Which Child Is Too Sick to Stay at School?

A practical approach to assessment, disposition, and return to learning for children with illnesses, injuries and emergencies presenting to the school health office.

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Learning Objectives

1. Apply a structured, whole-child assessment to rapidly identify school-aged children who may have serious illness or injury.
2. Differentiate students who can safely return to learning from those who require parent/guardian notification, medical evaluation, exclusion from school, or emergency intervention.
3. Use current evidence-based guidance and individualized emergency/health plans to manage common acute complaints encountered in the school health office.



The School Nurse's Role



ASSESS

Use a structured approach to quickly identify severity and potential emergencies.



DECIDE

Determine if the student can stay in school, needs further evaluation, or requires emergency care.



COMMUNICATE

Partner with students, families, school staff, and healthcare providers.



SUPPORT

Implement care plans, provide treatment, and promote a safe, healthy return to learning.

What This Talk Assumes

One nurse



Often the only clinician in the building, and sometimes covering more than one school.

No labs, no imaging



No second opinion down the hall and no monitor at the bedside.

About five minutes



Decisions happen fast, often with a line out the door.

Eyes, ears, judgment



That is what everything today is built on.

Nothing today asks you to do what an ED nurse does with a monitor and a doctor at the bedside.

Every Student Arrives With a Symptom, Not a Diagnosis

The school nurse decides who needs to go home or medical evaluation, and who needs help now, often within minutes.



Headache



Stomachache



Injury



Not feeling right



Concern from a teacher

Our goal: keep students safe, healthy, and ready to learn.

A Simple Framework

Three questions for every student

1 **Could this be an emergency?**
Look, listen, and assess before you hear the whole story.

2 **Must this student leave or be evaluated?**
"Go home" and "needs medical evaluation" are not the same thing.

3 **Can this student safely return to learning?**
Stable, comfortable, able to participate, and manageable at school.



You Are Allowed to Be Worried

If a child looks wrong to you, that is enough.

You do not need a fever, an abnormal vital sign, or a diagnosis to call a parent or call 911.



