INFORMATION MARKETING GROUP (IMG)

IMPROVING K-12 EDUCATION THROUGH SOFTWARE

iHealth

iHealth table of Contents

Add / Modify Student

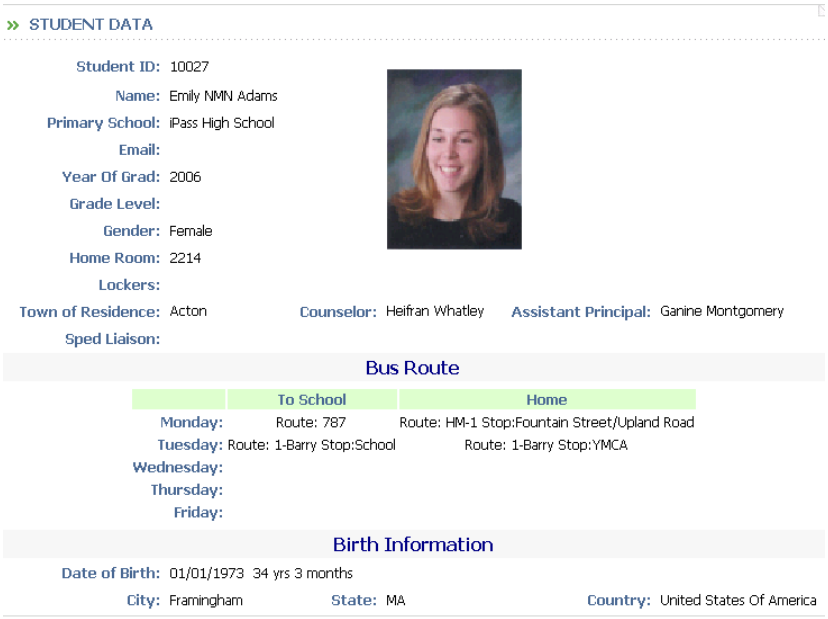
This tab allows the nurse to search for and select a student in order to perform health data maintenance for the student.

⇒ Click on **Add / Modify Student** to search for a student.

⇒ Choose one or more of the student selection filters: **Student ID, Last Name, Homeroom, or Grade Level.**

⇒ Click on the student's name to bring up their profile. By default it will display the student's **Profile** tab.

Note: Information on this tab is in "View Only" mode for nurses.



Tabs in Add / Modify Student

<Administer Meds> Tab

This tab allows the nurse to display the name of medications the student is taking, the Start and End dates of each prescription, the Doctors name and the reason associated with each medication.

» MEDICATIONS

Medication	Start Date	End Date	Parental Approval	PRN	Scheduled	On Hand	Doctor	Comment	Status	
Ibuprofen	08/11/2006	08/24/2006	yes	yes	yes	10.00			Open	View Administration
Tums	08/07/2006	08/18/2006	yes	yes	no	10.00	Dr. Lee		Open	View Administration
7	08/30/2005	06/20/2006	no	no	no	00.00			Open	View Administration
concerta	04/01/2005	05/01/2005	no	no	yes	00.00	asdasd		Open	View Administration

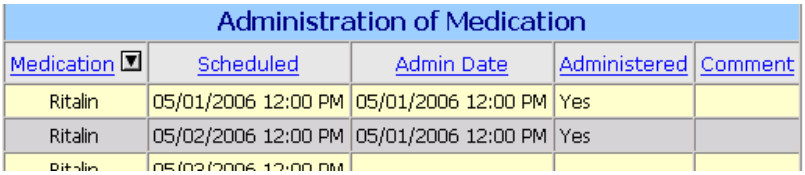
» ADD

» DONE

NOTE: There are columns for **"PRN", "Parental Approval", "Scheduled" and "On Hand"** displayed, helping Nurses know at a glance the approvals and status of a medication.

⇒ Click on the Medication name to adjust the Medication information and schedule.

⇒ Click on **View Admin** to see the history of each medication administered to date.



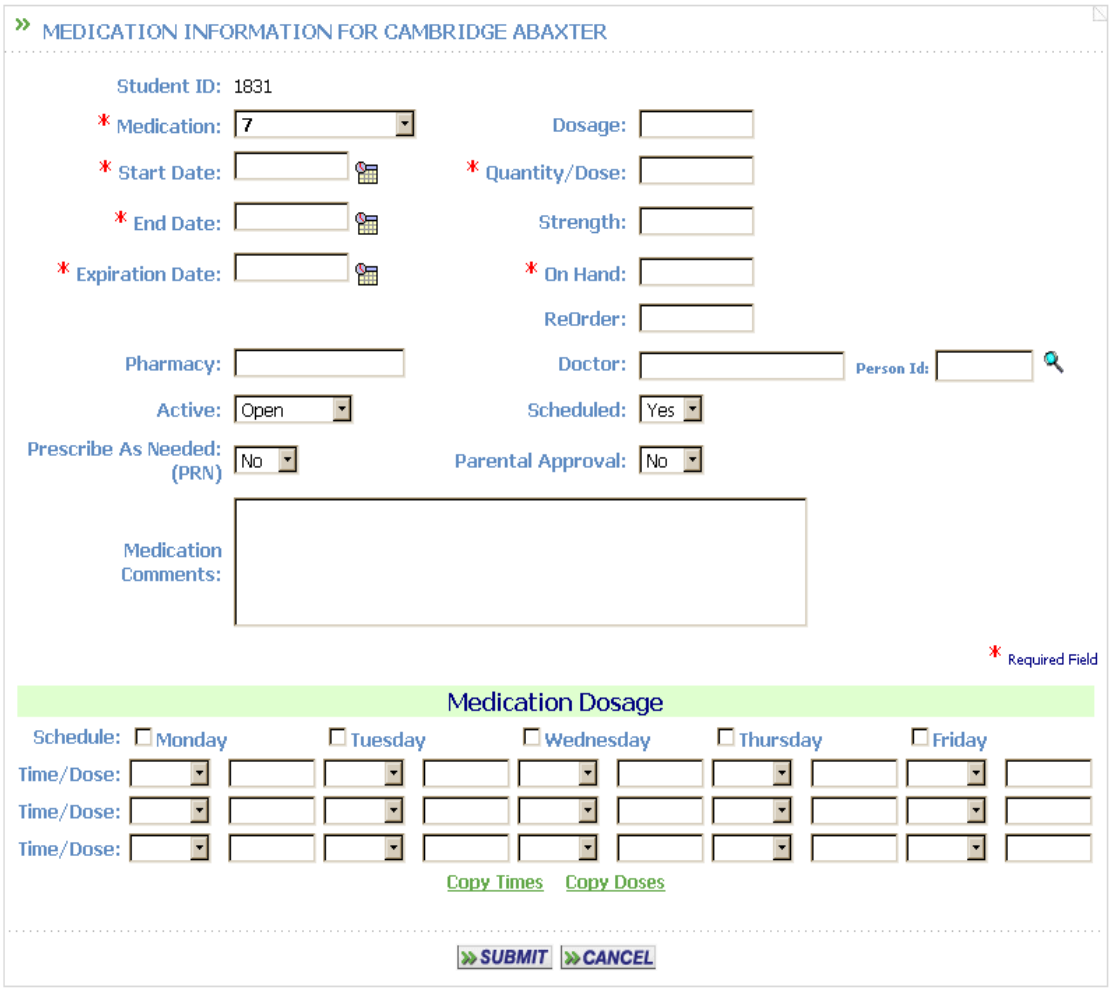
Administration of Medication

Medication	Scheduled	Admin Date	Administered	Comment
Ritalin	05/01/2006 12:00 PM	05/01/2006 12:00 PM	Yes	
Ritalin	05/02/2006 12:00 PM	05/01/2006 12:00 PM	Yes	

⇒ To add new medications, click on **Add**.

The Add Medication Screen will open.

NOTE: There are six required fields on this screen marked with an * that MUST be filled in. If you do not fill these in the Medication information will not be saved. **Quantity / Dose is now an integer field, meaning that it must be filled in with numbers only. Example: 1.0 for full dose or 0.5 for a ½ dose.**



⇒ Choose the name of the **Medication** from the drop down menu

⇒ Enter the **Start Date** of the prescription and the **End Date**.

Note: for PRN meds, the Start Date will be the date you received the medication or authorization, and the End Date will be the last day of the school year.

⇒ Enter the **Expiration Date** which refers to the expiration date of the medication.

⇒ Select the name of the prescribing physician in **Doctor**. The Doctor Field is now linked to the Specialist. Click on the 🔍 to make a selection from a list of existing Doctors or use the Add button in the search form to add one that is needed.

Note: Once the medication end date is reached, change the status in **Active** to **Completed**.

⇒ Enter the **Dosage** for the medication in whole numbers.

Quantity/Dose is now an integer field, meaning that it must be filled in with numbers only. Example: 1.0 for full dose or 0.5 for a ½ dose 0r 0.25 for ¼ dose.

⇒ Enter the **Strength** of the medication.

⇒ Enter the name of the **Pharmacy**.

⇒ Enter the number of doses **On Hand**.

Note: If the medication is **scheduled**, leave the default setting on Yes. If this is a PRN medication, change the drop-down to No.

⇒ Select YES/NO for Medication is a **PRN**

⇒ Select Yes/No for if Medication is **Approved by Parents**

⇒ Enter the number of doses remaining when you want to **Reorder**. This will prompt a reorder message when you reach that does number.

