

NSS provides care in the school setting for children (5 – 19 years) who require assistance with specific medical tasks related to their care. It is important to note that delegation is only available for certain tasks (see below) and the decision regarding whether a task can be safely delegated rests with the registered nurse, who carefully considers several factors including: the school environment in which the task will be performed, the complexity of the task itself, the potential risk of harm to the student, the predictability task's outcome, and the school staff's ability to consistently and safely perform out the task. This thorough assessment and determination help to ensure that the well-being and safety of the students remain our utmost priority.

Nursing Support Services (NSS) Care in the School Setting ORDER FORM: Prescriber to Complete

Instructions for Prescriber:

- Please complete this form as it provides the child-specific orders a nurse requires to establish a delegated care plan for the child/youth.*
- Care plans will be enacted by school support staff (non-medical professional) while the **child/youth is attending school**.*
- School care must be **routine, essential (cannot be given outside school hours)**, and have a **predictable** response.*
- For delegated care in the school setting, orders must be updated annually and/or when changes occur in child's medical care needs.*
- Once a child is on service, **any order changes** need to be given to the NSS Coordinator directly for the delegated care plan to be updated and for school staff to provide care accordingly*

NAME OF CHILD	BIRTH DATE (YYYY/MM/DD)
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Routine BG monitoring - Please detail care requirements (include low and/or high BG parameters and treatment protocols, & mandatory/high risk checks) below:

Intermittent Catheterization - Please detail care requirements (include catheter size and route) and indicate times while at school below:

	MD NP			
Name of Prescriber (please print)	Role of Prescriber	Signature of Prescriber	Date Signed (YYYY/MM/DD)	Phone Number

To Be Completed By Registered Nurse After The Completed Request Is Returned To The School

Comments:

Signature of Registered Nurse	Date Signed (YY/MM/DD)
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