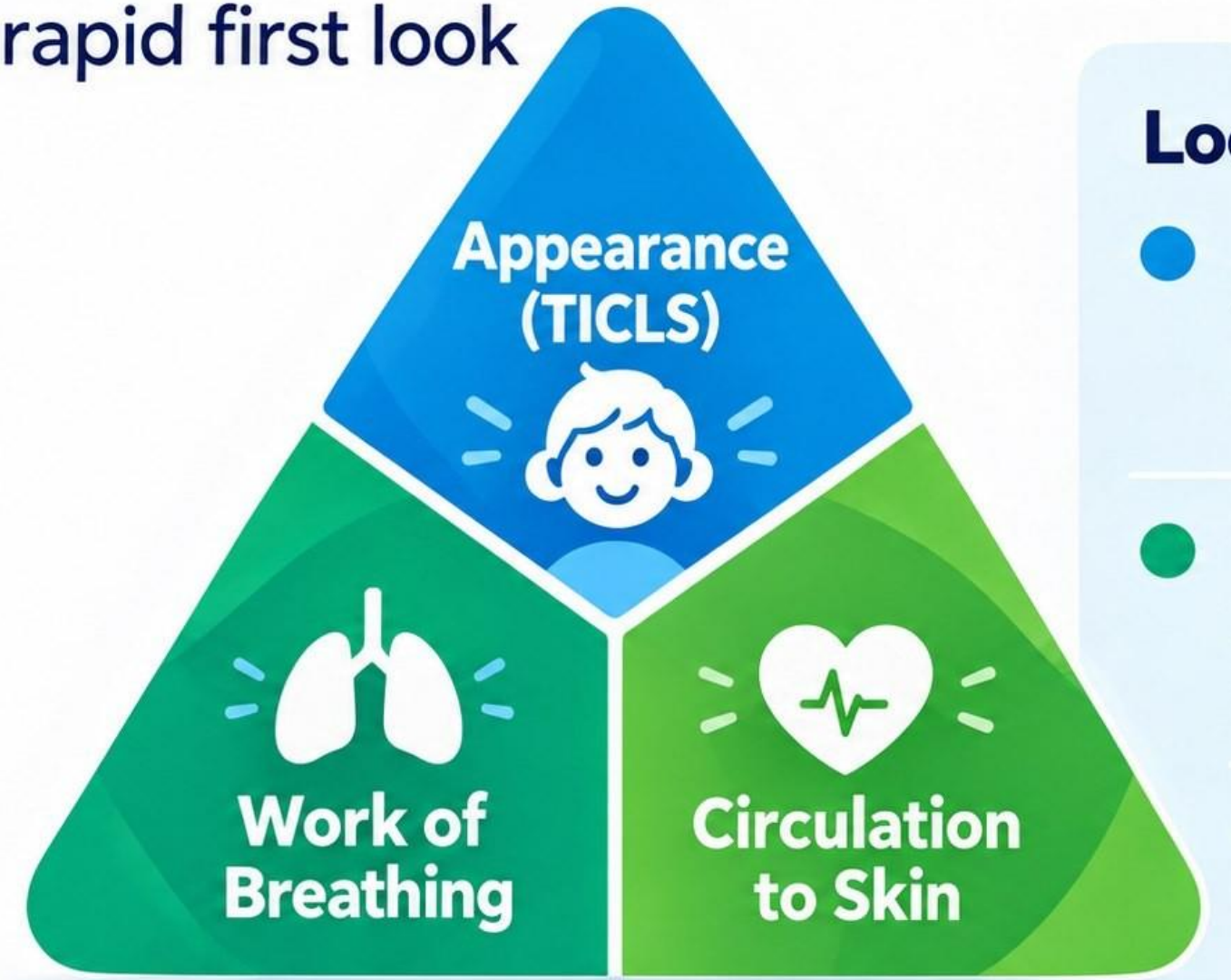
A SENTENCE YOU CAN USE

> "I am not comfortable with how she looks, and I am recommending she be seen today."

Being wrong in this direction costs a phone call. Waiting costs much more.

The Pediatric Assessment Triangle (PAT)

A rapid first look



Look and listen for:

- **Appearance –**
  Tone, interactiveness, consolability, look/gaze, speech
- **Work of breathing –**
  Abnormal sounds, retractions, nasal flaring, head bobbing
- **Circulation to skin –**
  Pallor, mottling, cyanosis

References: Dieckmann et al., Pediatr Emerg Care (2010); Rath et al., Int J Emerg Med (2026).

Interpreting the PAT

Common patterns and what they may suggest

PAT finding	Possible considerations (examples)
 **Abnormal appearance only**	• Neurologic (seizure, ingestion, CNS infection) • Metabolic (hypoglycemia, DKA)
 **Abnormal work of breathing only**	• Asthma, croup, bronchiolitis • Foreign body, pneumonia
 **Abnormal circulation to skin only**	• Dehydration, shock, anaphylaxis • Cardiac, sepsis, significant blood loss
 **Two or more abnormal findings**	• Higher risk for serious illness • Requires prompt evaluation and close monitoring

References: Dieckmann et al., Pediatr Emerg Care (2010); Rath et al., Int J Emerg Med (2026).

Know the Child. Know the Baseline.

A change from baseline may be the most important finding.

What is normal for this child?

Communication, behavior, activity, respiratory status, mobility, and vital signs.

What is different today?

Subtle changes in alertness, interaction, feeding tolerance, seizure activity, or breathing.

What does the care plan tell us?

Medical history, technology dependence, required medications, emergency plans, and escalation thresholds.



A familiar nurse may recognize deterioration before someone meeting the child for the first time.

From Assessment to Disposition

Three pathways, five possible outcomes

Emergency / Immediate action

- Activate EMS (911)
- Notify parent/guardian
- Initiate emergency care per plan or protocol

Must leave or be evaluated

- Go home with parent/guardian
- Needs prompt medical evaluation (PCP, urgent care, or ED)
- May require exclusion from school

Can return to learning

- Safe to stay
- Stable and comfortable
- Able to participate
- Manageable at school (with or without accommodations)

The Urgency Ladder

Call 911 now	Not breathing normally, unresponsive, severe allergic reaction, seizure that will not stop, severe breathing trouble.
ED now	Sudden testicular pain. Head injury with repeated vomiting. Family drives, or EMS if there is no safe ride.
See a clinician today	Worsening headache with fever, right lower belly pain, an injury with a limp. Pickup and a same-day visit.
Go home and rest	Fever, vomiting or diarrhea, too ill to participate. Return according to district and state policy.
Back to class	Stable, comfortable, able to participate. Give return precautions and look again later.

