



Acuity Determination

Annual School Nursing Services Report



Student Acuity Measurement in Oregon

ORS 336.201 (2009) requires that the Oregon Department of Education to:

- Collect the number of medically complex students, medically fragile students and nursing-dependent students in each school district
- Collect the number of licensed practical nurses, registered nurses, and school nurses in each school district
- Submit an annual [School Nurse Report](#) to the State Board of Education and the interim legislative committees.

Importance of Data

School nurse staffing and student acuity data are crucial for ensuring that schools have adequate nursing services to meet students' medical needs. This data helps:

- Advocate for Student Needs – Helps secure necessary resources and guarantees access to care for students with chronic conditions, disabilities, or acute illnesses.
- Inform Policy and Resource Allocation – Shapes state and local policies, improves nursing services, and ensures efficient resource distribution.

Importance of Effective Data Collection Tools

- Ensure accurate, timely, and comprehensive data for informed decision-making and better student outcomes.
- Help identify trends, allocate resources efficiently, and improve policies.

Notes on the acuity process

- Acuity tool collects data for the Annual Nursing Services in Oregon Public Schools Report in which the **data is considered in aggregate**.
- Is **not designed to determine placement of an individual student**. Nurses should use the nursing process in its entirety and participate on IEP and 504 teams for that work.
- Is not designed to measure nurse workload. It will **not capture all the work** nurses do for students with acute conditions and for school communities.

Acuity Definitions (1)

- General Students
- Medically Non-Complex Students
- Medically Complex Students
- Medically Fragile Students
- Nursing Dependent Students

| Line | ACUITY CRITERIA (WITH EXAMPLES) | SCALE | SCORE | RATIONALE | DEFINITIONS |
|------|--|---|---------|-----------|---|
| 1 | Chronic Condition(s): The nurse has assessed that the student has one or more diagnosed chronic health condition(s). <i>(Example of comorbidity: Asthma comorbid with anxiety in which the anxiety is a trigger for asthma.)</i> (Scale 0-2) | 0 = The student does not have a chronic health condition. 1 = The student has one diagnosed chronic health condition. 2 = The student has more than one diagnosed chronic health conditions, both managed by the nurse, or has an assessed comorbidity that influences the management of the primary condition. | | | General Student: Students with normal growth & development or intermittent acute illness/injury events; if a condition exists, it is uncomplicated and predictable |
| 2 | Severity of the Condition: The nurse has assessed the extent to which the condition has the potential to become life threatening. <i>(Examples: unstable cardiac diagnosis, history of status epilepticus, fragile diabetes; see additional guidance below.)</i> (Scale 0-2) | 0 = Student is not at risk for a life-threatening event. 1 = The student is at risk for a life-threatening event but is typically stable. 2 = The student is at risk for a daily life-threatening event. | | | Student with Stable Chronic Condition (Medically non-complex): Physical/social emotional or physiological condition(s) that may have variable complexity but is stable and predictable with minimal support |
| 3 | Planning and Nursing Assessment: The nurse has assessed that the student requires an individual plan of care to manage a chronic health condition(s) <i>(See Examples in the guidance below.)</i> (Scale 0-3) | 0 = No individual plan of care is in place. 1 = An individual plan of care is in place. Minimal nursing assessment and management are expected to manage routine care. 2 = An individual plan of care is in place. Intermittent nursing assessment and management throughout the school year is expected (includes routine delegation/supervision or routine dependent diabetes management). 3 = An individual plan of care is in place. Daily, high frequency nursing assessment and direct nursing management are required (Does not include routine daily insulin administration by a nurse). | | | Medically Complex Student (1:225): Medically complex students means students who may have an unstable health condition and who may require daily professional nursing services. (ORS 336.201) |
| 4 | Emergency Procedures: The individualized plan of care includes an invasive, step-by-step emergency procedure(s) for a potentially life-threatening event. <i>(Includes the following: VNS, epinephrine, glucagon, injectable steroid, G-tube replacement, reintert tracheostomy tube, unscheduled nebulizer treatment, rescue seizure medications; does not include plans in which the only</i> | 0 = No individual emergency procedures are required. 1 = One individual emergency procedures are in place. | | | Medically Fragile Student (1:125): Definition: Medically fragile students means students who may have a life-threatening health condition and who may require immediate professional nursing services. (ORS 336.201) |
| 5 | Complexity of Procedure(s): The student requires one multi-step procedure that is performed routinely, including the same single procedure multiple times per day. <i>(Examples: airway management, diabetes management, complex g-tube management.)</i> (Scale 0-2) | 0 = The student requires no complex procedures. 1 = The student requires one multi-step procedure that is performed routinely (includes a single procedure performed multiple times per day). 2 = The student requires more than one multi-step procedure or a single procedure which may necessitate adjustments to the routine process based on collected data. | | | Nursing Dependent Student (1:1): Nursing-dependent students mean students who may have an unstable or life threatening health condition and who may require daily, direct, and continuous professional nursing services. (ORS 336.201) |
| 6 | Non-medical Drivers of Health: Student's health maintenance or potential risk for complications are impacted by one or more non-medical drivers of health resulting in an increased need for care coordination to ensure the student can access education. <i>(Examples: facilitating medical appointments and/or access to medication or medical supplies.)</i> (Scale 0-1) | 0 = Student's need for care coordination is not significantly impacted by non-medical drivers of health. 1 = A non-medical driver of health is assessed as impacting health maintenance and/or potential risk for complications such that additional care coordination was required (nurse must have documented examples of interventions which are expected to mitigate the effect of the non-medical driver). | | | Chronic Condition: A disease or condition that usually lasts 3 months or longer and may require professional nursing services to ensure access to education or limit activities of daily living or both. This includes conditions with intermittent flares or lifelong diagnosis. |
| 7 | Level of Dependence: Does the student require "daily, direct, continuous" nursing care? (Scale 0-1) | 0 = No, student does not require daily, direct, continuous nursing care (1:1 nursing) 1 = Yes, student requires daily, direct, continuous nursing care (1:1 nursing) | | | Non-Medical Drivers of Health: The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These can be grouped into 5 domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context (Healthy People 2030). Specific examples include transportation, food, and housing insecurity. Non-medical drivers of health can impact a student's health maintenance or potential risk for complications such that increased care coordination, including but not limited to facilitating medical appointments and/or access to medical supplies, is necessary to ensure the student can access education. |
| 8 | | | Total 0 | | Care Coordination: The organized process of managing a patient's healthcare activities across different providers and disciplines, ensuring all involved parties are communicating and collaborating to deliver holistic, patient-centered care, often including tasks like developing care plans, coordinating appointments, and advocating for the patient's needs across the healthcare system (e.g. facilitating access to medication). |
| | Student Name/DOB: <input type="text"/> Level of Acuity: <input type="checkbox"/> Acuity 0: Level I (General Student) <input type="checkbox"/> Acuity 1-2: Level II (Medically Non-complex) <input type="checkbox"/> Acuity 3-5: Level III (Medically Complex) <input type="checkbox"/> Acuity 6-11: Level IV (Medically Fragile) <input type="checkbox"/> Acuity >6 and "yes" on line 7: Level V (Nurse Dependent) | | | | |
| | Nurse Name/Date: <input type="text"/> | Acuity Score: <input type="text"/> | | | |

