

Active Learning for School Nurse Shadowing Experience

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The clinical site I attended is the North Ridge Middle School and the nurse I shadowed was Gabi Ingold, RN. This site relates to the course because the school teaches 11-13 year-old children, and that age range falls in the school-age to adolescent categories we have learned about previously. It was also clear to see the affects of a student's peers on a student and how important it was to protect their peers even though they may have wronged them or been a part of their problematic circumstances. Also, when it came to the nurse's office, the adolescents used it as a safe place to go for social and physical concerns as well as nutritional needs such as snacks.

As a nursing student, I was able to participate with vitals when possible; otherwise, there was not much I could be involved with such as passing out medications. Some children who came to the nurse's office were independent with their disease management and did their own blood glucose checks, insulin, nebulizers, and straight catheterization.

The time I was unable to obtain vitals at all was when an adolescent who was suspected of and ultimately admitted to smoking marijuana before coming to school. The student would not allow us to take her vitals until the nurse and another staff was able to convince her. During the conversation with the student after she admitted to smoking marijuana, she was asked who she smoked with, but she would not say anything but that she smoked with someone before school. Although she was under the influence of marijuana, she was still protecting her peers, even though it meant she would get in trouble and will have to go to a different school temporarily she still refused to tell who she had smoked with or who gave her the marijuana. The nurse explained that student like her will go to another school where they can help her with the substance abuse. My contribution to this situation was very minimal. Still, it was overall a difficult experience to

have witnessed since before that point I had not seen someone under the influence of marijuana and to realize that children that young has to deal with substance abuse is a real eye opener.

This clinical sight impacts pediatric health in the areas of nutrition, safety, and cognitive health. The school nurse told me she makes a point to always have snacks available all day for students that come in and asks for a granola bar because often they would not have had the chance to eat breakfast in the morning. The availability of the nurse to the students and her welcoming attitude allowed them to freely come to the office to seek help and be open about their problems even with a student nurse being in attendance. The impact on the cognitive health outside of the nurse's office is from education; the nurse sometimes has an opportunity to contribute to thought processes and self-reflection with the students with the aid from an adviser present or principal.

At the clinical site, the health risks of the population I was able to identify was a risk for nutritional deficiency, the potential for violence, and increase mental health problems. A plan for the risk of nutrient deficiency would begin with a nursing diagnosis of potential for impaired nutrition due to decrease intake from home, as evidenced by not being able to have food before going to school. The school already provides free meals and send some home for those who qualify for those resources. However, a measurable goal I would suggest would be to encourage at least 85% of the students to come to the cafeteria and eat breakfast before school. This goal can be measured by counting every morning as children come in to get breakfast and should be kept track of by staff. Three interventions to achieve this goal would include offering both fresh breakfasts and quick-grab foods high in calories that the children would be likely to eat such as granola bars, eggs, French toast, yogurt and fruit, and muffins. Another intervention would be to ask the students what foods they would like to have available to them for breakfast to encourage

them to attend breakfast at school before the school day starts. Thirdly I would suggest education to the children and adults about the importance of nutrition contribute to their learning and growth.

This experience will contribute to my future nursing practice because it gave me a visual understanding of how important privacy and safety is to pre-teen children. There was a point where a student came in crying and stated that she couldn't breathe and wished to lay down. However, it turned out she had a panic attack, and it started with a verbal altercation she had with people who she thought were her friends. That information was only told to us after we asked her friends to leave and closed all the doors allowing her to feel safe and free from peers being able to hear what she was saying. If we had not changed the environment of the nurse's office, I do not believe she would have told us what happened because she would have feared peer ramification. These experiences opened my eyes on how to work with adolescents and will carry on into my future practice.