A child can move between rungs during the day. That is reassessment working.

Individualized Emergency and Health Plans

Start with the plan that already exists.

Asthma



- Action plan
- Rescue inhaler
- Reassess response

Diabetes



- Check glucose
- Treat highs/lows
- Know when to escalate

Seizure disorder



- Baseline matters
- Rescue medication
- Post-event plan

Severe allergy / anaphylaxis



- Epinephrine first
- Call EMS
- Watch for recurrence

Know where the plan is, what the student's baseline is, what medications or supplies are available, and what findings should trigger escalation.

References: AAP. Role of the School Nurse. Pediatrics. 2026. • AAP. Individual Medical Emergencies at School. Pediatrics. 2022.

Red Flags

Examples by body system



Neurologic – altered mental status, persistent vomiting, severe headache, seizure, new focal deficit



Respiratory – significant work of breathing, wheezing not responding to treatment, apnea, cyanosis



Cardiovascular – syncope with exertion, chest pain, persistently abnormal vital signs



Gastrointestinal – severe or localized abdominal pain, bilious vomiting, blood in vomit or stool



Other – signs of dehydration or shock, anaphylaxis, suicidal thoughts or behavior, suspected ingestion

A Headache at 10:15 AM



Case details

- Mild headache; afebrile, alert, calm and interactive.
- Drinking water; no vomiting, trauma or neck stiffness.

What is the best next step?

A. Call EMS

B. Send home immediately

C. Return to class after brief rest, with instructions to come back if symptoms worsen

D. Keep out of class for the rest of the day

References: AAP. Role of the School Nurse. Pediatrics. 2026. • NASN School Nursing Practice Framework. 2024.

That Same Student at 1:15 PM

Reassessment changes the disposition



What has changed?

- Headache worse, temperature 100.9°F, more tired.
- Now lying down with nausea; does not want to return to class.

Best disposition now

A. Call EMS

B. Send home immediately

C. Return to class after brief rest, with instructions to come back if symptoms worsen

D. Keep out of class for the rest of the day

Key teaching point: A student who is safe to return to learning initially may need a different disposition later. Reassessment is part of good school nursing care.

References: AAP. Role of the School Nurse. Pediatrics. 2026. • NASN School Nursing Practice Framework. 2024.

Abdominal Pain

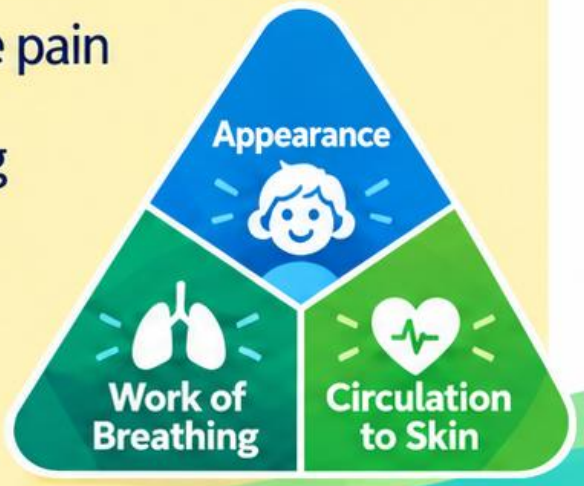
Sometimes it's more than a stomachache.



A 10-year-old student comes to the health office with abdominal pain that started this morning. She appears uncomfortable but is able to walk and talk. She is afebrile.

What would most influence your next steps?

- **A** Location and character of the pain
- **B** Presence of fever or vomiting
- **C** How she looks and moves
- **D** All of the above



Discussion: Abdominal Pain

What matters most

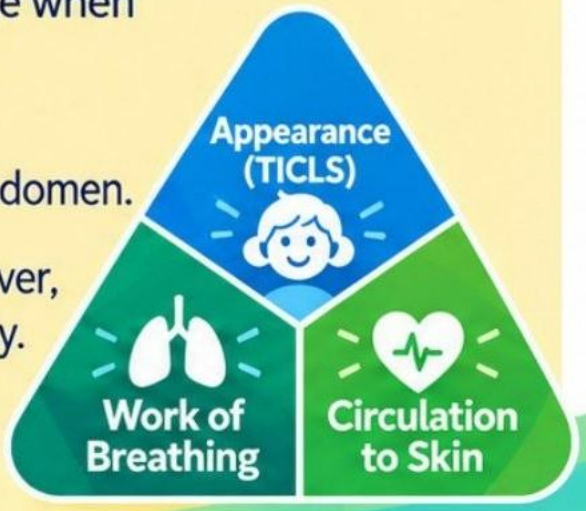


Best answer: D — All of the above

Location and character of pain, associated fever or vomiting, and how the child looks and moves all help identify a higher-risk abdominal complaint.