Additional Resources can be found at the Oregon Department of Education's [School Nurse Resources Webpage](#).

- Chronic Conditions
- Non-Medical Drivers of Health
- Care Coordination

What is Acuity: Research tells us...

- Using a **consistent** model of measurement provides **objective, consistent, and sustainable data**.
- Acuity should be **quantifiable**.
- Acuity assessment must be **completed by a RN**.
- Acuity should consider **time and complexity of nursing**, including consideration of nursing care that is accomplished via delegation, teaching, or training.
- **All patient problems** must be considered to appropriately assess acuity.
- **Non-medical drivers of health** impact complexity and acuity of an individual and their health outcomes.

[OSNA Acuity Toolkit](#)

What is Acuity: Components of Acuity

- Chronicity
- Complexity of Student
- Psychological Parameters
- Severity of Condition(s)
- Stability of Condition(s)
- Physiological Parameters
- Intensity of Nursing Care
- Complexity of Nursing Care
- Level of Dependence/ Participation
- Psychosocial Parameters

[OSNA Acuity Toolkit](#)

What is Acuity: NASN Position

“It is the position of the National Association of School Nurses that access to a registered professional nurse all day, every day can improve students, health, safety, and educational achievement. Student acuity, and school community indicators should be assessed to determine appropriate staffing levels access to school nurse may mean that more than one school nurse is necessary to meet the needs of the school population.”

[National Association of School Nurses. \(2020\). School Nurse Workload \(Position Statement\).](#)

Caseload (acuity) vs Workload

Caseload: Student Focused

- Additional trainings required because a student's condition has worsened.
- Creation of a medication plan to accommodate a specific need of a student.
- Addition of/ training for an emergency procedure because a student's condition has worsened to the extent the procedure is required.

