Standards of practice and Physical Assessment for the School Licensed Practical Nurse

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Disclosure

Planner, Presenter, Author Disclosures

I, Elizebeth Morse disclose the absence of personal financial relationships with commercial interests relevant to this educational activity within the past 12 months.
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Much of the Information Presented today comes from the

Virginia Board of Nursing Overview:
Laws and Regulations, RN/LPN Scope of Practice,
Delegation to ULPs, Discipline & Resources

As presented to
HEAD START ANNUAL
CONFERENCE OCTOBER 28, 2015
BY
Jodi P. Power, RN, JD
Deputy Executive Director
Objectives

At the conclusion of the session, Participants will be able to:

▪ Discuss the Scope of Practice for the LPN in Virginia
▪ Differentiate abnormal from normal physical assessment findings.
▪ Demonstrate a general assessment of the school age child.
SCOPE OF PRACTICE: Licensed Practical Nursing

Means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board. Code of Virginia §54.1-3000
LPN Scope Includes

• With or without compensation
• Selected nursing acts
• Individuals or groups - ill, injured, maintenance of health
• Teaching of nursing aides
• Requires knowledge, judgment and skill in nursing procedures gained through prescribed education
• Under direction or supervision
The Role of the LPN

Is determined jointly by employer and Board of Nursing laws and regulations

- Job description/Title (Employer and Board of Nursing)
- Assignment - Employer
- Supervision - Employer and Law
- Scope of Practice - Code of Virginia (law)
  - Guidance Document 90-23: Decision Making Model for Determining RN/LPN Scope of Practice (consistent with education, skills, experience and current competence)
Job Description/Title

• Employer determines based on function and responsibilities within the organization
• Must be identified to patients as LPN while providing care irrespective of working title (Board of Nursing Regulation 18VAC 90-20-35 A)
• Job description must not exceed scope as an LPN
Supervision

- Usually included in job description
- Supervision of practice required by the Code of Virginia - under direction or supervision of RN, MD, dentist
- Unless specified in certain sections of law, direct immediate or onsite supervision NOT required
- Exceptions §54.1-3408 Drug Control
RN vs LPN Education Programs

- **RN**
  - Includes components of LPN education curriculum requirement
  - Includes additional curriculum requirements related to comprehensive nursing assessment
  - Didactic content and supervised experience in:
    - Clinical judgment
    - Leadership skills
    - Delegation
    - Plan of care
    - Pathophysiology
- **LPN programs** minimum 400 hours supervised direct client care
- **RN programs** minimum 500 hours supervised direct client care
Assessments? RN vs. LPN

- LPN - performance of “selected” nursing acts
- RN - performance of “any” nursing acts, then adds
  - Observation,
  - care and counsel -
  - Specialized education -
  - Knowledge and skills -
  - Application of principles (biological, physical, social, behavioral and nursing sciences)
Delegation

- The transfer of authority by an RN to a competent ULP
- Delegation involves assessment, supervision, accountability
- Appropriate delegation includes determining:
  - Right task
  - Right circumstance
  - Right person
  - Right direction/communication
  - Right supervision
- Not one-size fits all
- C.N.A.s are ULPs for purposes of delegation
What is Assessment?

- Assessment: The collection of data to make a judgment or diagnosis
  - Subjective
  - Objective
What tools are needed?
Keys to Assessment

- Inspection
- Palpation
- Percussion
- Auscultation
Physical Assessment

- Approach is:
  - Orderly
  - Systematic
  - Head-to-toe
- *Flexibility* is essential with children, be kind and gentle, but firm and direct
General Assessment

- General Physical Appearance
  - Muscle tone and Posture
  - Nutritional status
  - Hygiene
- Behavior/Interactions
  - Personality
  - Facial expressions and eye contact
  - Activity level / alertness
- Speech, language, and motor skills age appropriate
- Growth (ht, wt, BMI)
Expected Vital Signs

<table>
<thead>
<tr>
<th>Age</th>
<th>Pulse</th>
<th>Resp</th>
<th>Temp</th>
<th>Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6</td>
<td>60-110</td>
<td>21-25</td>
<td>98.6 - 99.0 F</td>
<td>SBP 86-117</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DBP 44-75</td>
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<td></td>
</tr>
<tr>
<td>6-10</td>
<td>60-110</td>
<td>19-21</td>
<td>98.1 - 98.2 F</td>
<td>SBP 91-122</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>DBP 54-84</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10 - 12</td>
<td>50-90</td>
<td>19-21</td>
<td>97.9 - 98.1 F</td>
<td>SBP 98-127</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DBP 58 -90</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>12 and older</td>
<td>50-90</td>
<td>16-19</td>
<td>97.9 - 98.6</td>
<td>SBP 108-140</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DBP 64-94</td>
</tr>
</tbody>
</table>