Discussion

- Prompt medical evaluation is appropriate when pain is localized, worsening, or affecting movement.
- Consider appendicitis or other surgical abdomen.
- Red flags: guarding, repeated vomiting, fever, bilious emesis, inability to walk comfortably.
- Disposition: parent/guardian pickup and prompt medical evaluation.



Sudden Abdominal Pain

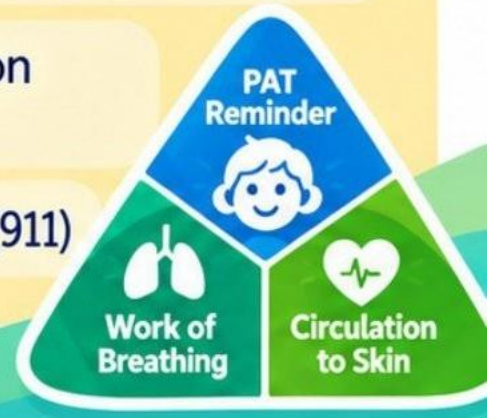
A hidden emergency



A 14-year-old student reports abdominal pain that started suddenly during class. He is quiet and reluctant to talk. When you ask privately, he localizes the pain to his testicle.

What is the most appropriate next step?

- **A** Have him rest and reassess in 30 minutes
- **B** Call his parent to take him home
- **C** Arrange prompt medical evaluation (ED)
- **D** This is an emergency – activate EMS (911)



Discussion: Sudden Testicular Pain

A time-sensitive problem

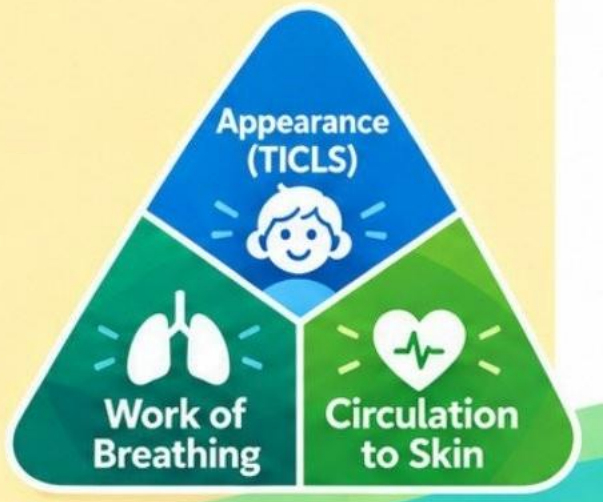


Best answer: C — Arrange prompt medical evaluation

Acute testicular pain may represent torsion, and time matters.

Discussion

- Do not delay with watchful waiting or routine rest.
- Contact parent/guardian urgently for prompt transport to the ED.
- Keep the student comfortable and preserve privacy.
- Activate EMS if there is severe distress, syncope, or delayed safe transport.



Medically Complex Child

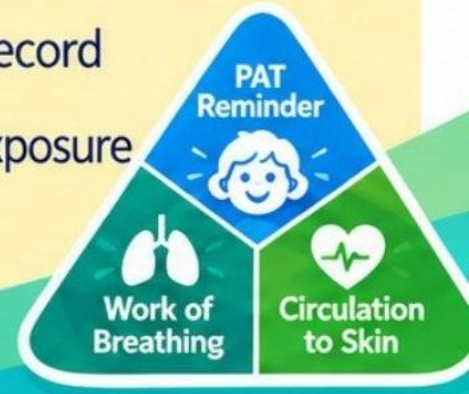
He’s just not acting like himself.



A 10-year-old student with a seizure disorder and a G-tube comes to the health office because his teacher notices he is unusually quiet and less responsive than normal. He is protecting his airway but not answering questions. No witnessed seizure.

What information would most influence your next steps?