Workload: System Focused

- Additional trainings required because of workforce instability.
- Chart audits to measure the competence of UAPs trained to administer medication.
- Attendance at an IEP meeting to report the addition of an emergency medication to a student's POC

Acuity Criteria

- Understand the components of acuity.
- Complete this training.
- Study examples.
- Attend office hours.

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| 3 | Planning and Nursing Assessment: The nurse has assessed that the student requires an individual plan of care to manage a chronic health condition(s) (See Examples in the guidance below). (Scale 0-5) | 0 = No individual plan of care is in place. 1 = An individual plan of care is in place. Minimal nursing assessment and management are expected to manage routine care. 2 = An individual plan of care is in place. Intermittent nursing assessment and management throughout the school year is expected (includes routine delegation supervision or routine dependent diabetes management). 3 = An individual plan of care is in place. Daily, high frequency nursing assessment and direct nursing management are required (Does not include routine daily insulin administration by a nurse). | | | Medically Fragile Student (1:125): Definition: Medically Fragile students means students who may have a life-threatening health condition and who may require immediate professional nursing services. (ORS 336.201) |
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| 8 | | | Total | 0 | |
| <p>Student Name/DOB: _____</p> <p>Nurse Name/Date: _____</p> <p>Level of Acuity:</p> <p><input type="checkbox"/> Acuity 0: Level I (General Student) <input type="checkbox"/> Acuity 1-2: Level II (Medically Non-complex) <input type="checkbox"/> Acuity 3-5: Level III (Medically Complex) <input type="checkbox"/> Acuity 6-11: Level IV (Medically Fragile) <input type="checkbox"/> Acuity >6 and "yes" on line 7: Level V (Nurse Dependent)</p> <p>Acuity Score: _____</p> | | | | | |

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Acuity Scales

- Complete this training.
- Consider the description of each step on the scale.
- Consult the examples to understand how the scale is being used.
- Attend Office Hours.

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| 8 | | | Total | 0 | Care Coordination: The organized process of managing a patient's healthcare activities across different providers and disciplines, ensuring all involved parties are communicating and collaborating to deliver holistic, patient-centered care, often including tasks like developing care plans, coordinating appointments, and advocating for the patient's needs across the healthcare system (e.g. facilitating access to medications). |
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Point Ranges

- General Population: 0
- Medically non-complex: 1-2
- Medically Complex: 3-5
- Medically Fragile: 6-11
- Nursing Dependent:
(and Yes on question #7) >6

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CHRONICITY



Chronicity (1)

Criteria:

The nurse has assessed that the student has one or more diagnosed chronic health condition(s).

Components:

Chronicity, Student Complexity, Psychological Parameters

Scale:

0 = The student does not have a chronic health condition.

1 = The student has one diagnosed chronic health condition.

2 = The student has more than one diagnosed chronic health conditions, both managed by the nurse, or has an assessed comorbidity that influences the management of the primary condition.

Chronicity (2)

Medically Non-Complex: Physical/social emotional or physiological condition(s) that may have variable complexity but is stable and predictable with treatment.

Chronic Condition: A disease or condition that usually lasts for 3 months or longer and may require professional nursing services to ensure access to education or limit activities of daily living or both. This includes conditions with intermittent flares or lifelong diagnosis.

Considerations:

- Dx must be a current diagnosis, or the student is in the diagnosis process with a provider.
- Documented ongoing behavior incidents impacting access to education and the management of conditions can be used as a comorbidity (not as a primary chronic condition).
- Do not include acute conditions (concussion, extended orthopedic injuries or illnesses e.g. mononucleosis).
- If concussion persists and is diagnosed as post-concussion syndrome or Traumatic Brain Injury (TBI), it can be included as a chronic condition.

Chronicity (3)

Considerations:

When there is one condition, score 1 point, even if the condition is not currently managed by a nurse.

- More than 1 behavioral health diagnosis are considered 1.
- Care needed not related to medical diagnosis should not be captured in this tool.
- Distant Hx, not managed by medical provider should not be captured in this tool.

Examples: Score 1 point

- ✗ Concussion
- ✓ Traumatic Brain Injury
- ✓ Anxiety and Disordered Eating
- ✗ Toilet training
- ✓ Encopresis
- ✗ Hx of condition, not managed by provider
- ✓ T1D with other conditions not impacting delivery of care

Chronicity (5)

Considerations

If a student has more than one condition, 2 points can be awarded IF

- The nurse manages both conditions
OR
- There is an assessed comorbidity.

Examples: Score 2 points

- ✓ Asthma and Anaphylaxis
- ✓ Diabetes and Seizure
- ✓ Asthma and anxiety
- ✓ Diabetes and IDD
- ✗ T1D with other conditions not impacting delivery of care



SEVERITY



Severity of the Condition (1)

Criteria:

The nurse has assessed the extent to which the condition has the potential to become life threatening

Component:

Severity and Level of Participation

Scale:

0 = Student is not at risk

1 = The student is at risk for a life-threatening event but is typically stable.