Remember the 5th Vital Sign is PAIN assessment
Eyes

- Inspect -
  - Symmetry
  - Structures
  - Pupil response-PERRL

- Vision Testing:
  - Visual Acuity:
    - Grades K, 3, 7, & 10
    - Snellen or Symbol Chart
  - Peripheral Visual Fields
  - Ocular Alignment
Ears

- Inspect and Palpate
- Inspection with Otoscope
- Testing Hearing Acuity

http://internetmedicine.com/iphone-otoscope/
Nose

- **Subjective Questions:**
  - Discharge or history of frequent colds
  - Sinus pain
  - Trauma
  - Epistaxis (nosebleeds)
  - Allergies (seasonal rhinitis); Alteration in smell

- **Inspect and Palpate**
  - The External Nose for symmetry, lesions, or pain
  - Test for nasal patency (presence of a sniff)
  - Using a speculum attached to the otoscope inspect the vestibule of each nare:
    - noting obstructions
    - color of membranes
    - nasal septum deviations
    - turbinates
  - Palpate sinus area:
    - Frontal and maxillary sinuses for tenderness
    - Transilluminate sinus area if inflammation is suspected
Mouth and Throat:
- Sores or lesions on or in oral cavity
- Sore throat, difficulty swallowing, or hoarseness
- Bleeding gums or toothache
- Smoking or alcohol behaviors
- Self care behaviors (dental checkups; dentures; etc)

Inspect Mouth
- Lips for color, moisture, cracking or lesions
- Teeth and gums
- Tongue for color and surface characteristics
- Buccal mucosa: color, moisture; nodules or lesions
- Palates: hard and soft for intactness, lesions, etc.
Neck

- Palpate
  - Lymph nodes
  - Masses
- Assess ROM
- Inspect and palpate: trachea and thyroid should be mid-line
Head and Neuro

- Head should be symmetric
- Face should be symmetrical in appearance and movement
- Pupils should be round, reactive to light and equal in size (deviation from this could be a neurological problem)
A type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Although there may be cuts or bruises on the head or face, there may be no other visible signs of a brain injury.
Symptoms of Concussion

**Physical symptoms of a concussion:**
- Dizziness
- Problems with balance
- Nausea and/or vomiting
- Balance problems
- Sensitivity to noise
- Sensitivity to light
- Blurred vision
- Headache
- Low energy level
- Unequal pupils
- Seeing flashing lights

**Mental symptoms of a concussion:**
- Difficulty remembering
- Confusion
- Inability to concentrate
- Inability to think clearly
- Mental fogginess
- Inability to remember new information
- Trouble paying attention
- Loss of focus

**Sleep symptoms of a concussion:**
- Sleeping more than usual
- Unable to fall asleep
- Sleeping less than usual

**Emotional symptoms of a concussion:**
- Easily angered or upset
- Feeling nervous or anxious
- Feelings of sadness
- Crying more than usual
- Lack of interest in usual activities
- Depression
Cardiac Assessment: Overview of Heart

- There are 4 chambers of the heart
  - 2 Atria (Right & Left)
  - 2 Ventricles (Right & Left)
Cardiac Assessment

Assess:

- Level of alertness, activity, tone
- Chest symmetry
- Cap refill (should be less than 3 secs) - prolonged indicates poor cardiac output
- Clubbing
- Peripheral edema
- Color and temperature of extremities
Objective Assessment

- Auscultation:
  - Auscultate all areas with patient sitting, leaning forward, supine, and on left side.
  - Begin with the diaphragm and then the bell in all 5 areas
  - Describe rate, rhythm, duration of cycle, timing, intensity, frequency, splitting or murmurs, and quality
# Listening to Heart Sounds

## Locations and Rates

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Heart Rate (beats/min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>100-160</td>
</tr>
<tr>
<td>1-2</td>
<td>90-150</td>
</tr>
<tr>
<td>2-5</td>
<td>80-140</td>
</tr>
<tr>
<td>6-12</td>
<td>70-120</td>
</tr>
<tr>
<td>&gt;12</td>
<td>60-100</td>
</tr>
</tbody>
</table>

### 5 Areas for Listening to the Heart

- **Aortic:** Right 2nd Intercostal Space
- **Pulmonic:** Left 2nd Intercostal Space
- **Erb's Point:** (5th) Left 3rd Intercostal Space
- **Tricuspid:** Lower Left Sternal Border, 4th Intercostal
- **Mitrail:** Left 5th Intercostal, Medial to Midclavicular Line
Listening to Heart Sounds
Rhythms