- **A** Check blood glucose (if available)
- **B** Review medication administration record
- **C** Consider possible ingestion or toxic exposure
- **D** All of the above



Discussion: Medically Complex Child

Know the baseline and act early

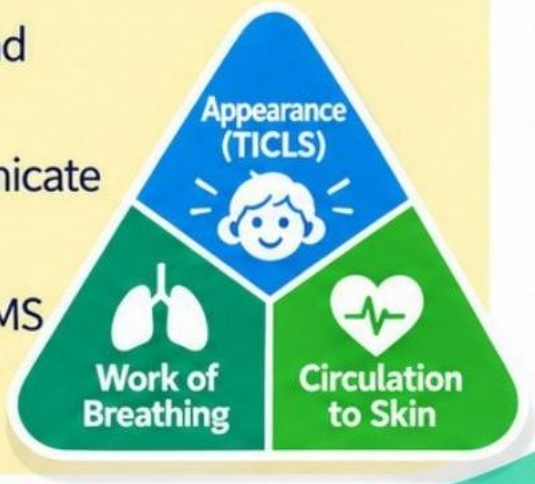


Best answer: D — All of the above

Check glucose if available, review medication administration, and consider seizure, missed medication, or toxic exposure.

Discussion

- Any meaningful change from baseline deserves prompt attention.
- Assess airway, breathing, circulation, and mental status first.
- Use the individualized plan and communicate the child's baseline to EMS or the ED.
- Disposition: urgent escalation; activate EMS if mental status does not quickly return to baseline.



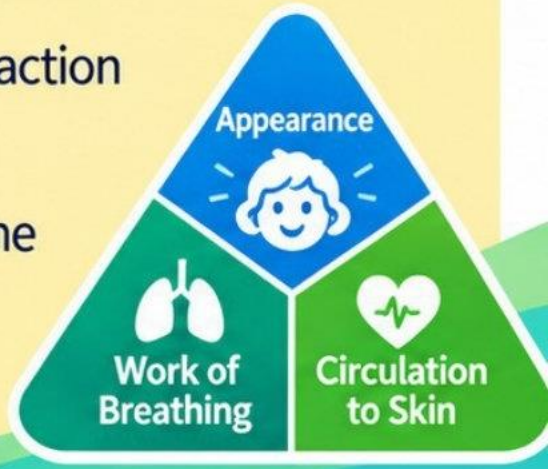
Asthma Exacerbation



An 11-year-old student with asthma comes to the health office with cough and shortness of breath during PE. You hear wheezing and see mild retractions. She can speak in short sentences.

What is the most appropriate next step?

- **A** Allow her to rest and return to class
- **B** Give albuterol per her asthma action plan and reassess
- **C** Call her parent to take her home
- **D** Activate EMS (911) now



Discussion: Asthma Exacerbation

Treat, reassess, and escalate if needed

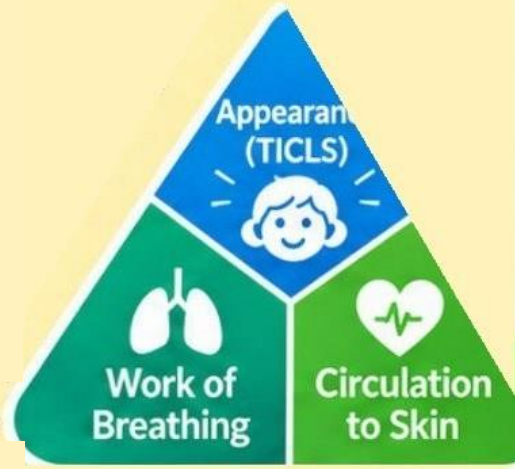


Best answer: B — Give albuterol per the plan and reassess

Use the asthma action plan, reassess work of breathing, and let response guide disposition.

Discussion

- Give albuterol promptly according to the asthma action plan.
- Reassess speech, work of breathing and overall appearance.
- Call family if symptoms persist or medication is ineffective.
- Activate EMS for severe distress, cyanosis or worsening status.



Possible Anaphylaxis

Recognize it and act fast.



Case

12-year-old with peanut allergy develops hives, lip swelling, cough, and vomiting 10 minutes after lunch.

What is the best next step?

- **A** Give diphenhydramine and observe
- **B** Give epinephrine now and activate EMS
- **C** Call parent first
- **D** Send to urgent care if symptoms continue

Discussion: Possible Anaphylaxis

Epinephrine first. Time matters.