For example, if a student has 50 doses on hand, enter 10 in the reorder box. When the student reaches 10 doses left you will receive a "Time to Re-order" warning message.

⇒ Enter comments in the **Medication Comments** box such as specific instructions related to administering the medication, such as take with food, take with milk, etc.

⇒ Click on the day and time the medication will be administered for **Scheduled Medications**. Use the **Copy Times** feature to copy the time to other days of the week.

⇒ Enter a **DOSE** for each Scheduled Day/Time.

Note: for PRN medications do not enter a schedule.

NOTE: The dosage can be specified for scheduled medications for each scheduled date and time. Doses are now decimal numbers and it is possible to enter .5 for one-half a dose. The system decrements the On Hand totals according to the doses administered. As a result, the Quantity/Dose must be specified when a medication is entered.

⇒ ***Click on Submit to record the medication record for the student.***

<Student Nurse Visit> Tab

This tab allows the nurse to search for a date of the nurse visit, or a range of dates. It will also display each nurse visit in chronological order. Comments will appear on the right.

Nurse Visits

Name	Visit Date	Time In	Time Out	Completed	Comments
Arnold, Megan	09/09/05	11:45A	11:48A	Yes	Suspect that someone tripped her.
Arnold, Megan	05/13/05	9:30A	9:30A	Yes	Was this student pushed or tripped?
Arnold, Megan	12/07/05	7:45A	7:46A	No	
Arnold, Megan	01/11/06	11:30A	11:35A	Yes	

⇒ Click on the date to view visit details.

<Attendance> Tab

This tab allows the nurse to have View Only access to a student's attendance record to date.

Daily Attendance History
From: 09/06/2005 To 05/01/2006

Total Absences:	15	Total Present:	129	Days in Membership:	144
Absent:	10	Combined Unexcused Tardy/Dismissed:		Combined-Tardy/Dismissed:	
Dismissed Unexcused:		Dismissed:	3	Present:	
Suspension:	5	Tardy:	7	Truant:	
Exception:					
Absent:	9	Absent - Unexcused:	1	Absent College:	
Dismissed:	3	Dismissed - Absent:		Dismissed Unexcused:	
Dismissed/Returned:		Field Trip:		In School Suspension:	
Out of School Suspension:	5	Tardy:	3	Tardy - Absent:	
Tardy-Unexcused:	4	Tardy/Dismissed:		Tardy/Dismissed - Absent:	
Tardy/Dismissed/Returned:		Truant:		Unexcused Tardy/Dismissal:	

Daily Attendance Detail

Date	Day	Cycle	Description	In Time	Out Time	Return Time	Time Left	Note
05/01/2006	M	2	A - Absent					p/s mc
04/27/2006	Th	2	D - Dismissed		11:11 AM			appt mc
04/12/2006	W	1	D - Dismissed		2:00 PM			appt mc
03/30/2006	Th	2	TU - Tardy Unexcused	8:23 AM				mc

<Test> Tab

This tab allows the nurse to view and enter information and dates for test data, such as the student's annual physical, Lead or Lice testing.

⇒ Click the **Add** button to add a new test.

Student Health Test Data PRINT

Test	Date	Pass	Due	Referral	Referral Complete Date	Comment	Result
Physical	03/01/2006	Pass	03/01/2007	No		Healthy Child	Normal Exam

Note: Clicking on the **Print** icon will bring up a complete health record for the student, including all immunizations.

Student Health Record

Name(L,F,M):	Arnold, Megan, LeeAnn	Grade:	11	Sex:	F	Birth Date--Place:	04/22/1987--Framingham . US
School:	iPass High School, Chicopee Public School District					Pri Language:	English
Stu Address/Phone:	3173 Ocean Avenue , Gloucester, CA 99435						
Father name/phone:	Frank Arnold -- 508-376-5352 HOME --						
Aunt name/phone:	Tricia Arnold -- 000-004-3659 HOME PHONE --						
Father name/phone:	Scott Arnold -- --						
Guardian 4 name/phone:	Deanna Hull -- 000-004-3662 Emergency Contact #1 --						
Guardian 5 name/phone:	Cathie Hull -- 000-004-3663 Emergency Contact #2 --						
Emergency contact:							
Source of Medical Care:							
Source of Dental Care:							
Social/Medical Info:							
Allergy:	Bee Sting (**Life Threatening**)						

Immunization

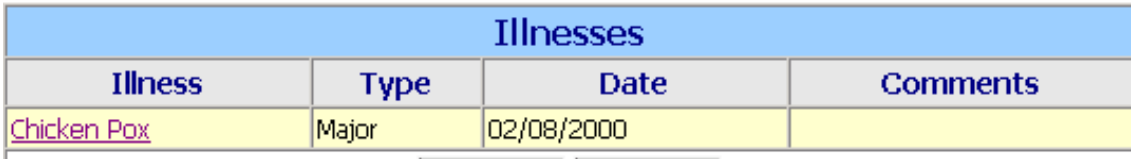
Immunization	Date	Immunization	Date	Immunization	Date	Immunization	Date
Pertuesis for those who are allergic	06/12/2004	Diptheria, Pert, Tet	06/12/2004	Varivax	06/12/2004	Haemophilus	06/12/2004
		Measles Mumps Rubella	06/12/2004			Physical Exam	03/01/2006

Hearing, Vision & Postural

			Hearing (pure tone)			Vision (M.V.T)			Stereopsis			Postural			Other	Growth		
Test Date	Age	Grade	Pass	Failed	F/Up	Pass	Failed	F/Up	Pass	Failed	F/Up	Pass	Failed	F/Up		Hgt(")	Wgt(lb)	BMI
05/01/2006	19	11	X		no	X		no		X	no	X		no		69	120	17.76

<Illness> Tab

This tab allows the nurse to display all data recorded about student illnesses.



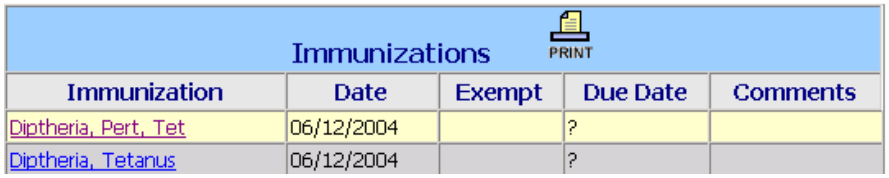
Illnesses			
Illness	Type	Date	Comments
Chicken Pox	Major	02/08/2000	

⇒ Click on the name of the illness to view the details for that specific illness.

⇒ Click the **Add** button to add a new illness to the student's record

<Immunizations> Tab

This tab allows the nurse to view and enter information and dates of student immunizations.

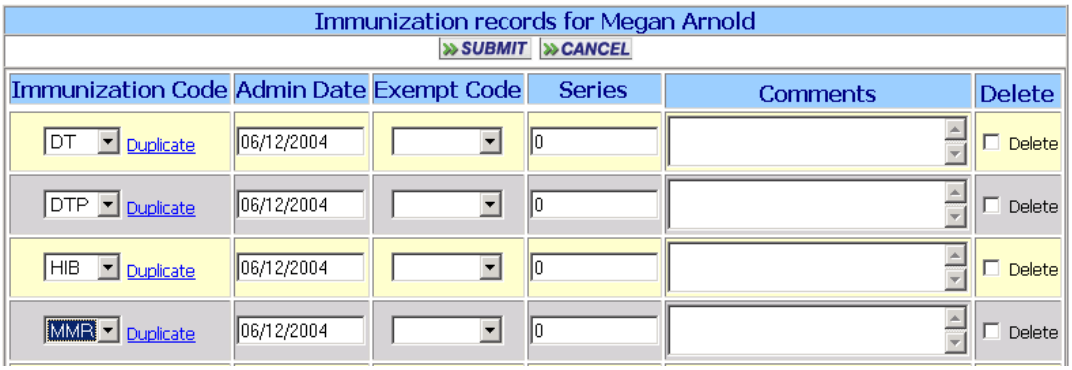


Immunizations PRINT				
Immunization	Date	Exempt	Due Date	Comments
Diptheria, Pert, Tet	06/12/2004		?	
Diptheria, Tetanus	06/12/2004		?	

Note: Clicking on the **Print** icon will bring up a complete health record for the student, including all immunizations.

⇒ Click on the name of the immunization to view the details for that specific immunization.

⇒ Click the **Add** button to add a new immunization to the student's record



⇒ Select an **Immunization Code**

⇒ Enter an **Admin Date** the date the immunization was administered

⇒ Select an **Exempt Code** a code representing and exemption allowed for the student for this immunization. For example, a Christian Scientist might be exempted due to a religious belief.

⇒ Enter a **Series** for the Immunization

⇒ Enter a **Comment**

⇒ Click in the **Delete** box and click submit to remove an Immunization

⇒ Click the **Duplicate** link next to a code that you want to copy. The Code, Date, Series and comment will copy onto the next line.

