

Substitute Nursing Documentation

This form should be used by substitute school nurses who do not have access to Electronic Health Records (EHR). One form should be completed for each student encounter. Completed forms should be scanned into the EHR or stored in a student specific folder following district policy.



**Department of
Health**

Student Name:		Date of Birth:	
Date:		Time In:	
Reason for Visiting / Chief Complaint:			
<input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Headache	<input type="checkbox"/> Injury <input type="checkbox"/> Pain	<input type="checkbox"/> Respiratory/Asthma <input type="checkbox"/> Mental Health Issue	<input type="checkbox"/> Other - Document: _____
Nursing Assessment:			
Nursing Diagnosis, Nursing Intervention, and Response to Treatment:			
Disposition / Time Out:			
<input type="checkbox"/> Back to Class / Time:			
<input type="checkbox"/> Sent Home With:	Name:		
	Time:		
<input type="checkbox"/> Referred to Counselor or Administrator:	Name:		
	Time:		
<input type="checkbox"/> Parent Contacted:	Name:		
	Time:		
<input type="checkbox"/> Called 911 / Sent to Emergency Department:	Time:		
Nurse Signature:			