

Documenting With Confidence:  
Best Practices For School Nurses



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Agenda

1. Define best practices for school nurse documentation

2. Recognize common documentation mistakes to avoid

3. Apply principles to simulation-based scenarios



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Why Documentation Matters



- Legal record of care
- Protects license and practice
- Communicates with families, staff, and health teams
- Supports safety, continuity, billing, and data reporting
- Required for compliance (FERPA, HIPAA, Medicaid)

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### Best Practices In Documentation

- Use the nursing process
- Document in real time when possible
- Include positives and negatives (e.g., "no rash noted")
- Note all communication (e.g., calls to parents, provider response)
- Follow your district and state policy on EHR use

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### Avoid These Common Mistakes

- No opinions, assumptions, or judgment (e.g., "taking it")
- Don't use vague language ("seems fine")
- Don't pre-chart or copy/paste without reviewing
- Avoid subjective/biased language (e.g., "noncompliant")
- Don't leave blanks; use N/A if needed



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Assessment ABC's to Consider		
A	Airway	
B	Breathing	(and control of bleeding)
C	Circulation	
D	Disability	(neuro checks)
E	Exposure	(full-body exam, environmental control)
F	Full set of vitals	
G	Give support/comfort	
H	Head-to-Toe Assessment	(detailed review)
I	Inspect posterior/back	(turn student as needed)
J	Jot it down!	(documentation)

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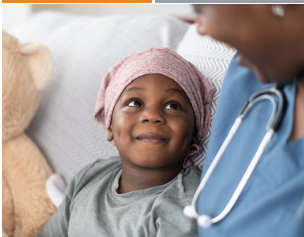
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Applying Best Practice To Anaphylaxis Scenario



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Applying Best Practice To Mental Health Scenario



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THANK YOU

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