2 = The student is at risk for daily life-threatening events.

Severity of the Condition (2)

Considerations:

- Differentiate between what is immediately life-threatening and what is life-limiting.
- Assess all factors contributing to or mitigating risk.
- NOTE: With additional care coordination, the school nurse can mitigate some of this risk.

Determining Factors

- Manifestations of the condition (e.g. stability of BG)
- History of adverse events (e.g. status epilepticus)
- Student's level of self-management and participation in self-care (awareness and capacity)
- Family compliance (remembering controller meds)
- Environmental factors (presence of allergens or triggers)

2. Severity of the Condition: SAR

| | | |
|--|---|---|
| 0= Student is not at risk for a life-threatening event | 1= Student is at risk for a life-threatening event but is typically stable ; | 2= The student is at risk for daily life-threatening events. |
| Uncommon allergen , unlikely to be present in the school environment. | Single allergen which may be present in the school setting. | Multiple allergens, and/or an allergen found in many sources (e.g. soy, latex), common in the school setting. |

Student Capacity for Self-Management: This may impact score in this category

| | | |
|--|--|---|
| Student has the cognitive ability to understand and is capable of carrying out planning to manage the medical condition. | Student has the cognitive ability to understand and but is not capable of carrying out planning to manage the medical condition. | Student has neither the cognitive ability to understand nor the capability to carry out planning to manage the medical condition. |
|--|--|---|

2. Severity of the Condition: Seizure

| | | |
|--|--|--|
| 0= Student is not at risk for a life-threatening event | 1= Student is at risk for a life-threatening event but is typically stable ; | 2= The student is at risk for daily life-threatening events. |
| Distant history of seizure diagnosis, no longer takes controller or cessation medications and is not followed by a neurologist . | Seizure diagnosis with controller medications and medications for breakthrough events. | Intractable seizure activity, despite seizure cessation medications; history of status epilepticus, history of loss of an airway during seizure. |

2. Severity of the Condition: Type 1 Diabetes

| | | |
|---|--|---|
| 0= Student is not at risk for a life-threatening event | 1= Student is at risk for a life-threatening event but is typically stable ; | 2= The student is at risk for daily life-threatening events. |
| N/A | Well controlled diabetes, stable BG levels with consistent insulin orders, successful independent self-manager | Labile blood glucose, frequent insulin order changes ; Episodes of extreme hypoglycemia requiring glucagon or hyperglycemia related DKA. |



PLANNING & ASSESSMENT



3. Planning and Assessment (1)

Criteria:

The nurse has assessed that the student requires an individual plan of care (POC) to manage a chronic health condition(s).

Components:

Stability, Intensity, Physiological Parameters

Scale:

0 = No individual plan of care is in place.

1 = An individual plan of care is in place. **Minimal nursing assessment** and management are expected to manage routine care.

2 = An individual plan of care is in place.

Intermittent nursing assessment and management throughout the school year is expected (Includes routine delegation supervision or routine dependent diabetes management).

3 = An individual plan of care is in place. **Daily, high frequency nursing assessment** and direct nursing management are required.

3. Planning and Assessment (2)

Plans of Care (POC):

- Individualized Health Plan
- Health Management Plan
- Health Guidelines
- Swallow/feeding Protocol
- Medication Plan
- Safety Plan (r/t suicidality)

Must be developed using the **nursing process**, exhibit **clinical judgement**, and include **interventions**.

“Clinical Judgement”

The observed outcome of critical thinking and decision making. It is an iterative (repetitive) process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solution to deliver safe client care.

3. Planning and Assessment (3)

Considerations:

POCs do NOT include:

- Plans created by other health professionals
- Authorization/permission forms, alone
- Building emergency plans

Note: Routine follow up on medication administration compliance is workload associated with that teaching; it measures staff competence and is not attached to specific students' acuity.

Considerations:

- The tool should not measure practice models (whether or not to delegate or assign care).
- Routine management of students with diabetes requires completion of daily tasks which follow a plan of care and can be rote.