⇒ Click the **Submit** button to save your changes

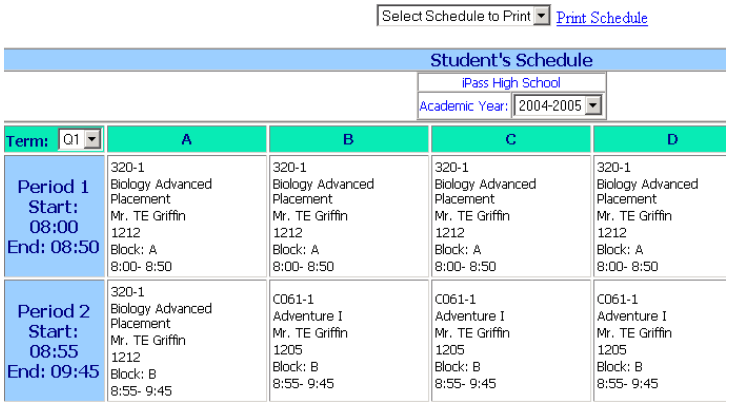
<Nurse Visit Details> Tab

This tab allows the nurse to open a new window to record a new nurse visit. (See section on Edit Nurse's Log, Details for instructions further on in this document.)

<Schedule> Tab

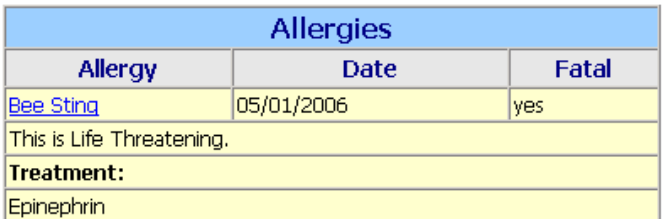
This tab allows the nurse to display the student's schedule in View Only format.

Click on the Select **Schedule to Print** drop-down menu to view the schedule in other available formats.



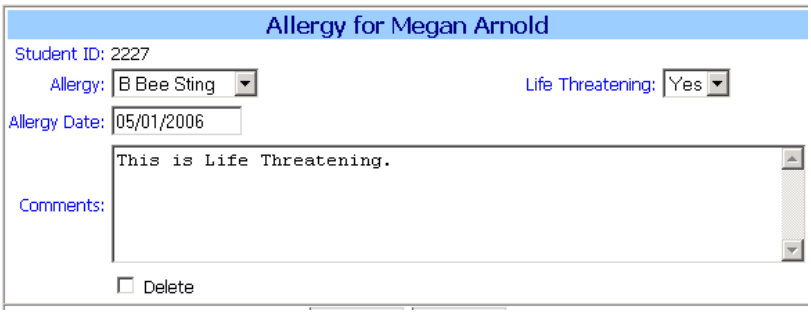
<Allergies> Tab

This tab allows the nurse to display the names of the student allergies, date of diagnosis, whether or not the allergy is life threatening, and the medication prescribed or related treatment for the allergy.



⇒ Click on the name of the Allergy to view the details for that specific allergy.

⇒ Click the **Add** button to add a new Allergy to the student's record.



⇒ Select an **Allergy**

⇒ Enter an **Allergy Date**

⇒ Select YES/NO for **Life Threatening**

⇒ Enter a **Comment**

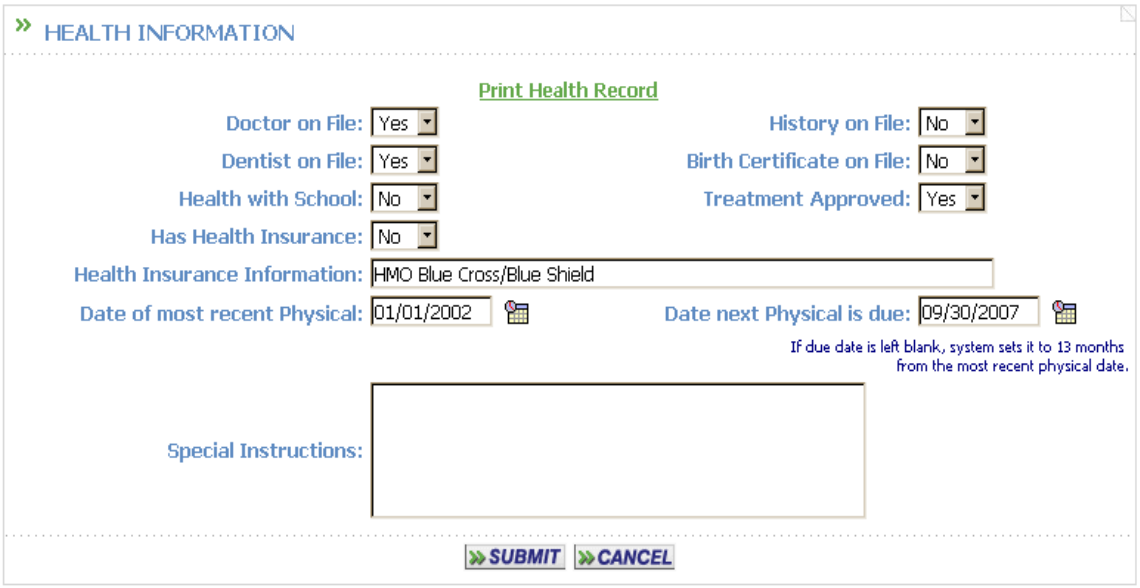
⇒ Click in the **Delete** box and click submit to remove an Allergy

⇒ Click the **Submit** button to save your changes

<Health Information> Tab

This tab allows the nurse to display a summary of the health information you have on file for the student.

Note: Clicking on the **Print** icon will bring up a complete health record for the student, including all immunizations.



⇒ Select YES/NO **Doctor on File**

⇒ Select YES/NO **History on File**

⇒ Select YES/NO **Health with School**

⇒ Select YES/NO **Dentist on File**

⇒ Select YES/NO **Birth Certificate on File**

⇒ Select YES/NO **Health Insurance**

⇒ Select YES/NO **Treatment Approved**

⇒ Enter **Health Insurance Info**

⇒ Enter **The date of the most recent physical**

⇒ Enter **The date next physical is due**

NOTE: When a date is entered for the Most Recent Physical and the Date next Physical is due is left blank, the system fills the due date in with the most recent plus 13 months.

These dates are stored in the Student Health Test table as a test with a special Test Code. The code is configured per school in the Health Maintenance/Health Parameters form.

⇒ Use the **Special Instructions** comment box to record student health plan and confidential health/illness information for the student.
Begin the record with the date of the entry or date of doctor or parent's note. Enter the narrative for the student. End the record with the name of the nurse recording the information, followed by RN, or NA.

Specialists

⇒ Click on the  to search for a **Specialist** in the system. Click on a specialist in the table will add there **Person ID** to the field

⇒ If the Specialist is not in the table enter a **Name**

⇒ Enter a **Profession**

⇒ Enter a **Note/Comment**

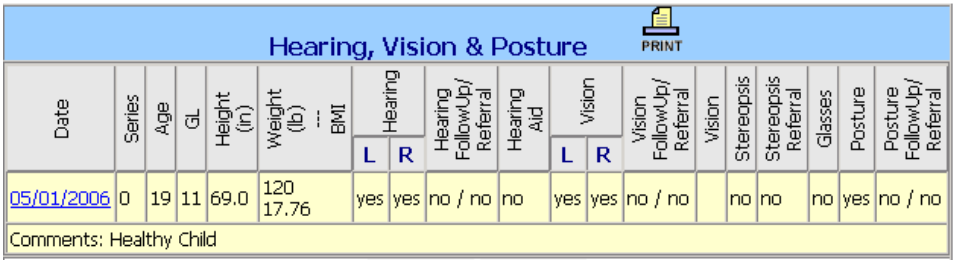
⇒ Click in the **Delete** box and click submit to remove an Allergy

⇒ Click the **Submit** button to save your changes

<HVP> Tab

This tab allows the nurse to display **Hearing, Vision and Posture** data recorded for the student. The exam date is at the left of the window.

Note: Clicking on the **Print** icon will bring up a complete health record for the student, including all immunizations.

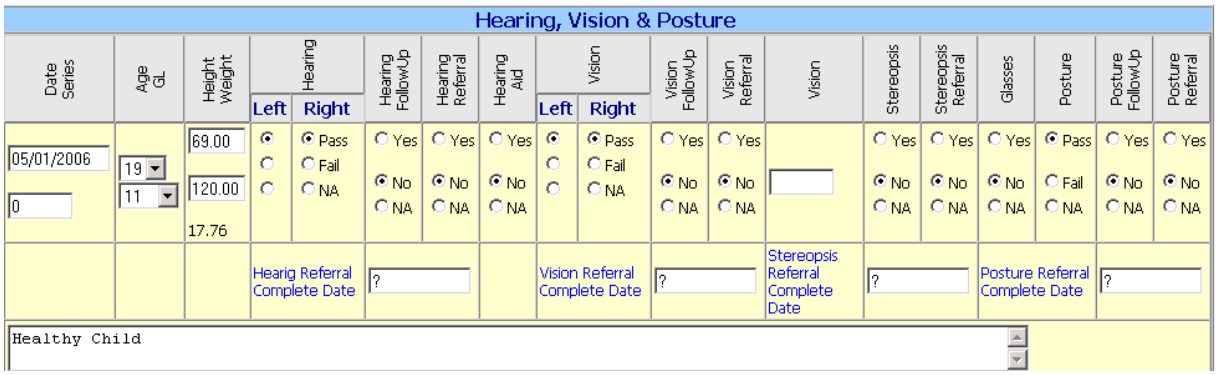


Hearing, Vision & Posture — PRINT

Date	Series	Age	GL	Height (in)	Weight (lb) -- BMI	Hearing L	Hearing R	Hearing FollowUp/ Referral	Hearing Aid	Vision L	Vision R	Vision FollowUp/ Referral	Vision	Stereopsis	Stereopsis Referral	Glasses	Posture	Posture FollowUp/ Referral
05/01/2006	0	19	11	69.0	120 17.76	yes	yes	no / no	no	yes	yes	no / no		no	no	no	yes	no / no
Comments: Healthy Child																		

⇒ Click on the **Date** to open a window and edit the HVP data.

