/>
X R eye irrigated with artificial tears	<input checked="" type="checkbox"/>
X Visine AC instilled in L eye	<input checked="" type="checkbox"/>
X Visine AC instilled in R eye	<input checked="" type="checkbox"/>
X Visine instilled in L eye	<input checked="" type="checkbox"/>
X Visine instilled in R eye	<input checked="" type="checkbox"/>
X Stock Epinephrine administered	<input checked="" type="checkbox"/>
X Stock Narcan administered	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Non-medical

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Checked head for lice or nits	<input checked="" type="checkbox"/>
X Clean clothes and wipes provided	<input checked="" type="checkbox"/>
X Clipped fingernails	<input checked="" type="checkbox"/>
X dental floss provided	<input checked="" type="checkbox"/>
X Encouraged hydration	<input checked="" type="checkbox"/>
X Feminine hygiene product provided	<input checked="" type="checkbox"/>
X Given feminine hygiene product	<input checked="" type="checkbox"/>
X Mint	<input checked="" type="checkbox"/>
X Mint broken into small pieces	<input checked="" type="checkbox"/>
X Mint broken into small pieces	<input checked="" type="checkbox"/>
X Rest on cot	<input checked="" type="checkbox"/>
X sent to private bathroom	<input checked="" type="checkbox"/>
X Vaseline applied	<input checked="" type="checkbox"/>
X wax to braces	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Nutrition

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X eat and return as needed	<input checked="" type="checkbox"/>
X Gave 4 oz of juice (approx. 15 g of carbs)	<input checked="" type="checkbox"/>
X Gave Capri Sun	<input checked="" type="checkbox"/>
X Given snack	<input checked="" type="checkbox"/>
X Sent to cafeteria	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Remove stinger

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Use tweezer	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Rest

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Rest 10 min.	<input checked="" type="checkbox"/>
X Rest 15 min.	<input checked="" type="checkbox"/>
X Rest 30 min.	<input checked="" type="checkbox"/>
X Rest 5 min.	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Rinse

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X With cold water	<input checked="" type="checkbox"/>
X With cool water	<input checked="" type="checkbox"/>
X With saline	<input checked="" type="checkbox"/>
X With warm water	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**
Skin care

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
X Apply cleanser	<input checked="" type="checkbox"/>
X Apply lotion	<input checked="" type="checkbox"/>

Add Intervention Type Item

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Apply splint"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Apply ice pack to back of neck"/>	<input checked="" type="checkbox"/>
<input type="text" value="Check breathing"/>	<input checked="" type="checkbox"/>
<input type="text" value="Check deformity"/>	<input checked="" type="checkbox"/>
<input type="text" value="Direct pressure"/>	<input checked="" type="checkbox"/>
<input type="text" value="Keep head upright or tilted forward"/>	<input checked="" type="checkbox"/>
<input type="text" value="Pinch nose"/>	<input checked="" type="checkbox"/>
<input type="text" value="Rest 5 minutes after bleeding stops"/>	<input checked="" type="checkbox"/>

Health Intervention Type Detail

***Name**

Active Display for unlinked complaints

Health Intervention Type Items

Name	Active
<input type="text" value="Apply pressure"/>	<input checked="" type="checkbox"/>
<input type="text" value="Apply topical medication"/>	<input checked="" type="checkbox"/>
<input type="text" value="Debridement"/>	<input checked="" type="checkbox"/>
<input type="text" value="Irrigate and clean wound"/>	<input checked="" type="checkbox"/>
<input type="text" value="Replace bandage"/>	<input checked="" type="checkbox"/>

Observation Type Detail

Health Observation Type Detail

*Name
Abrasion

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Bleeding difficult control > 10 min.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Bleeding easily controlled < 3 min.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Bleeding moderate control 3-10 min.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Blister	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Bruising	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Mild Pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Moderate pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No Pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Redness	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Severe pain	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

*Name
Activity level

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Abnormal for person	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Atypically hyperactive	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Atypically subdued	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

*Name
Bleeding-bruising

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Area reddened-likely to bruise	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Bleeding profusely-arterial spray	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Large bruise notes (>5 cm)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No bleeding or bruising noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No blood loss easily controlled	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Small bruise (<1 cm)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Stopped spontaneously	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Blood Pressure