3. Planning and Assessment: Type 1 Diabetes

| | | | |
|--|---|--|--|
| 0= No individual plan of care is in place. | 1= An individual plan of care is in place. Minimal nursing assessment and management are expected to manage routine care. | 2= An individual plan of care is in place. Intermittent nursing assessment and management throughout the school year is expected | 3= An individual plan of care is in place. Daily, high frequency nursing assessment and direct nursing management are required |
| N/A | The student successfully manages type one diabetes independently. Beyond the nursing process to implement a plan of care, the nurse is rarely consulted . | The student with type one diabetes, requiring supervision and assistance with interventions , requires intermittent nursing assessment and/or updates to the plan of care. <i>Daily care is routine and can be rote.</i> | The student's condition requires ongoing nursing assessment , e.g. A student cannot recognize or articulate glycemic events. |

3. Planning and Assessment: Asthma

| | | | |
|---|---|---|---|
| 0= No individual plan of care is in place. | 1= An individual plan of care is in place. Minimal nursing assessment and management are expected to manage routine care. | 2= An individual plan of care is in place. Intermittent nursing assessment and management throughout the school year is expected | 3= An individual plan of care is in place. Daily, high frequency nursing assessment and direct nursing management are required |
| The student has a history of asthma symptoms, student no longer requires monitoring or medical management. | The student has a current asthma diagnosis which is well managed ; beyond the nursing process to implement a plan of care, the nurse is rarely consulted. | The student's asthma is not well controlled ; condition requires nursing assessment and/or updates to the plan of care. | The student's condition requires nursing assessment frequently, e.g. History of respiratory failure due to asthma exacerbation. |

3. Planning and Assessment: Seizure

| | | | |
|--|---|---|---|
| 0= No individual plan of care is in place. | 1= An individual plan of care is in place. Minimal nursing assessment and management are expected to manage routine care. | 2= An individual plan of care is in place. Intermittent nursing assessment and management throughout the school year is expected | 3= An individual plan of care is in place. Daily, high frequency nursing assessment and direct nursing management are required |
| The student has a history of seizure dx (e.g. infantile febrile) which no longer requires monitoring or medical management . | The student has a seizure disorder well controlled by medication with no recent history of breakthrough seizures. Beyond the nursing process to implement a plan of care, the nurse is rarely consulted. | The student's seizure condition requires intermittent nursing assessment and/or updates to the plan of care. | The student's condition requires nursing assessment continuously, e.g. History of status epilepticus and loss of airway during a seizure . |

Severity/Planning & Assessment Case Study: ADHD

Luc is a 2th grader who takes daily ADHD medication, administered by medication trained staff. Luc has an IEP but there are **no nursing or health service supports** listed.

This student does not have a POC; **medication authorization forms, alone, do not constitute a medication POC.**

Henry is a 6th grader who takes 2 medications for ADHD at school. He is **resistant** to taking the meds. The nurse has created a **POC** with teachers and office staff to help with compliance. The **nurse consults** with parent and student **regularly**. Henry has an IEP, and **nurse consultation is listed as a support** for school staff.

Severity scale = 0

Planning and Assessment scale = 0

Severity scale = 0

Planning and Assessment scale = 2



EMERGENCY PROCEDURE



4. Emergency Procedures (1)

Criteria:

The individualized plan of care includes an invasive, step-by-step emergency procedure(s) for a potentially life-threatening event

Component:

Severity, Intensity

Scale:

0 = No individual emergency procedures are required.

1 = Individual emergency procedures are in place.

4. Emergency Procedures (2)

Considerations:

- A provider order for a rescue medication is needed and the prescribed medication for the individual student must be present.
- Does not include plans in which the only intervention is calling 911.
- Frequency of utilization is not considered in this question.
- Utilizing a nebulizer for standard asthma care, does not qualify it as a rescue procedure.

Examples:

- VNS, rescue seizure medications
- Epinephrine administration
- Glucagon administration
- Injectable steroid for adrenal insufficiency
- G-tube replacement
- Tracheostomy tube reinsertion
- Emergency nebulizer treatment (not for routine management of symptoms)

Emergency Procedure Case Study: Diabetes

Steve is a 5st grader diagnosed with T1D 4 years ago. **Baqsimi is in the health room.**

Kevin is a 10th grader with T1D.. Although glucagon is listed on the physician school orders, **his parent has not provided it for school.**



Emergency Procedure score = 1



Emergency Procedure score = 0

Severity/Planning & Assessment Case Study: SAR

Lily is a 3rd grader with anaphylaxis to peanuts. She has an **Epipen Jr** in the health room. She **knows** to avoid nuts, and eats school lunch. A POC is in place.

Severity score = 1

Planning and Assessment score = 1

Emergency Procedure score = 1

Severity score = 0

Planning and Assessment score = 1

Emergency Procedure score = 0

Nolan is a 3rd grader whose parent documented a severe peanut allergy on his enrollment forms. Parent has **not provided epinephrine** for the health room and there is **no other documentation** about his allergy other than parent report. Even though the RN has limited information **POC was developed**.