⇒ Click the **Add** button to add a new Hearing, Vision and Posture Test to the student's record.



Hearing, Vision & Posture

Date Series	Age GL	Height Weight	Hearing Left	Hearing Right	Hearing FollowUp	Hearing Referral	Hearing Aid	Vision Left	Vision Right	Vision FollowUp	Vision Referral	Vision	Stereopsis	Stereopsis Referral	Glasses	Posture	Posture FollowUp	Posture Referral
05/01/2006 / 0	19 / 11	69.00 / 120.00 / 17.76	Pass / Fail / NA		Yes / No / NA	Yes / No / NA	Yes / No / NA	Pass / Fail / NA		Yes / No / NA	Yes / No / NA		Yes / No / NA	Yes / No / NA	Yes / No / NA	Pass / Fail / NA	Yes / No / NA	Yes / No / NA
			Hearig Referral Complete Date		?			Vision Referral Complete Date		?		Stereopsis Referral Complete Date	?		Posture Referral Complete Date		?	
Healthy Child																		

⇒ Enter the **Date**

⇒ Enter the **Series**

⇒ Enter the **Grade Level**

⇒ Enter the **Age**

⇒ Enter the **Height**

⇒ Enter the **Weight**

Note: Entering **Height** and **Weight** will automatically calculate **BMI**.
Records must be checked in each box to indicate passing the exam or screening.

⇒ Select Pass Fail NA **Hearing Right/Left**

⇒ Select Yes NO NA **Hearing Follow-up**

⇒ Select Yes NO NA **Hearing Referral**

⇒ Select Yes NO NA **Hearing Aid**

⇒ Select Pass Fail NA **Vision Right/Left**

⇒ Select Yes NO NA **Vision Follow-up**

⇒ Select Yes NO NA **Vision Referral**

⇒ Enter the **Vision**

⇒ Select Yes NO NA **Stereopsis**

⇒ Select Yes NO NA **Stereopsis Referral**

⇒ Select Yes NO NA **Glasses**

⇒ Select Pass Fail NA **Posture**

⇒ Select Yes NO NA **Posture Follow-up**

⇒ Select Yes NO NA **Posture Referral**

⇒ Enter a **Hearing Referral Complete Date**

⇒ Enter a **Vision Referral Complete Date**

⇒ Enter a **Stereopsis Referral Complete Date**

⇒ Enter a **Posture Referral Complete Date**

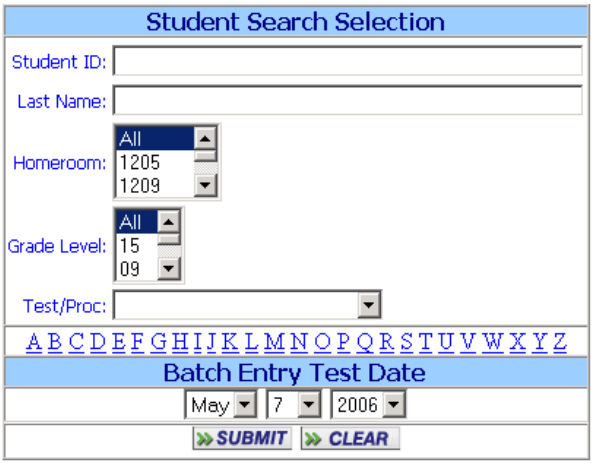
Note: Use the memo field to keep notes regarding the Hearing, Vision and Posture testing.

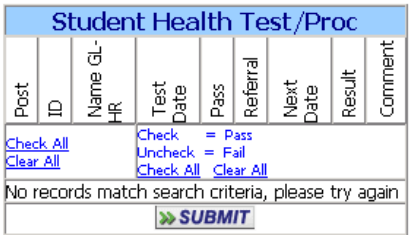
⇒ Click the **Submit** button to save your changes

Batch Entry - Health

<Test Batch Entry> Tab

This tab allows the nurse to enter test results for more than one student at a time.
Examples: Lead Tests, Lice Test, Physicals or school defined tests.





⇒ Enter the **Student ID(s)** or the student's **Last Name(s)** to create test records.

Note: to create records for more than one student, enter a series of student ID numbers separated by a comma.

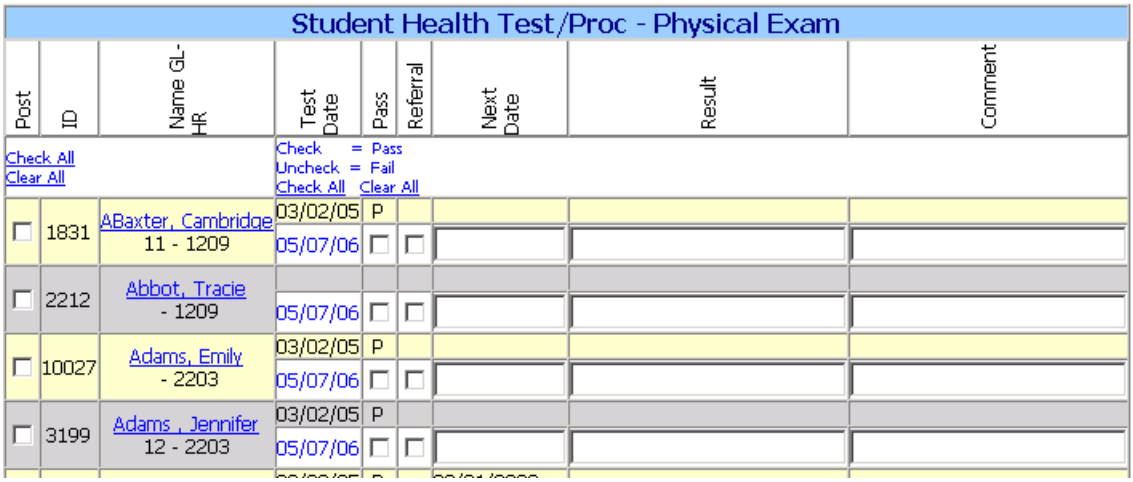
⇒ Select the **Homeroom Number** to create records for all of the students in a particular homeroom.

⇒ Select the **Grade Level** to create records for all of the students in a particular grade.

⇒ Select the type of **Test/Procedure** you are creating a record for.

⇒ Modify the **Date** to reflect the actual date of the exam, not the date of entry.

⇒ Clicking on **Submit** will open the records to be modified based on the filtering criteria selected above.



Student Health Test/Proc - Physical Exam

Post	ID	Name GL-HR	Test Date	Pass	Referral	Next Date	Result	Comment
Check All Clear All			Check = Pass Uncheck = Fail Check All Clear All					
☐	1831	ABaxter, Cambridge 11 - 1209	03/02/05 05/07/06	P ☐	 ☐			
☐	2212	Abbot, Tracie - 1209	 05/07/06	 ☐	 ☐			
☐	10027	Adams, Emily - 2203	03/02/05 05/07/06	P ☐	 ☐			
☐	3199	Adams , Jennifer 12 - 2203	03/02/05 05/07/06	P ☐	 ☐			

⇒ Put a check in the box to the left marked **Post** for each student who you want to submit the data entered. Uncheck **Post** for the students who are absent.

⇒ Use the ***Check All*** to check all the boxes under **P** to indicate that the students passed the test.

⇒ Check the box under **Referral** to indicate that the student needs a referral.

⇒ Enter the **Next Date**

***Note*:** the date entered in **Next Date** should be exactly 12 months from the date of the physical exam record you are creating.

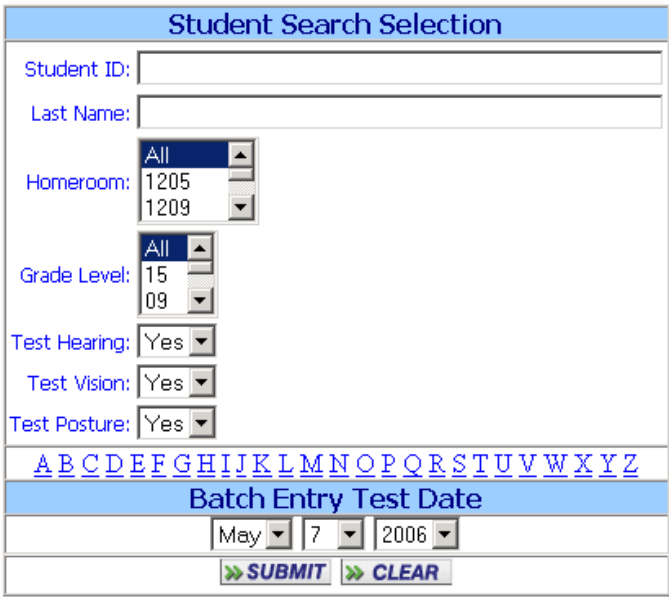
⇒ Enter **Results**

⇒ Enter **Comments** as necessary in the comments box provided.

⇒ Click on **Submit** to record the data.

<HVP Test Batch Entry> Tab

This tab allows the nurse to create records related to Hearing, Vision and Posture exams for a group of students at one time.



⇒ Enter the **Student ID(s)** or the student's **Last Name** to create a record for one student.

Note: to create records for more than one student, enter a series of student ID numbers separated by a comma.