Best answer: B — Give epinephrine now and activate EMS



Symptoms in any 2 organ systems should be treated as anaphylaxis with IM epinephrine (or intranasal).
** Don't forget vomiting is a common symptom of anaphylaxis

Discussion

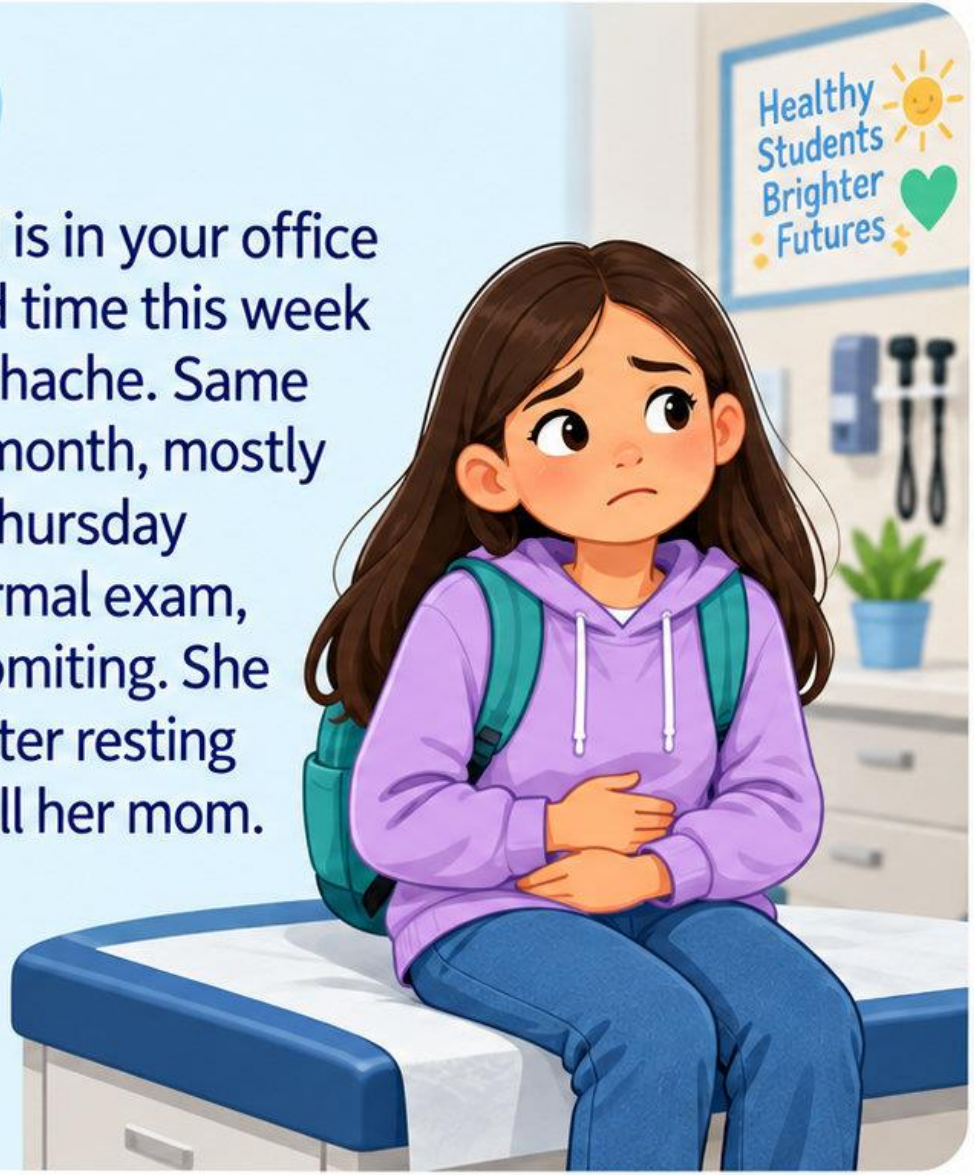
- Epinephrine is the first-line treatment: do not delay.
- Activate EMS immediately and follow the allergy action plan.
- Monitor airway, breathing and circulation closely.
- Notify family and watch for recurrent symptoms.

References: AAP. Individual Medical Emergencies at School. Pediatrics. 2022. • AAP. Role of the School Nurse. Pediatrics. 2026.