Severity/Planning and Assessment/Emergency Procedure Case Study: Asthma

Cassie is a 5th Grade student with asthma. A **rescue inhaler is in the health room**, which Cassie uses infrequently at school. The nurse assesses the student and updates the POC yearly to manage condition.

Severity score = 1

Planning and Assessment = 1

Emergency Procedure = 0

Severity score = 2

Planning and Assessment score = 2

Emergency Procedure score = 1

Dae'Onna is a 2nd grader who has moderate persistent asthma. She uses an inhaled corticosteroid medication every day at home to prevent asthma episodes. She has a bronchodilator inhaler at school that she uses before PE and as needed, typically once every other week. When Dae'Onna is ill, she frequently has asthma flares for which she has been hospitalized twice during this school year. To manage sx of respiratory distress, nebulized Albuterol is prescribed, which father provided for school.



COMPLEXITY



5. Complexity (1)

Criteria:

The individual plan of care includes detailed, step-by-step invasive procedure(s) to meet the student's routine, daily health needs.

Components:

Complexity of Student, Complexity of Nursing, Intensity, Level of Dependence/Participation

Scale:

- 0 = The student requires no complex procedures.
- 1 = The student requires one multi-step procedure that is performed routinely, including the same single procedure multiple times per day.
- 2 = The student requires more than one multi-step procedure or a single procedure which may necessitate adjustments to the routine process based on collected data.

5. Complexity (2)

Considerations:

- This question can reflect a student's level of self-management and participation in self-care (awareness and capacity)
- Procedures being managed by another entity (personal care worker, home health agency) are not scored with points
- Tasks in this list are repeated routinely, daily. Procedures reported in the previous question on emergency procedures should not be double counted here.

Examples:

- Clean intermittent catheterization
- G-tube management
- Diabetes management
- Nebulizer for routine care (not rescue medication)

5. Complexity: Type 1 Diabetes

| | | | |
|------------|--|--|---|
| Complexity | 0= The student requires no complex procedures. | 1= The student requires one multi-step procedure that is performed routinely, including the same single procedure multiple times per day. | 2= The student requires more than one multi-step procedure or a single procedure which may necessitate adjustments to the routine process based on collected data. |
| Diabetes | Student is independent with respect to diabetes management. | Providing supervision and verification, only . The student is a self-manager but is not independent. | Student is completely dependent for assistance on staff for all aspects of diabetes care. |

Complexity: Case Studies: T1D

Hazel is a 1st grader who was diagnosed with T1D 2 months ago. Her blood glucose levels fluctuate. **Hazel requires direct assistance with all diabetes management:** finger poke, carb counting, high low tx, insulin injection with pen, and ketone testing.

Complexity Score is 2

The nurse has assessed that Steve is competent in all aspects of self-managing his diabetes; however, the provider has stipulated **supervision is required.** Trained staff **oversee insulin dosing** twice a day before breakfast and lunch

Complexity Score is 1

Kevin is a 10th grader with T1D. He is **independent with all aspects of diabetes management**, although he has come to the health room if he is low and forgets fast acting carbs and snacks. He wears a CGM.

Complexity Score is 0

5. Complexity: G-Tube

| | | | |
|------------|---|--|---|
| Complexity | 0= The student requires no complex procedures. | 1= The student requires one multi-step procedure that is performed routinely , including the same single procedure multiple times per day. | 2= The student requires more than one multi-step procedure or a single procedure which may necessitate adjustments to the routine process based on collected data. |
| G-tube | Emergency protocol for accidental removal (not replacement). G-tube not used during school hours. | G-tube is used for regular feedings. Amounts of water for flush and food do not vary, and student tolerates feeding well. | G-tube requires intermittent venting. Feedings are not well tolerated, so amounts of food vary. G-tube is used to administer medications. |

Complexity Case Studies: G-Tube

Xanta is a student with cerebral palsy, who uses a w/c, has seizure disorder, and receives all nutrition and hydration by gastrostomy tube bolus. At school, she receives 2 feedings of formula, followed by a 20 cc water flush. The **procedure is stable and predictable**, and the RN has delegated it to UAPs.

Complexity Score = 1

Evelyn is non-verbal. She has a g-tube and gets supplemental formula and water **only if she does not consume enough orally**. She requires **intermittent venting** daily. The RN has trained UAP to administer seizure medication and to provide physical support, but a nurse manages Evelyn's feeding and related management because of the **unpredictable nature** of her needs.

Complexity Score = 2



NON-MEDICAL DRIVERS OF HEALTH



6. Non-Medical Drivers of Health (1)

The conditions in the environments where people are born, live, learn, work, play, worship, and age that **affect a wide range of health, functioning, and quality-of-life outcomes and risks**.