⇒ Select the **Homeroom Number** to create records for all of the students in a particular homeroom.

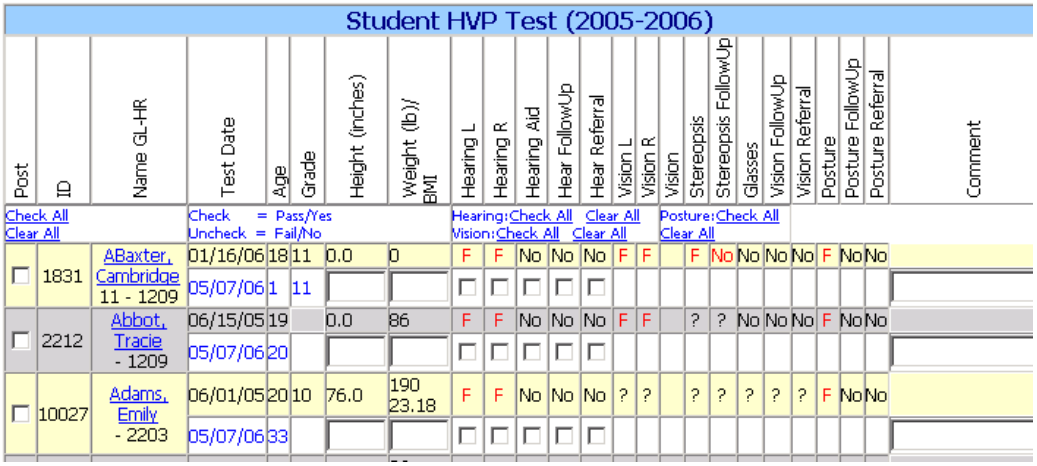
⇒ Select the **Grade Level** to create records for all of the students in a particular grade.

⇒ Select the type of test you are recording by placing a YES next to the test name.

NOTE: The default setting is Yes for all three types of tests: Test Hearing, Test Vision and Test Posture. Change the Yes to No for the test results you are *not* entering. For example, if you are only entering Vision screening results, change Hearing and Posture to No and leave Vision set to Yes.

⇒ Modify the **Date** to reflect the date of the exam, not the date of entry.

⇒ Clicking on **Submit** will open the records to be modified based on the filtering criteria selected above. You will also be able to view the last test results entered.



Student HVP Test (2005-2006)

Post	ID	Name GL-HR	Test Date	Age	Grade	Height (inches)	Weight (lb)/ BMI	Hearing L	Hearing R	Hearing Aid	Hear FollowUp	Hear Referral	Vision L	Vision R	Vision	Stereopsis	Stereopsis FollowUp	Glasses	Vision FollowUp	Vision Referral	Posture	Posture FollowUp	Posture Referral	Comment
Check All Clear All			Check = Pass/Yes Uncheck = Fail/No					Hearing: Check All Clear All Vision: Check All Clear All							Posture: Check All Clear All									
☐	1831	ABaxter, Cambridge 11 - 1209	01/16/06	18	11	0.0	0	F	F	No	No	No	F	F		F	No	No	No	No	F	No	No	
			05/07/06	1	11			☐	☐	☐	☐	☐												
☐	2212	Abbot, Tracie - 1209	06/15/05	19		0.0	86	F	F	No	No	No	F	F		?	?	No	No	No	F	No	No	
			05/07/06	20				☐	☐	☐	☐	☐												
☐	10027	Adams, Emily - 2203	06/01/05	20	10	76.0	190 23.18	F	F	No	No	No	?	?		?	?	?	?	?	F	No	No	
			05/07/06	33				☐	☐	☐	☐	☐												

⇒ Put a check in the box to the left marked **Post** for each student who you want to submit the data entered.

⇒ Enter the **Height**

⇒ Enter the **Weight**

Note: Entering **Height** and **Weight** will automatically calculate **BMI**.
Records must be checked in each box to indicate passing the exam or screening.

NOTE: Use **Check all** for each section to place a check mark in the box for all students.

⇒ Check off **Hearing Right/Left**

⇒ Check off **Hearing Follow-up**

⇒ Check off **Hearing Referral**

⇒ Check off **Hearing Aid**

⇒ Check off **Vision Right/Left**

⇒ Check off **Vision Follow-up**

⇒ Check off **Vision Referral**

⇒ Enter the **Vision**

⇒ Check off **Stereopsis**

⇒ Check off **Stereopsis Referral**

⇒ Check off **Glasses**

⇒ Check off **Posture**

⇒ Check off **Posture Follow-up**

⇒ Check off **Posture Referral**

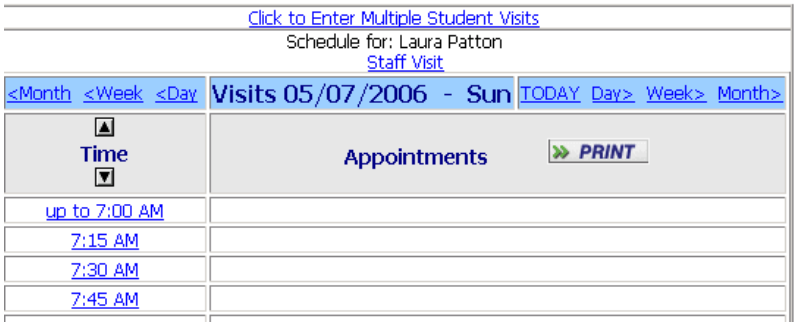
Note: Use the memo field to keep notes regarding the Hearing, Vision and Posture testing.

⇒ Click the **Submit** button to save your changes

Edit Nurse's Log

The Nurse's Log displays a record of all student visits and medications , displayed by Day and Time of visit.

Note: Times are displayed in 15 minute increments. You can adjust the increments in <iHealth Maintenance><iHealth Parameters>.

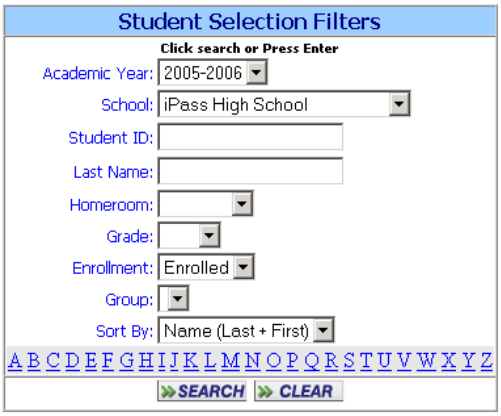


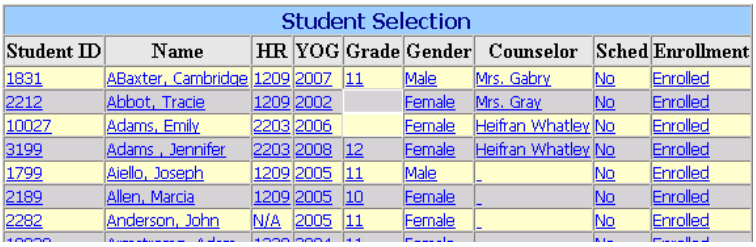
Use the **<Month** **<Week** **<Day** **Today** **Day>** **Week>** **Month>** to move through past or future days.

⇒ Click on the time of the student visit in the daily log to access a student selection list.

Selecting a student

Once you click on the time, a window will appear with a list of students in your school.





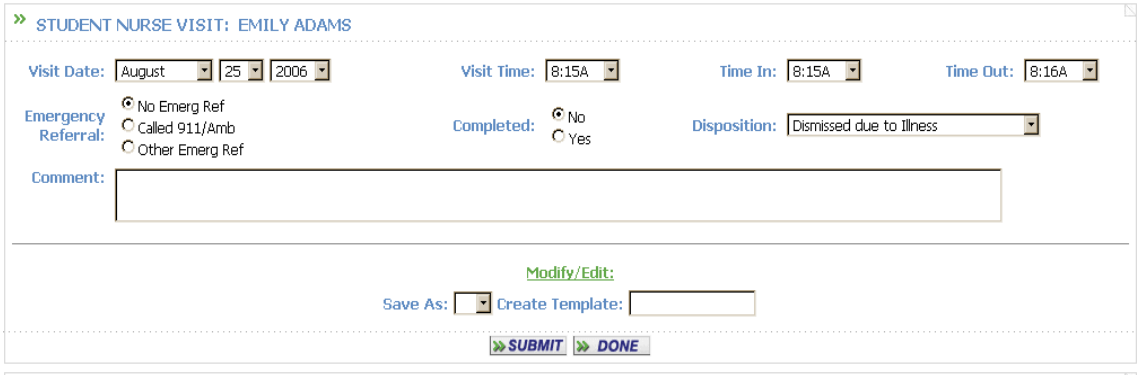
Student Selection

Student ID	Name	HR	YOG	Grade	Gender	Counselor	Sched	Enrollment
1831	ABaxter, Cambridge	1209	2007	11	Male	Mrs. Gabry	No	Enrolled
2212	Abbot, Tracie	1209	2002		Female	Mrs. Gray	No	Enrolled
10027	Adams, Emily	2203	2006		Female	Heifran Whatley	No	Enrolled
3199	Adams , Jennifer	2203	2008	12	Female	Heifran Whatley	No	Enrolled
1799	Aiello, Joseph	1209	2005	11	Male		No	Enrolled
2189	Allen, Marcia	1209	2005	10	Female		No	Enrolled
2282	Anderson, John	N/A	2005	11	Female		No	Enrolled

⇒ Click on the name of student whose visit is being recorded to bring up a visit details window for that student. All information relating to this visit is recorded in the details window.