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X <90/60	<input checked="" type="checkbox"/>
X >120/80	<input checked="" type="checkbox"/>
X Normal range between 90/60 and 120/80	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Blood sugar

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X < 70 mg/dl	<input checked="" type="checkbox"/>
X > 70 mg/dl and in target	<input checked="" type="checkbox"/>
X > target range	<input checked="" type="checkbox"/>
X >240 mg/dl negative/trace ketones	<input checked="" type="checkbox"/>
X >240mg/dl - ketones present	<input checked="" type="checkbox"/>
X between 70 and target range	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Breathing

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Change in mucous membrane color	<input checked="" type="checkbox"/>
X Coughing	<input checked="" type="checkbox"/>
X Lungs CTA ant. and post.	<input checked="" type="checkbox"/>
X Nasal flaring	<input checked="" type="checkbox"/>
X No signs of distress	<input checked="" type="checkbox"/>
X Pulse oximeter reading	<input checked="" type="checkbox"/>
X Retractions	<input checked="" type="checkbox"/>
X Wheezing	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Circulatory

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Abnormal circulation	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Ear

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Both ears- no redness or drainage noted	<input checked="" type="checkbox"/>
X both ears--no swelling	<input checked="" type="checkbox"/>
X L ear - excess wax	<input checked="" type="checkbox"/>
X L ear - interior redness noted	<input checked="" type="checkbox"/>
X L ear - no redness or drainage noted	<input checked="" type="checkbox"/>
X L ear - purulent drainage noted	<input checked="" type="checkbox"/>
X L earlobe - possible infection	<input checked="" type="checkbox"/>
X Lt. ear--no swelling	<input checked="" type="checkbox"/>
X R ear - excess wax	<input checked="" type="checkbox"/>
X R ear - interior redness noted	<input checked="" type="checkbox"/>
X R ear - no redness, drainage noted	<input checked="" type="checkbox"/>
X R ear - purulent drainage	<input checked="" type="checkbox"/>
X R earlobe - possible infection	<input checked="" type="checkbox"/>
X Rt. ear--no swelling	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Communication

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Normal	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Cough

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X 1-4 per minute	<input checked="" type="checkbox"/>
X Croupy cough	<input checked="" type="checkbox"/>
X Deep Cough	<input checked="" type="checkbox"/>
X Less than 1 per minute	<input checked="" type="checkbox"/>
X Loose Cough	<input checked="" type="checkbox"/>
X More than 4 per minute	<input checked="" type="checkbox"/>
X None	<input checked="" type="checkbox"/>
X post nasal drainage noted	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Deformity

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X None	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Eye

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Both eyes red	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Both eyes swollen	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Clear drainage noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> L eye - foreign object	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> L eye red	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> L eye swollen	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No foreign object seen	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No redness noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No swelling noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Probable sty	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> R eye - foreign object	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> R eye red	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> R eye swollen	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Yellow/Green drainage noted	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Hair

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Live lice and nits	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No lice or nits	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Old nits- no active infestation	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Headache

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> <60 min	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> >60 min	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Hearing/Ear

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Clear drainage	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Redness	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Hives

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Localized	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Moderate coverage	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Severe coverage	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Hygiene

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Attire is dirty	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attire is improper	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Bad breath	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Body odor	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Face is dirty	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Menstruation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Soiled pants	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Wet pants	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Infestation

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Eggs	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Mature lice	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Nymphs	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Heart Rate

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Heart Rate 60-110	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Heart Rate <60	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Heart Rate >110	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Level of consciousness

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Agitated	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Behavior change	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Calm and Cooperative	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Denies dizziness	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Difficulty speaking	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Dizzy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Inattention/confusion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Lethargic	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Loss of consciousness	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Normal Alert and Oriented x3	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Mental state

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Able to answer questions	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Crying	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Depressed	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Initiates conversation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pleasant, talkative	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Sleepy, hard to arouse	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Neuro