- Non-Medical Drivers of Health can be grouped into 5 domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context ([Healthy People 2030](#)).
- Specific examples include transportation, food, and housing insecurity.

Non-medical drivers of health **can impact a student's health maintenance or potential risk** for complications such that **increased care coordination**, including but not limited to facilitating medical appointments and/or access to medical supplies, is needed to ensure the student can access education.

6. Non-Medical Drivers of Health (2)

6. Non-Medical Drivers of Health (3)

Criteria:

Student's health maintenance or potential risk for complications are impacted by one or more non-medical drivers of health resulting in an increased need for care coordination to ensure the student can access education.

Components:

Complexity of Student, Complexity of Nursing Care Intensity

Scale:

0 = Student's need for care coordination is not significantly impacted by non-medical drivers of health.

1 = A non-medical driver of health is assessed as impacting health maintenance and/or potential risk for complications such that **additional care coordination** was required.

6. Non-Medical Drivers of Health (4)

Consideration:

To score a 1 in this question, a nurse must have documented care coordination interventions which extend above the typical management of a student in the school setting.

Care coordination documented in this criteria is over and above nursing services typically provided.

Interventions of Care Coordination:

Facilitating...

- A appointment (making the appointment, arranging for transport)
- Access to supplies (disposable and durable medical)
- Access to medication

Non-Medical Driver Case Study

Bradley's wheelchair needs to be replaced but private insurance won't pay for it. Twice during the school year the brakes broke, and he missed school because Transportation wouldn't transport him on the bus until they were fixed. **The nurse regularly assists with care coordination (including interacting with the vendor for wheelchair support)** so that he can access his educational program by providing community supports, coordinating appointments, and checking in with parents.

N-MDOH Criteria Score = 1

Xanta is a student with cerebral palsy, who uses a w/c, has seizure disorder, and receives all nutrition and hydration by gastrostomy tube bolus. At school, she receives 2 feedings of formula, followed by a 20 cc water flush. **Xanta's family speak Spanish and do not have a vehicle.** Family members **are able** to provide transportation when needed. The RN is **able to** effectively communicate and coordinate care with the mother through an interpreter.

N-MDOH Criteria Score = 0



DEPENDENCY



7. Level of Dependence

Criteria:

Does the student require “daily, direct, continuous” nursing care?

Scale:

- No, student does not require 1:1, daily, direct, continuous nursing care.
- Yes, student requires an assigned 1:1 nurse while at school to manage health needs throughout the school day.

Considerations:

A finding of nursing dependence: exclusive focus should be reported, with supporting data, to the IEP team for final determination of staffing.

The nurse requires coverage for breaks.



CASE STUDIES



Case Study: Xanta

Xanta is a student with cerebral palsy, who uses a w/c, has seizure disorder, and receives all nutrition and hydration by gastrostomy tube bolus. At school, she receives 2 feedings of formula, followed by a 20 cc water flush. The procedure is stable and predictable, and the RN has delegated it to UAPs. Xanta experiences scattered, brief seizure activity, especially when she is startled. She does not have a history of status epilepticus and does not have seizure rescue medication at school. The IEP and POC is in place. Xanta's family speak Spanish and do not have a vehicle. Family members provide transportation when needed. The RN able to effectively communicate and coordinate care with the mother through an interpreter.

| | |
|-----------------------|----|
| Chronicity | 2 |
| Severity | 0 |
| Planning & Assessment | 2 |
| Emergency Procedures | 0 |
| Complexity | 1 |
| N-MDOH | 0 |
| Dependence | No |
| Medically Complex | 5 |

Case Study: Bradley

Bradley is a 10-grade student who has a chromosomal disorder. He has asthma, a gastrostomy tube, and a tracheostomy. His asthma is well controlled at school but flairs when he is ill. He was hospitalized over Winter Break. Because he has history of GERD, his 2 feedings during the school day are delivered by pump. The formula is mixed with water before administration. He receives medication at school daily through his g-tube. Bradley requires intermittent tracheal suctioning throughout the school day. Parent has health issues and often misses doctor appointments. Although the student has private insurance, it doesn't pay for all his medical needs. His wheelchair needs to be replaced but private insurance won't pay for it. Twice in during the school year the brakes broke, and he missed school because Transportation wouldn't transport him on the bus until they were fixed. The nurse regularly assists with care coordination so that Bradley can access his educational program by providing community supports, coordinating appointments, and checking in with parents. Bradley has an IEP and receives 1:1 nursing care to meet his health needs in the classroom and on the bus. A POC is in place. A POC is in place and includes Tracheostomy replacement in the event of accidental decannulation.