Visit Details

This screen is used to enter the Visit Information and the Visit Details.



⇒ The **Visit Date** defaults to the current date.

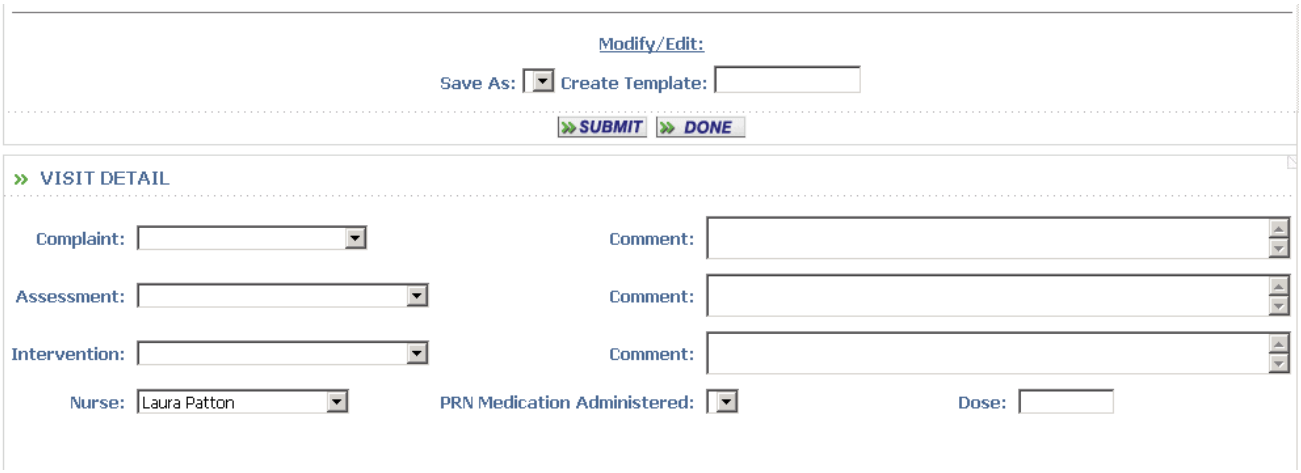
⇒ The **Visit Times, Time In and Time Out** default to the present time of day.

⇒ Enter **Emergency Referral** as necessary

⇒ Enter a **Disposition**

⇒ Enter YES/NO for **Completed**

⇒ Enter a **Comment**



⇒ Choose the primary **Complaint** or reason for the student visit from the drop down menu. Add a comment to the comment box.

⇒ Choose the **Assessment** or triage for this complaint. Add a comment to the comment box.

⇒ Choose the **Intervention** for the Primary complaint. Add a comment to the comment box.

⇒ If there is a **Secondary** complaint, enter the details in the next box and follow the same procedure as outlined above.

⇒ Put a check in the box **Report as Secondary Issue** for the secondary complaint details.

⇒ Select a **(PRN) Medication Administered**

⇒ Enter a **DOSE** for the PRN

Note: To create a **Template** for a common type of visit, enter the complaint, assessment and intervention and then type the name of the template in the box **"Create Template"** and click on submit. Use the template feature for repeat visit types that have the same complaint, assessment and intervention.

Comments

In the **Comment** Box directly below the Complete Yes/No box, enter first the primary reason for the visit and the disposition in a brief manner. For

example, “Headache/Tylenol” would be an appropriate use in this comment area.

Note: Comments entered in this box will appear in the Student Nurse Visit tab.

Entering Multiple Student Visits

To record multiple visits, click on the link **Click to Enter Multiple Student Visits** at the top of the Nurses Daily Log. Clicking on the link will bring up an entry form which will allow for entry of up to 4 student visit details at one time.

- ⇒ Click on the magnifying glass icon to search students, or enter a student ID or last name to enter students.
- ⇒ Enter the complaint and intervention for each student in the top comment box.
- ⇒ Enter the complaint, assessment and intervention for each student
- ⇒ Enter the comments associated with the complaint, assessment and intervention.
- ⇒ Modify the time as necessary by choosing the option of **Set ALL Times To** or modify individual student visit times in each entry box.
- ⇒ Check all students as **Completed** in the top section, or mark each individual student visit as completed.

Once all data has been entered, click on **Submit** on the bottom of the window.

Note: All student visits will now appear in your log.

View Daily Attendance

Use this to view a list of today’s Daily attendance.

Reports - Health

Report storage and retrieval

Once created, all reports in the iHealth system are stored in **My Data, My Reports.**

Note: the shortcut to **My Reports** is an icon in the main window labeled Reports.

Under **Available Reports** click on the report name to begin the download, or open it in the application desired.

Note: Different reports are available in a variety of formats such as Microsoft Word, Text, rtf, html, text, CSV, Excel and PDF.
Reports are stored in the order of creation, with most recently created reports at the top.
Once reports have been downloaded, delete them from **My Reports** by clicking in the corresponding box on the left in the **Delete** column.

Report tabs in Reports-Health

<Student Illness> Report

The Student Illness report lists the illnesses that are on record for the selected students.

Selection Criteria: Illness Start Date, Illness End Date, Grade Level, Homeroom, Student Last Name, Student ID, Illness Type, Illness Code, Show All Students, Students With a Record, Students Without a Record.

Sorted By: Illness Name/Code, Grade level, Homeroom, Gender/Name, Illness Type/Name.

Output:

ID	Name	M/F	GL	HR	Date	Illness	Type
1831	ABaxter,Cambridge	M	11	1209	11/21/05	Crohn's Disease	Major
2212	Abbot,Tracie	F	10	1209	11/21/05	Chicken Pox	Major
10027	Adams,Emily	F	10	2203	04/20/05	Crohn's Disease	Major

<Student Immunizations> Report

The immunization report displays the immunizations on record for the selected students.

Selection Criteria: Academic Year, Start Date, End Date, Immunizations, Grade Level, Homeroom, Student Last Name, Student ID, Immunization Type, Show All Students, Only Students with a Record, Only Students without a Record.

Sorted By: Name/Immunization, Grade level, Homeroom, Gender/Name.

Output:

ID	Name	M/F	GL	HR	DOB	Date Given	Date Due	Immunization
1831	ABaxter,Cambridge	M	11	1209		01/16/2005	01/01/2003	Hepatitis B # 1
							01/01/2002	Lead Screen
							01/01/2002	Measles Mumps Rub

<Student Test/Procedure> Report

The Student Test/Procedure report will display students who have expired, missing or valid test records.

Search Criteria: Academic Year, Expiration Date, Grade Level, Homeroom, Student Last Name, Student ID, Annual Physical Exam, Show All Students, Students with a Valid Record Only, Students Missing Records, Students with Expired Records, Students with Expired and Missing Records.

Sorted By: Name, Grade level, Homeroom, Gender/Name.

Output:

ID	Name	MF	GL	HR	Test Date	Next Date	Test	Missing	Expired
1831	ABaxter,Cambridge	M	11	1209	01/17/06		Pediculosis	No	No
							Coloform	Yes	Yes
						03/17/05	Fluoride Rinse	No	No
						01/01/02	Physical Exam	No	No
						01/19/06	Nutrition	No	No
						01/17/06	Oral Health Scr	No	No
						03/02/05	Dental Sealant	No	No

<Visit Log> Report

The Visit Log report displays the visits made to the nurse in a given time frame.

Selection Criteria: Student ID, Last Name, Grade Level, From Date, To Date, Reason (Complaint), Action (Intervention), Nurse.

Sorted By: Visit Date, Name, Homeroom, YOG or Gender.

Output:

1799Aiello, Joseph HR: 1209 YOG: 2005 Gender: M

09/09/2005 **Scheduled:** 09:30 **In:** 09:30 **Out:** 09:30

Comment: Rest helps recover from a cold.
Nurse: Goeff, Brenda
Reason: Coughing
Action: Salt Water Gargle Gave student two cough drops.

<Medication Reorder> Report

The Medication Reorder Report displays when medications need to be reordered.

Search Criteria: Reorder Only, Grade level, Student ID, Last Name, Medication Type, Medication

Sorted By: None

Output:

ID	Name	MF	GL	HR	Sched Dt Tm	Admin Dt Tm	Medication	Qty/Dose	OnHand	Reorder	Margin
2227	Arnold, Megan	F	11		05/01/06 12:00P	05/01/06 12:00P	Ritalin	1	9	10	-1

1 Ritalin
Type 1 Stimulants

<Medications Schedule> Report

The Medication Schedule report lists when students received their medication.