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> 1 eye opening - no response	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 1 Motor - no response	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 1 Verbal - no response	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 2 eye opening to pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 2 Motor - Decerebrate Extension	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 2 Verbal - Moans, unintelligible	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 3 eye opening to voice	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 3 Motor - Decorticate Flexion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 3 Verbal - Nonsensical Speech	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 4 Eye Opening - Open	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 4 Motor - Withdraws to Pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 4 Verbal - Disoriented	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 5 Motor - Localizes Pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 5 Verbal - Oriented and Alert	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 6 Motor - Follows commands	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pupils equal and reactive to light	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Nose

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> clear drainage noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> green drainage noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> yellow drainage noted	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Oral condition

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Pain

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Holding or pulling @ affected area (nonverbal)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Mild	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Moderate	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pain scale 1-5	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pain scale 5-10	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Severe pain	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Peak flow

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Between 50 and 65% of personal best	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Range of Motion

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Full ROM all directions	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Full ROM although c/o some pain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Limited ROM	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Unable to move	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Respirations

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Labored	<input checked="" type="checkbox"/>
X Normal	<input checked="" type="checkbox"/>
X Rapid >20 BPM	<input checked="" type="checkbox"/>
X Slow <12 BPM	<input checked="" type="checkbox"/>
X Unlabored	<input checked="" type="checkbox"/>
X Wheezing	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Stomach

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Abdomen distended	<input checked="" type="checkbox"/>
X Abdomen Firm	<input checked="" type="checkbox"/>
X Abdomen not firm	<input checked="" type="checkbox"/>
X Abdomen soft & non-distended	<input checked="" type="checkbox"/>
X Absent Bowel sounds	<input checked="" type="checkbox"/>
X Diarrhea	<input checked="" type="checkbox"/>
X Emesis/vomiting	<input checked="" type="checkbox"/>
X Facial Palor	<input checked="" type="checkbox"/>
X gassy	<input checked="" type="checkbox"/>
X Hyperactive Bowel Sounds	<input checked="" type="checkbox"/>
X Hypoactive Bowel Sounds	<input checked="" type="checkbox"/>
X Nausea	<input checked="" type="checkbox"/>
X Negative Rebound pain in RLQ	<input type="checkbox"/>
X No Diarrhea	<input checked="" type="checkbox"/>
X No Vomiting	<input checked="" type="checkbox"/>
X Positive Bowel Sounds	<input checked="" type="checkbox"/>
X Retching	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Signs and Symptoms of Infection

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Fever	<input checked="" type="checkbox"/>
X Infection	<input checked="" type="checkbox"/>
X Redness	<input checked="" type="checkbox"/>
X Swelling	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Stool

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Constipation	<input checked="" type="checkbox"/>
X Diarrhea	<input checked="" type="checkbox"/>
X Normal	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Skin color

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Changed	<input checked="" type="checkbox"/>
X Dusky (Ashen/grey)	<input checked="" type="checkbox"/>
X Flushed	<input checked="" type="checkbox"/>
X Nail beds adn around mouth blue	<input checked="" type="checkbox"/>
X Pale	<input checked="" type="checkbox"/>
X Pink and warm to touch	<input checked="" type="checkbox"/>
X Red	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Sucking in chest skin

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Can barely see	<input checked="" type="checkbox"/>
X Easy to see	<input checked="" type="checkbox"/>
X None	<input checked="" type="checkbox"/>
X Severe	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Skin condition

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Abrasion	<input checked="" type="checkbox"/>
X bruising at site	<input checked="" type="checkbox"/>
X Chapped lips or around mouth	<input checked="" type="checkbox"/>
X Cut	<input checked="" type="checkbox"/>
X Dry patches - like eczema	<input checked="" type="checkbox"/>
X Fine rash	<input checked="" type="checkbox"/>
X Hematoma	<input checked="" type="checkbox"/>
X Knot	<input checked="" type="checkbox"/>
X Macules (flat, non-palpable lesions)	<input checked="" type="checkbox"/>
X Nodules (cyst like)	<input checked="" type="checkbox"/>
X Normal	<input checked="" type="checkbox"/>
X Papules (elevated leasions < 10mm)	<input checked="" type="checkbox"/>
X Petechiae (small hemorrhage areas)	<input checked="" type="checkbox"/>
X Pustules (pus-filled vesicle)	<input checked="" type="checkbox"/>
X Red ring-shaped lesion with scales	<input checked="" type="checkbox"/>
X redness at site	<input checked="" type="checkbox"/>
X Splinter/foreign body in skin	<input checked="" type="checkbox"/>