Recurrent Stomachaches

CASE

An 11-year-old is in your office for the second time this week with a stomachache. Same pattern for a month, mostly Monday and Thursday mornings. Normal exam, no fever, no vomiting. She feels better after resting and asks to call her mom.



What is the most useful next step?

- **A** Send her back to class and ask her to come less often
- **B** Call her mom for pickup every time
- **C** Look for the pattern and share it with her family and clinician
- **D** Tell her it is probably just nerves

Recurrent Stomachaches: Discussion



Best answer: C. Look for the pattern and share it.

Look for

- Time of day and which class
- Hunger, constipation, sleep, vision
- Bullying, anxiety, stress at home

Go up a rung if

- Weight loss or vomiting
- Waking at night or blood in stool
- Fever or a change in the pattern

"I believe you that it hurts. Let's figure out what is making it worse."

Head Injury and Concussion

Recognize red flags and give the right follow-up.



Assess

- Mechanism of injury
- Loss of consciousness?
- Vomiting or worsening headache
- Behavior change / confusion
- Neck pain or neurologic symptoms

Red flags

- Altered mental status
- Repeated vomiting
- Seizure
- Focal deficit
- Concern for skull fracture

Disposition

- Emergency care for red flags.
- Parent pickup and medical evaluation for concerning symptoms.
- No same-day return to sports or vigorous activity if concussion is suspected.

References: AAP clinical guidance on concussion and return to activity.

After the Fall: Who Can Go Back to Play?

SPORTS & PLAYGROUND INJURIES



Focused assessment

- **Mechanism of injury** – how did it happen?
- **Swelling or deformity** – is there obvious swelling or abnormal alignment?
- **Focal tenderness** – where does it hurt?
- **Function** – can the student bear weight or use the affected limb?
- **Distal circulation, sensation, and pain** – check pulse, color, sensation, and increased pain with movement.

Return / observe

- Mild pain
- No deformity
- Normal use or walking
- Improving after first aid (e.g., rest, ice, compression)

May return to class, with activity restrictions as needed.
Give instructions to come back for recheck later in the day.

Contact home / medical evaluation

- Persistent pain
- Focal bony tenderness
- Increasing swelling
- Limited use of the limb
- Inability to bear weight
- Concern for fracture or concussion

Emergency response

- Major deformity
- Open fracture
- Head or neck injury with red flags (e.g., loss of consciousness, worsening headache, repeated vomiting)
- Altered mental status
- Neurovascular compromise (e.g., absent pulse, loss of sensation, severe pain, or cool/pale extremity)

Clinical pearl: **Reassessment matters.** A child who seems okay initially may need a different disposition if pain, swelling, function, or symptoms worsen later in the day.

References: AAP. Sports-Related Injuries in Children and Adolescents. Pediatrics. 2019. • CDC. HEADS UP: Concussion in Youth Sports. 2023.

Pink Eye: Exclusion or Evaluation?

Not every red eye needs exclusion.

Often uncomplicated

- Mild discharge or crusting
- No vision change
- No severe pain

When to worry

- Eye pain
- Photophobia
- Vision change
- Trauma or chemical exposure
- Periorbital swelling



Disposition

- Follow current school and public-health guidance.
- Pain, photophobia or vision changes need medical evaluation.

Take-home point

Conjunctivitis alone is not always a reason to exclude from school; the child's overall condition and policy guidance matter.

References: Managing Infectious Diseases in Child Care and Schools. AAP. 2023.

Fainting at the End of a Run

A potential red flag

Case

A 15-year-old collapses at the end of a timed run in PE. She was out for less than a minute, woke on her own, and says she is fine. She looks a little pale.



What do you do?

- **A** Rest ten minutes, drink water, return to PE
- **B** Rest, then back to class but not PE
- **C** Call her parent for same-day evaluation, no exercise until cleared
- **D** Call 911 right now

Fainting: Discussion

When to escalate

Best answer: C. An exercise-associated faint needs a heart check.



Go up the ladder if

- It happened during exercise
- Chest pain or palpitations
- No warning before the faint
- Family history of sudden death

Call 911 if

- Not breathing normally: begin CPR/AED
- Chest pain or a racing heartbeat
- Not fully back to herself
- Seizure-like activity

For a typical brief faint without red flags, provide supportive care and reassess. A faint during or immediately after exertion warrants medical evaluation before return to exercise.