Search Criteria: Academic Year, Start Date, End Date, Grade Levels, Homeroom, Student ID, Last Name, Medication Type, Medication Name

Sorted By: Name/Medication, Grade Level, Homeroom, Gender/Name, Medication Type/Name

Output:

ID	Name	MF	GL	HR	Sched Dt Tm	Admin Dt Tm	Medication	Type	Q/D	Dose Stngth	Hold
1799	Aiello,Joseph	M	11	1209	12/05/05 11:57A	12/05/05 11:57A	Ibuprofen	Analgesics	1	0	1 0
3218	Lauren,McDonald	F		1209	01/16/06 7:07A	01/12/06 9:16A	7	Analgesics	1	0	1 0
2215	Maltese,Marissa	F		1220	01/12/06 7:00A	01/12/06 9:29A	Ibuprofen	Analgesics	1	0	1 9
10027	Adams,Emily	F		2203	01/10/06 7:45A	01/11/06 3:26P	amoxilcillin	antibiotic	0	0	200
1309	Garces,Maria Jose	F	11	1218	03/31/06 8:24A	03/31/06 7:18A	concerta	antihistamine	1	0	3 mg 74
1309					12/22/05 8:24A	12/22/05 4:01P	concerta	antihistamine	1	0	3 mg 74
1309					01/11/06 8:24A	01/11/06 3:25P	concerta	antihistamine	1	0	3 mg 74

Summary:

1 7
2 Ibuprofen

Type 3 Analgesics
1 amoxilcillin
Type 1 antibiotic
3 concerta
Type 3 antihistamine

<Staff Nurse Visit> Report

The Staff Nurses Visits Report will display the visits that were made to the nurse by staff members.

Search Criteria: Staff Last Name, From Date, To Date, Reason (Complaint), Action (Intervention), Nurse

Note: For a single day's log report, enter the From Date and the To Date as the same date.

Sorted By: Visit Date or Name.

Output:

Bonaventura, Andrew
12/12/2005 **Scheduled:** 11:04 **In:** 11:04 **Out:** 11:04
Comment:
Nurse: Griffin, James
Reason: Abrasion
Action: Fluids Provided

<Allergies> Report

The Allergies Report displays student's allergies.

Search Criteria: Academic Year, Grade Level, Homeroom, Last Name, Allergy, Life-Threatening

Sorted By: Name, Grade Level, Homeroom, Gender

Output:

ID	Name	Hr	Sex	GL	Allergies
1831	ABaxter,Cambridge	1209	M	11	B Bee Sting Epinephrin Please don't sting me
10027	Adams,Emily	2203	F		B Bee Sting Epinephrin GIve EPI PEN
3199	Adams ,Jennifer	2203	F	12	Asp Asprin Methyl Salicilate No aspirin products

Female: 2
Male: 1
Total: 3

<Health Directory> Report

The Health Directory Report will display all the entries in the Medication or Illness table.

Search Criteria: Medication or Illness

<Class List> Report

The Class List Report will display the students in each course.

Search Criteria: Academic Year, Course Number, Course Sections, Term, Grade Level, Day, Period Teacher, SPED, Incoming Students.

Note: Use the magnifying glass icon to look up the Course Numbers and Course Sections.

Sorted By: None

Output:

```
Teacher: Mr. TE Griffin
 Course: 013-1 English 9 College Prep 2
   Room: 1205 Term: 1234
 Schedule:--111-
        2-----
        3-----

ID      Name                 YOG  Sex    HR    Health Information

2240    Ciaramitaro, Josephine     2007 Female N/A
10081   Howard, Elllis           2008 Male   N/A
2381    Lynch, Ian               2002 Male   1220
10048   Patton, Laura             2008 Female N/A


 Male: 2 Female: 2 Total: 4
```

<Health Activity> Report

This report lists all the Activities that the Nurses have run during a given timeframe.

Search Criteria: From Date, To Date, Activity Code, Report Item, and Nurse.

Sorted By: None

Output:

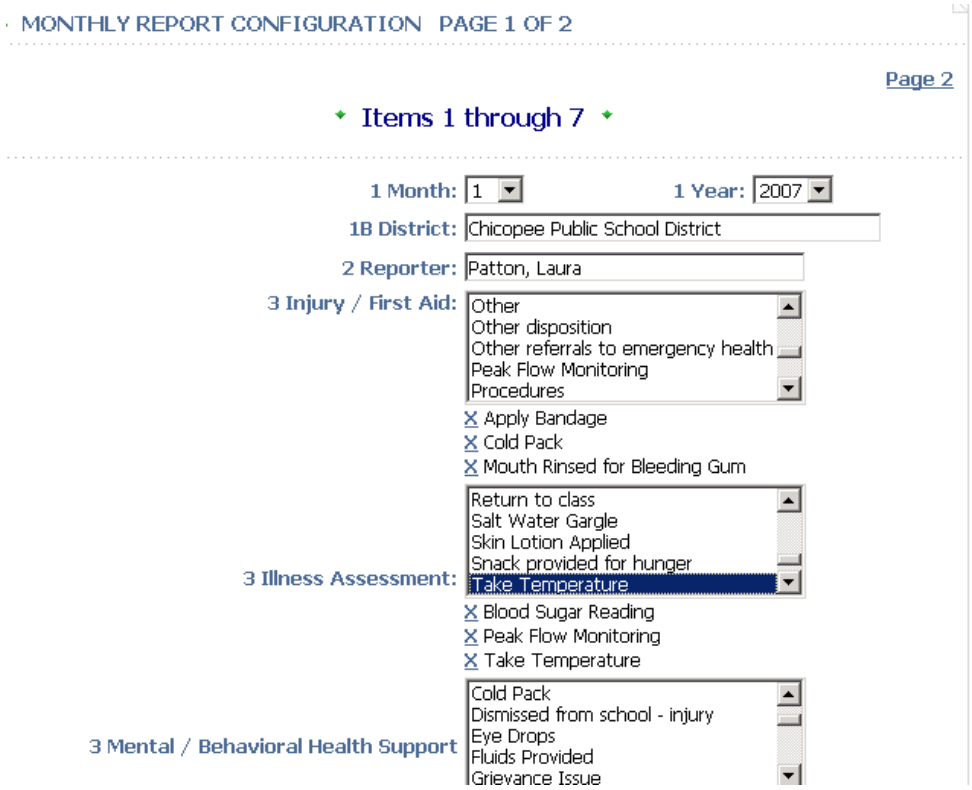
```
Activity Cod Report Date      Nurse         Topic          Stu Adult
-------------------------------------------------------------------------
```

PrevGrpOth 19 03/01/05 Laura Patton Smoke Prevention 12 5
SuppAnger 23B 03/01/05 Laura Patton Anger Management 5 8

<Health Activity Monthly> Report

This report will give you the information needed for the Monthly Health Report for the Massachusetts Essential School Health Services (ESHS) program.

NOTE: You MUST set up the Monthly Report Parameters in <iHealth System><Monthly Report Setup> first.



There are two pages of categories that should be linked to iHealth items. Select all items in each category that apply. Under each category you will see the items selected. Click on the X to remove the link to that item.

<Health Letters> Report

You must create a Letter form first. To Create/Write and Edit letters go to <Letters System><Create Letters>.

<Write Letters>

Description

⇒ Type in the name for this Letter.

Letter

⇒ This is where you type in the information you want on the letter.

⇒ Start typing the paragraphs you want in the letter. To add data fields see Data Elements below.

Type

⇒ Select the type

Data Elements

⇒ Click on the elements you want to have included in your letter to highlight it.

⇒ Click on the Data Element again and it will appear in your letter where you curser was last.

⇒ ***Click***  ***to save the letter.***

⇒ ***Click Cancel***  ***to leave this screen.***

Health Letter Data

Field Name	Description
HealthMissingImmunization	List of Missing Immunizations
HealthMissingItemDueDate	Due date for Missing Test
HealthMissingTestProcedure	List of Missing Tests

HealthNurseVisit	Details of a nurses Visit
HealthScreenFailedDate	Dates for failed Health Screening
HealthScreenFailedName	List of failed Health Screening
StuAllergies	Lists the allergies on record
StuMeds	Lists the Medications on record
StuLastPhysical	Displays the date of the last physical, if any. Uses the configured type “Test type for Physicals” to pick the date.
StuDoctorPhone	Displays the name and phone number for a specialist defined in the Health Information form. Uses the configured profession “Student Physician Profession” to pick the doctor
StuDentistPhone	Displays the name and phone number for the “Dentist” specialist defined in the Health Information form.
StuMedInsurance	Displays the Health Insurance Information defined in the Health Information form.
StuIllness	Lists the illnesses on record.

Health Letter Examples

Health Failed Screening Notification

Nurse’s Office
iPass Elementary School
265 Franklin Street
Framingham, MA 01702

Wednesday, April 25, 2007

Phone: 508-000-4762
FAX: (508)626-3290

To the Parent/Guardian of Cambridge ABaxter :

Your child, Cambridge, was given a screening exam on . The results indicate the need for further evaluation and possible treatment. We recommend that you take Cambridge to your doctor or to a specialist for further evaluation.

Please give this form to your doctor at the time of your appointment and return it to the School Nurse. Thank you.

If you have any questions, please call (508)626-3290.

Sincerely,

Jane Smith, RN
Gary Pegrario, RN
School Nurses

Cambridge ABaxter Test: ID:1831

Doctor's Evaluation
Doctor:
Doctor's Office Address:
Doctor's Phone:
Date of Exam: Doctor's Signature:

Diagnosis:

Treatment:

Prognosis:

Treatment Plan: None at this time ___ Observation __ Next Scheduled Follow-Up: _____

Recommendations Pertaining to School Work or Activities:

This is the HTML Version of the letter. Type this into the letter template and make changes to the Phone numbers, Names and School information.

Nurse's Office
iPass Elementary School
265 Franklin Street
Framingham, MA 01702

$TODAY_Full$

Phone: $SchoolPhoneNumber$
FAX: (508)626-3290

To the Parent/Guardian of $StudentNameFML$:

Your child, $StudentNameFirst$, was given a $HealthScreenFailedName$ screening exam on $HealthScreenFailedDate$. The results indicate the need for further evaluation and possible treatment. We recommend that you take $StudentNameFirst$ to your doctor or to a specialist for further evaluation.