HEART SOUNDS

\( S_1 \)
Tricuspid & Mitral Valves Close

Beginning of Systole

\( S_2 \)
Aortic & Pulmonic Valves Close

End of Systole/Beginning of Diastole
Common childhood conditions affecting the heart

- Acquired heart diseases are most often due to:
  - Cardiomyopathy
  - Infections (Rheumatic Fever)
  - Autoimmune factors
  - Genetic Factors
  - Teratogens

- Chest pain is rare in pediatrics: if a child experiences chest pain it is usually related to other conditions such as costochondritis; musculoskeletal discomforts; skin conditions, or pleural pain.
- Assess Respiratory Rate and Rhythm
- Check oxygen saturation
- Inspect-
  - Skin color and nailbeds
  - Shape, size, symmetry
  - Breast development
  - Bony landmarks
- Palpate and Percuss anteriorly and posteriorly
- Auscultate lung sounds
Respiratory Patterns

- Tachypnea
- Bradypnea
- Dyspnea
- Apnea
- Hypoventilation
- Hyperventilation
- Kussmaul Respirations
- Cheyne-Stokes respirations
- Seesaw respirations
- Agonal

https://www.youtube.com/watch?v=TG0vpKae3Js
Lung Sounds

• Auscultation:
  • Compare both sides
  • Equality of breath sounds
  • Diminished
  • Presence of cough
  • Abnormal breath sounds
    • Crackles
    • Wheezes
    • Rhonchi (sonorous, course)
    • Stridor
Common Childhood Conditions Affecting the Respiratory System

- Bronchitis
- Pneumonia
- Foreign Body Obstruction
- Asthma
- Cystic Fibrosis
Respiratory Distress

- Signs & Symptoms:
  - Cyanosis, pallor, or mottling
  - Increased work of breathing
  - Tachypnea
  - Retractions
  - Nasal Flaring
  - Grunting
  - Stridor
  - Adventitious sounds
Life Threatening Allergic Reactions

- **Face** - itchiness, redness, swelling of face and tongue
- **Airway** - trouble breathing, swallowing, or speaking
- **Stomach** - pain, vomiting, diarrhea
- **Total Body** - rash, itchiness, swelling, weakness, paleness, sense of doom, loss of consciousness.

- Give Epi Call 911
Abdomen

- Symmetrical without protrusions
- Children and adolescents should have flat, soft abdomens
- Bowel sounds should be heard in all 4 quadrants every 5-30 seconds
Abdominal Pain

- Causes in children:
  - Infections - Flu, bacterial infections
  - Food Poisoning - gas, bloating, constipation
  - Surgical - Appendix
  - Medical - Crohn’s, IBS, diabetes
Genitalia

- Male- Urethral meatus on tip of penis, should be no swelling in testicles, may or may not be circumcised.

- Female-Majora more prominent than minora, no bruising or swelling should be noted
Bladder issues in children

- Bladder infection
- Bed wetting
- Daytime wetting
Menstruation

- Menarche - Typically age 12
- PMS - Usually 3-4 days before period.
- PMS symptoms: anxiety, bloating, irritability, sore breasts, diarrhea or constipation.
Perineal Injuries

- Abrasions or trauma to perineal area in either male or females due to injury.
- Straddle injuries most common
Musculoskeletal

- Subjective Questions:
  - Location of Pain and injury
  - Involvement in sports/activity
  - History of injuries and treatment

- Inspect:
  - Posture, movement, and general body symmetry
  - Gait
  - Skin color
  - Limbs for symmetry
  - Spine for contour

- Palpate:
  - Limbs for muscle mass, tone, strength
  - Joints - stable and symmetric with full ROM and smooth movement without crepitus
  - Spine for tenderness

http://www.atitesting.com/ati_next_gen/skillsmODULES/content/physical-assessment-child/viewing/Musculoskeletal-a.html
## Muscle Testing

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Full ROM against gravity, full resistance</td>
</tr>
<tr>
<td>4</td>
<td>Full ROM against gravity, some resistance</td>
</tr>
<tr>
<td>3</td>
<td>Full ROM with gravity</td>
</tr>
<tr>
<td>2</td>
<td>Full ROM (passively)</td>
</tr>
<tr>
<td>1</td>
<td>Slight contraction</td>
</tr>
<tr>
<td>0</td>
<td>No contraction</td>
</tr>
</tbody>
</table>
Scoliosis

- Barefoot
- Feet together
- Bend over - “Diving off a Diving Board”
- Check Hips
Musculoskeletal Injuries