| | |
|-----------------------|-----|
| Chronicity | 2 |
| Severity | 2 |
| Planning & Assessment | 3 |
| Emergency Procedures | 1 |
| Complexity | 2 |
| N-MDOH | 1 |
| Dependence | YES |
| Nursing Dependent | 11 |

Cast Study: Evelyn

Evelyn is a student who has Rett syndrome, manifesting with a seizure disorder, and the need for a g-tube. She uses a wheelchair and is non-verbal. She has about 10 seizures per month at school and requires rescue meds about once a month for seizures that last over 5 minutes. She eats orally, requires an adult to feed her, and has a feeding protocol in place because of risk for choking and aspiration. She has a g-tube and gets supplemental formula and water if she does not consume enough orally. She requires intermittent venting daily. The RN has trained UAP to administer seizure medication and to provide physical support, but a nurse manages Evelyn's feeding and related management because of the unpredictable nature of her needs. The IEP and POC are in place.

| | |
|-----------------------|----|
| Chronicity | 2 |
| Severity | 2 |
| Planning & Assessment | 3 |
| Emergency Procedures | 1 |
| Complexity | 2 |
| N-MDOH | 0 |
| Dependence | No |
| Medically Fragile | 10 |

Cast Study: Ellie

Ellie is a 5th grade student who was born with myelomeningocele (spina bifida) and has associated diagnoses of hydrocephalus and neurogenic bowel and bladder. She uses a wheelchair for mobility. A VP shunt was surgically placed after birth to treat hydrocephalus, and she requires clean intermittent catheterization twice during her school day. The RN has provided training to staff about what to watch for shunt malfunction and steps to take if it occurs. The RN has delegated the CIC procedure. A POC is in place.

| | |
|-----------------------|----|
| Chronicity | 2 |
| Severity | 1 |
| Planning & Assessment | 2 |
| Emergency Procedures | 0 |
| Complexity | 1 |
| N-MDOH | 0 |
| Dependence | No |
| Medically Fragile | 6 |

Cast Study: Hazel

Hazel is a 1st grader who was diagnosed with T1D 2 months ago. Her blood glucose levels fluctuate, and she is unaware of feelings of low or high blood sugar. Hazel requires direct assistance with all diabetes management: finger poke, carb counting, high/low tx, insulin injection with pen, and ketone testing. The RN has trained staff in all areas, but the RN does insulin injection. Staff call the nurse regularly for direction. A POC is in place. Baqsimi is in the health room.

| | |
|-----------------------|----|
| Chronicity | 1 |
| Severity | 2 |
| Planning & Assessment | 2 |
| Emergency Procedures | 1 |
| Complexity | 2 |
| N-MDOH | 0 |
| Dependence | No |
| Medically Fragile | 8 |

Case Study: Steve

Steve is a 5th grader diagnosed with T1D 4 years ago. His condition is typically stable, although he experiences some occasional low and high blood sugar levels which he manages well on his own. He has an insulin pump and a CGM. The nurse has assessed that Steve is competent in all aspects of self-managing his diabetes; however, the provider has stipulated supervision is required. Trained staff oversee insulin dosing twice a day before breakfast and lunch. Staff call the RN for support when needed. A POC is in place. Baqsimi is in the health room.

| | |
|-----------------------|----|
| Chronicity | 1 |
| Severity | 1 |
| Planning & Assessment | 2 |
| Emergency Procedures | 1 |
| Complexity | 1 |
| N-MDOH | 0 |
| Dependence | No |
| Medically Fragile | 6 |

Cast Study: Kevin

Kevin is a 10th grader with T1D. He is independent with all aspects of diabetes management, although he has come to the health room if he is low and forgets fast acting carbs and snacks. He wears a CGM. Although glucagon is listed on the physician school orders, his parent has not provided it for school.

| | |
|-----------------------|----|
| Chronicity | 1 |
| Severity | 1 |
| Planning & Assessment | 1 |
| Emergency Procedures | 0 |
| Complexity | 0 |
| N-MDOH | 0 |
| Dependence | No |
| Medically Complex | 3 |

Considerations

When students **leave the district** before the acuity report is submitted...

- They should not be included on the **sending** districts report.
- They can be included in the **receiving** districts report (in Oregon).
- Appropriate transfer of education records (when a student remains in state) will ensure that data is not lost.

Education records request

- Includes school health records
- Makes efforts (calls/email) for transition and continuity of care appropriate.

Timing of Assessments

- Reporting Period in late spring
- Assessment can be ongoing



Thank You

For more information: [School Nurse Resource webpage](#)