Please give this form to your doctor at the time of your appointment and return it to the School Nurse. Thank you.

If you have any questions, please call (508)626-3290.

Sincerely,

Jane Smith, RN
Gary Pegrario, RN
School Nurses

<BR style="page-break-before:always">
$StudentNameFML$ $HealthScreenFailedName$ Test:
$HealthScreenFailedDate$ ID:$StudentID$
<hr align="Left" size="1" width="100%">
Doctor's Evaluation

Doctor:
Doctor's Office Address:
Doctor's Phone:
Date of Exam: Doctor's Signature:

Diagnosis:

Treatment:

Prognosis:

Treatment Plan: None at this time ___ Observation __ Next Scheduled Follow-Up: _____

Recommendations Pertaining to School Work or Activities:

<hr align="Left" size="1" width="100%">

Health Medication Permission Reminder

Nurse's Office
iPass Elementary School
265 Franklin Street
Framingham, MA 01702

Wednesday, April 25, 2007

Phone: 508-000-4762
FAX: (508)626-3290

Student: Maria Jose NMN Garces
Year of Graduation: 2005

Dear Parent,

Your child received medication during the 2006-2007 school year. If s/he is to receive medication during the next school year, new permission forms need to be filled out and submitted. Please remember that students are not allowed to carry any medicine in their backpacks or on the bus (prescription OR over the counter). You will need to bring in the medication and the required forms to the school nurse. *Please submit one form for each medicine.*

Please note:
The medication must be in the original pharmacy container and the form needs to be filled out completely and signed by you and the physician.

All remaining medication will be thrown out on the LAST DAY of school. Please remember to stop by the nurse's office to pick up any left over medicine before the last day of school.

Forms may be obtained in the Nurse's Office.

Best wishes for a healthy and happy summer.

Sincerely,

Jane Smith, RN
School Nurse

This is the HTML Version of the letter. Type this into the letter template and make changes to the Phone numbers, Names and School information.

Nurse's Office
iPass Elementary School
265 Franklin Street
Framingham, MA 01702

$TODAY_Full$

Phone: $SchoolPhoneNumber$
FAX: (508)626-3290

Student: $StudentNameFML$
Year of Graduation: $StudentYOG(9999)$

Dear Parent,

Your child received medication during the 2006-2007 school year. If s/he is to receive medication during the next school year, new permission forms need to be filled out and submitted. Please remember that students are not allowed to carry any medicine in their backpacks or on the bus (prescription OR over the counter). You will need to bring in the medication and the required forms to the school nurse. Please submit one form for each medicine.

<STRONG>Please note:</STRONG>
The medication must be in the original pharmacy container and the form needs to be filled out completely and signed by you and the physician.

<STRONG><EM>All remaining medication will be thrown out on the LAST DAY of school. Please remember to stop by the nurse's office to pick up any left over medicine before the last day of school.</EM></STRONG>

Forms may be obtained in the Nurse's Office.

Best wishes for a healthy and happy summer.

Sincerely,

Jane Smith, RN
School Nurse

Health Missing Immunization Reminder

Nurse's Office
iPass Elementary School
265 Franklin Street
Framingham, MA 01702

Wednesday, April 25, 2007

Phone: 508-000-4762
FAX: (508)626-3290

To the Parent/Guardian of Ashley Marie Ciriello :

The school district requires that we keep our record of your child's immunizations up to date.
In reviewing our records, we found that your child may be missing the following immunizations: Measles Mumps Rubella

If Ashley Ciriello has not received these immunizations, please contact your physician and make an appointment as soon as possible.
Please send a copy of Ashley Ciriello's immunization record to the Nurse's Office by .

Forms may be obtained in the Nurse's Office. The physician's own form is also acceptable.

If you have any questions, please call (508)626-3290.

Sincerely,

Jane Smith, RN
Gary Pegrario, RN
School Nurses

This is the HTML Version of the letter. Type this into the letter template and make changes to the Phone numbers, Names and School information.

Nurse's Office
iPass Elementary School
265 Franklin Street
Framingham, MA 01702

$TODAY_Full$

Phone: $SchoolPhoneNumber$
FAX: (508)626-3290

To the Parent/Guardian of $StudentNameFML$:

The school district requires that we keep our record of your child's immunizations up to date.
In reviewing our records, we found that your child may be missing the following immunizations:
$HealthMissingImmunization$

If $StudentNameFL$ has not received these immunizations, please contact your physician and make an appointment as soon as possible. Please send a copy of $StudentNameFL$'s immunization record to the Nurse's Office by $HealthMissingItemDueDate$.

Forms may be obtained in the Nurse's Office. The physician's own form is also acceptable.

If you have any questions, please call (508)626-3290.

Sincerely,

Jane Smith, RN
Gary Pegrario, RN
School Nurses

Print letters

To print Health letters go to <iHealth reports><Health Letters>.

On this screen you can print letters regarding;

Medication issued

Missing/Failed test/Procedure
Missing Immunization
Missing/Failed Test and Immunization
Nurse Visit
Vision Screening Failure
Hearing Screening Failure
Postural Screening Failure

You must select the proper Letter and the Proper selection on the above list.

Health Activity

Health Activities are need for the Monthly Health Report for the Massachusetts Essential School Health Services (ESHS) program. They can also be used to monitor and store information on Activities that a Nurse has offered during the school year.

⇒ Click on the **Date** to open the Health Activity

⇒ Click on **Add** to add a new Health Activity

Maintenance - Health

<Activity Codes> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Click **Submit**

<Allergies> Tab

⇒ Click the Allergy name to access the Allergy Information

⇒ click **ADD** to add a new allergy

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Enter YES/NO **Life Threatening**

⇒ Enter a **Treatment**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Assessments> Tab

⇒ Click the Assessment Code to access the Assessment Information

⇒ click **ADD** to add a new Assessment

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Complaints> Tab

⇒ Enter a **Code**

⇒ Enter a **Reason**

⇒ Enter **Description**

⇒ Enter a **Illness/Injury**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Dispositions> Tab

⇒ Click the Disposition to access the Disposition Information

⇒ click **ADD** to add a new Disposition

⇒ Click the **Delete** Button to delete the Disposition

⇒ Enter a **Disposition**

⇒ Click **Submit**

<Exempt Codes> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Click **Submit**

<Illness Codes> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Enter a **Comment**

⇒ Enter a **Illness Type**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Illness Types> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Click **Submit**

<Immunizations> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Enter a **Name**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Intervention Categories> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Click **Submit**

<Interventions> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Enter a **Category**

⇒ Enter a **Proc/Interv Category**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Medications> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Medication**

⇒ Enter a **Type**

⇒ Enter a **Display Order**

⇒ Click **Submit**

<Medication Source> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Name**

<Medication Types> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Name**

⇒ Enter a **Description**

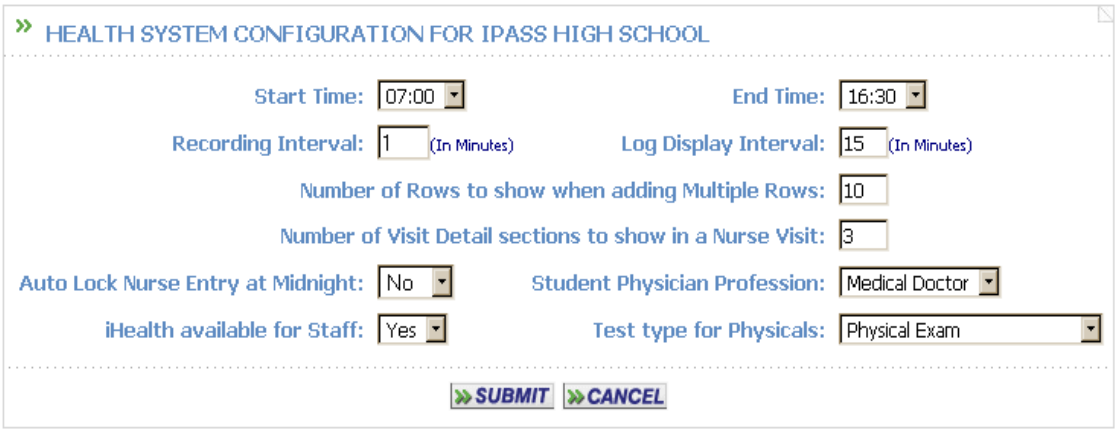
⇒ Enter a **Class**

⇒ Enter a **Report Category**

⇒ Click **Submit**

<Parameters> Tab

These parameters are used for the Nurses Log and are school based.
The School: is a view only field



⇒ Enter a **Start Time:**

⇒ Enter a **End Time:**

⇒ Enter a **Recording Interval: (In Minutes)**

⇒ Enter a **Log Display Interval: (In Minutes)**

⇒ Enter a **Number of Multi Add Rows:**

⇒ Enter a **Number of Visit Details for a Nurse Visit:**

⇒ Select YES/NO **Auto Lock Nurse Entry at Midnight:**

⇒ Select the **Student Physician Profession:**

⇒ Select YES/NO **Health available for Staff:**

⇒ Select the **Test type for Physicals:**

<Test Code> Tab

⇒ Click the **Delete Box** to check it off for deletion

⇒ Enter a **Code**

⇒ Enter a **Description**

⇒ Enter a Yes/No **Is Required**

⇒ Enter a **Display Order**