- Sprain
- Strain
- Fracture

**RICE:**
rest, ice, compression and elevation
Fractures

- Assess the Five P’s:
  1. **Pain**
  2. **Pallor**
  3. **Pulse**
  4. **Paresthesia**
  5. **Paralysis**
Integumentary

- **Subjective:**
- **Inspect and Palpate**
  - Color, hair distribution, and lesions
  - Temperature, texture, and moisture variations
  - Skin turgor, edema, and lesions
  - Nails color, shape, thickness, cap-refill
  - Note location, size, shape, color, exudate and tenderness of lesions
Common Skin Problems

- Eczema
- Contact dermatitis
- Impetigo
- Staphylococci (MRSA)
- Pediculosis (head lice)
- Scabies
- Folliculitis
- Cellulitis
- Verruca (warts)
- Herpes Simplex Virus
- Varicella-zoster (chicken pox)
- Tineas
- Candidiasis
- Acne
- Lacerations
- Contusions
- Bruises
- Bites
- Other Rashes r/t diseases
Common School Health Focused Assessments

- Emergencies and Traumas
  - Allergic reactions
  - Asthma
  - Head injuries
  - Musculoskeletal - limb injuries

- Frequent Fliers “I just don’t feel good”
  - Headaches
  - Stomach aches
  - coughs, fevers, sore throat
  - nose bleeds
  - Skin problems - Lice, rashes, lacerations, bumps, and bruises
Chronic Conditions

- Asthma
- Diabetes
- Neuro-seizures
- Sickle Cell Anemia
- Cerebral Palsy
- ADHD
Scenario # 1

- Location: School Clinic   Time: 1:00 pm
- Student Name: Jeremy T. Walker
- Gender: Male
- Age: 10   DOB: 01/01/ 2006
- Race: Caucasian
- Weight: 75 lbs   Height: 50 inches
- Allergies: None   Immunizations: UTD
- Grade: 5th
- Homeroom Teacher: Miss Natalie King
- Primary Physician: Dr. Vicki Lovings
- Past Medical History: None
- Medications: None
- History of Present Illness: Today is May 15th and Jeremy comes into the clinic complaining of dizziness, headache and nausea after being hit in the head with a soccer ball at PE.
Scenario # 2

- **Location:** School Clinic  **Time:** 10:00 am
- **Student Name:** Joseph A. Garner
- **Gender:** Male
- **Age:** 8  **DOB:** 12/3/2008
- **Race:** African American
- **Weight:** 60 lbs  **Height:** 48”
- **Allergies:** Sulfa  **Immunizations:** UTD
- **Grade:** 3rd
- **Homeroom Teacher:** Miss Mary Burch
- **Primary Physician:** Dr. Samantha King
- **Past Medical History:** Asthma
- **Medications:** Albuterol MDI
- **History of Present Illness:** Today is October 25th and he comes into the nurse clinical complaining of a cough and not feeling well.
Scenario # 3

- **Location:** School Clinic  
  **Time:** 12:45 pm
- **Student Name:** Jacob Allen Sands ‘Jake’
- **Gender:** Male
- **Age:** 7  
  **DOB:** 6/30/10
- **Race:** Caucasian
- **Weight:** 46 lbs  
  **Height:** 47”
- **Allergies:** Peanuts  
  **Immunizations:** UTD
- **Grade:** 2nd
- **Homeroom Teacher:** Ms. Kathy Owens
- **Primary Physician:** Dr. Alicia Patel
- **Past Medical History:** Healthy
- **Medications:** none
- **History of Present Illness:** This is the second week of school. Ms. Owens calls to let you know that she is sending Jake Sands to the nurse’s office because he is complaining of his stomach hurting.
Scenario # 4

- **MuscLocation**: School Clinic  
  **Time**: 2:45 pm
- **Student Name**: Samantha Cash
- **Gender**: Female
- **Age**: 17  
  **DOB**: 4/14/99
- **Race**: Caucasian
- **Weight**: 146 lbs  
  **Height**: 67”
- **Allergies**: Peanuts  
  **Immunizations**: UTD
- **Grade**: 11th
- **Homeroom Teacher**: Ms. Kate Winter
- **Primary Physician**: Dr. Alicia Patel
- **Past Medical History**: Healthy
- **Medications**: none
- **History of Present Illness**: Samantha is brought to the school nurse accompanied by a classmate who is assisting Samantha as she hops into the office.
QUESTIONS? CONCERN?

I hope you make great memories today!!?
Thank You

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REFERENCES

• ATI Nursing Education (2013)


• Rhoads, J. & Peterson, S. (2014). *Advanced Health Assessment and Diagnostic Reasoning (2nd ed.)*. Burlington, MA: Jones & Bartlett