Mental Health and Behavioral Emergencies

Safety comes first

1 When to worry



- Suicidal thoughts or self-harm
- Threats toward others
- Intoxication or possible ingestion
- Sudden severe behavior change

2 Assessment



- Ask directly about safety when indicated
- Consider medical causes of altered behavior
- Look for coexisting headache, ingestion, trauma, or infection

3 Immediate actions



- Do not leave the student alone if safety is uncertain
- Follow the school crisis protocol
- Involve the appropriate mental health and administrative supports

4 When to escalate



- Activate EMS for immediate danger, severe agitation, or reduced consciousness
- Communicate clearly with family and receiving team

References: AAP. Individual Medical Emergencies at School. Pediatrics. 2022. • NASN. School Nursing Practice Framework. 2024.

PIRC: A Resource for School Nurses

A local option for mental health support



1 Call PIRC

205-638-PIRC (7472)

Psychiatric Intake Response Center

Free, confidential phone response center connecting callers with mental health resources for children and teens.

2 Who can call?



- Any adult seeking mental healthcare for a child or teen
- Parents, grandparents, teachers, school counselors, pediatricians, nurses, law enforcement, and mental health professionals
- Available 7 days a week, 8 a.m. to 11 p.m.

3 What PIRC offers



- Free, confidential calls with a licensed mental health professional
- Referrals to mental health services in your community
- Access to a statewide database of mental health resources
- Support and education about navigating the mental healthcare system
- Safety planning for current or future crises

PIRC is not a suicide or crisis hotline. Children or teens at high risk may need referral to the nearest Emergency Department.

4 How it works



- PIRC staff listen to the caller and determine what services are needed
- They recommend resources available in the caller's community
- In the Emergency Department, PIRC staff may also assess patients with mental health concerns
- A multidisciplinacy team helps determine the best plan of care.

Emergency reminders

Anyone experiencing a crisis should call **911** or go to the nearest Emergency Department.
Anyone experiencing suicidal thoughts should call or text **988**.

Exclusion and Return-to-School Guidance

Keep students in school when it is safe — and exclude when needed.

Fever / influenza-like illness



- **Exclude** if fever or too ill to participate.
- **Return** when fever-free and improving.

Vomiting / diarrhea



- **Exclude** if symptoms are ongoing or dehydration is a concern.
- **Return** when improving and able to participate.

Head lice



- No need to send home immediately.
- Finish the school day.
- Recommend treatment before returning the next school day, per local policy.

Use current guidance



- Follow Alabama / district policy.
- Consider the child's overall appearance and ability to participate.

References: AAP. Managing Infectious Diseases in Child Care and Schools. 2023. • Alabama Department of Public Health current guidance.

Calling a Parent: About 15 Seconds

Who and where	"This is [name], the nurse at [school]. [Child] is in my office."
What I saw	"A worsening headache and a temperature of 100.9. She looks more tired than this morning."
What worries me	"I am concerned enough that I would like her seen today."
What I need	"Can you pick her up now and call her pediatrician? How soon can you be here? If you can't come, who can?"

Never delay an emergency response to reach a parent. Write down what you saw, the time, what you did, and who you notified.

Calling 911 and Handing Off to EMS

On the call: action first

- "I am calling 911 for [child], age [___]."
- "[What happened], at [school], door [___]."
- "I have given [epinephrine] at [time]."
- "I will meet you at [place]."



Hand EMS five things

1. Age
2. What happened
3. What you saw
4. What you gave, and when
5. What is normal for this child



Then call the parent. Send the child's plan and medication record with EMS.

Take-Home Points

What matters most in the school health office

1. **Use a structured approach to quickly identify students with serious illness or injury.**
2. **The Pediatric Assessment Triangle (PAT) helps you spot a sick child in seconds.**
3. **Know the child and their baseline.**
4. **Match your disposition to the level of risk and the student's needs.**
5. **Partner with families and school staff to support safe, healthy, and successful return to learning.**



Selected References

Key sources supporting this presentation

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Questions

Thank you for the work you do for children every day.



- You know these children.
- A structured approach helps you spot the sick child quickly.
- Knowing a child's baseline is powerful clinical information.
- Your judgment, advocacy, and communication help keep children safe and ready to learn.

Jennifer McCain, MD • UAB Pediatric Emergency Medicine