Health Observation Type Detail

***Name**
Sucking in chest skin

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
X Can barely see	<input checked="" type="checkbox"/>
X Easy to see	<input checked="" type="checkbox"/>
X None	<input checked="" type="checkbox"/>
X Severe	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Swelling

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Large Amount of Swelling Noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Mild localized swelling noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No swelling in joints	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Noticable swelling in joints	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Severe	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Temperature

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Fever 100.4 or greater	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Temp elevated - 99.0-99.9	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Temp elevated 100.00-100.4	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Weight

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Weight gain	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Weight loss	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Throat

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Cobblestoning in back of throat	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Drainage in back of throat	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No swelling or redness noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No white patches	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Redness without swelling noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Significant swelling and redness noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Slight swelling and redness noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Slight swelling but no redness noted	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Swollen cervical lymph glands (anterior ne	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> White spots or patches noted	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Tooth

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Chipped permanent tooth	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Displaced permanent tooth	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Knocked out permanent tooth	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Loosened Perament Tooth	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Lost Baby Tooth	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> New permaent tooth erupting	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Toothache	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**

Vision/Eye

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Blurred vision	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Denies blurred vision	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Denies double vision	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Double Vision	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Eye drainage clear	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Eye drainage pus-like	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Eye redness	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Wheeze

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> End of exhale	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Inhale and exhale	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Throughout exhale	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Observation Type Detail

***Name**
Throat

Active Display for unlinked complaints

Health Observation Type Items

Name	Active
<input checked="" type="checkbox"/> Assess throat	<input checked="" type="checkbox"/>

Add Observation Type Item

Health Complaint Types

Health Complaint Type

+ New

Health Complaint Type Editor
Name
Abdominal Pain
Allergic reaction
Allergy symptoms
Asthma attack
Back or neck injury
Bite
bite
bite (insect/sting)
Bladder/Bowel Accident
Bleeding
Body Aches
Braces
Burn
chapped lips
Check after altercation
Check Blood Sugar
Chills
Choking
Circulatory concern
Cognitive concern
Cold sore/fever blister

Health Complaint Type Editor
Name
Communicable disease concern
Cough
Cut
Dermatological concern
Diabetic concern
Dizzy
Ear ache
Ear injury
Eye irritation
Eyes Hurting
eyes watering
Family/Social concern
Fight
Gastrointestinal concern
Hair Check
Headache
Hearing concern
hungry
Hygiene
infection
Injury

+ New

Health Complaint Type Editor
Name
injury- abrasion
injury- bumped head
Injury-Fall
Injury-pencil stick
Insect bite or sting
Insect bite/sting
Itching - head
Itching- skin
Menstrual Cramps
Mental health concern
Nasal congestion
Nosebleed
Numbness
Oral/Dental concern
Pain
Personal safety concern
Poisoning
Possible low blood sugar
Rash
Reproductive concern
Runny nose

Folder

Health Complaint Type



New

Health Complaint Type Editor

Name

- POSSIBLE LOW BLOOD SUGAR
- Rash
- Reproductive concern
- Runny nose
- Safe Crisis Management Assessment
- Seizure
- Sexual concern
- Shortness of breath
- Sore throat
- Splinter
- Sprain or strain
- Substance abuse concern
- Temperature regulation concern
- tooth
- twisted ankle
- Upset stomach
- Vision concern
- Vomiting
- weakness
- Wheezing
- Wound care concern

Example of Treatments for Student with Diabetes

 New Condition  Print

Health Conditions

-  Diabetes melitus/uncontrolled
 -  Glucometer
 -  Other
 -  Med/Injc/Sch

Health Office Visit

Record Complete  Add Medication Dose  Add Discharge  Add Treatment

*Date 

*Time

*Recorded By

Discharge Time

Appointment Student was here for appointment Student did not show up

Visit Comments

Complaint(s)

Medication Dose(s)

Treatment(s)

Disch  

- Diabetes melitus/uncontrolled: Glucometer
- Diabetes melitus/uncontrolled: Med/Injc/Sch
- Diabetes melitus/uncontrolled: Other