

Collaboration Between PNP's and School Nurses: Meeting the Complex Medical and Academic Needs of the Child With ADHD

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ABSTRACT

Pediatric nurse practitioners take a lead role in diagnosing and coordinating the care of children with attention deficit hyperactivity disorder (ADHD). School nurses offer rich insight into the child's health and social and academic functioning in the school setting. School nurses develop individualized health care plans, administer and monitor

medications, provide valuable input on Individualized Education Plans and Section 504 Accommodation Plans, and serve as the point person in communicating with the medical provider. Pediatric nurse practitioners can enhance the collaboration with school nurses by establishing communication parameters, streamlining medication regimens, and facilitating development of educational curricula for school nurses regarding evidence-based ADHD management. Optimizing partnerships with school nurses will provide better surveillance of treatment efficacy and can facilitate improved health and academic and social outcomes for children with ADHD. *J Pediatr Health Care.* (2016) 30, 88-93.

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KEY WORDS

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Attention deficit hyperactivity disorder (ADHD) is the most common neurobehavioral diagnosis and one of the most prevalent chronic health conditions in school-aged children (Stein, 2013). ADHD is characterized by persistent inattention and/or hyperactivity/impulsivity, resulting in impairment in daily functioning, including within social and academic domains (Centers for Disease Control and Prevention [CDC], 2015b). In the National Survey of Children's Health: 2011-2012, parent reports revealed that 11% of school-aged children had received an ADHD diagnosis by a health care provider. Further, 6.1% of children ages 4 to 17 years were regularly prescribed medication for

their ADHD (CDC, 2014). Comorbid conditions may include autism spectrum disorder, learning disabilities, language delay, genetic conditions such as neurofibromatosis, Tourette syndrome, sleep pattern disturbances, anxiety, and mood disorders. Emotional dysregulation disorders such as oppositional defiant disorder and conduct disorder are prevalent in 25% to 45% of children with ADHD (Shaw, Stringaris, Nigg, & Leibenluft, 2014).

Pediatric nurse practitioners (PNPs) provide comprehensive evidence-based management of common developmental/behavioral disorders, including ADHD (Van Cleve, Hawkins-Walsh, & Shaffer, 2013). Medical treatment for ADHD includes provision and monitoring of pharmacologic therapies, recommendation for behavioral counseling, patient/family education, assistance with establishing school-based services, and ongoing care coordination (American Academy of Pediatrics [AAP], 2011). Interprofessional collaboration and multimodal treatment strategies can improve evidence-based care and tracking of health outcomes in children with ADHD (McGonnell et al., 2009; Palmer et al., 2010).

ADHD IN THE SCHOOL SETTING

As a public health condition, ADHD affects social, educational, economic, and family systems (CDC, 2015a). The school environment plays a crucial role in influencing the mental health and well-being of children and adolescents. Students with ADHD incur a higher annual cost to the United States education system and may have adverse educational outcomes, partly because of the possibility of special education placement, disciplinary measures, and grade retention (Robb et al., 2011).

School personnel are key partners in providing mental health services to children and in assessing academic and social functioning of the child with behavioral health diagnoses (Foy, Kelley & Laraque, 2010; Owens & Fabiano, 2011). School-based health needs for children with ADHD may include medication administration, assessment for treatment efficacy, identification of adverse effects, and monitoring for other mental health concerns. Academic needs may include psychoeducational testing and special education placement. Behavioral needs can include development of positive behavioral support plans, provision of school-based counseling services, and surveillance for psychosocial stressors such as peer relationship difficulties. Previous interventions to improve the care of children with ADHD have focused on enhancing the communication between physicians, parents, and school personnel (Wright et al., 2015).

INTERPROFESSIONAL COLLABORATION

Within the school system, interprofessional collaboration is necessary to meet the needs of the child with

ADHD. Team members may include teachers, guidance counselors, school psychologists, and school nurses. There is a shortage of qualified trained professionals who can meet the mental health needs of children in the school setting (Phillips, 2012). School nurses are the health representative within the school system, providing valuable information about each child's physical, social/emotional, and developmental health needs (National

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Association of School Nurses [NASN], 2013a). A 2002-2003 national survey of mental health services in schools estimated that school nurses spent approximately one third of their time providing mental health services (U.S. Department of Health and Human Services, 2006). NASN (2013a) states that school nurses serve as "advocates, facilitators, and counselors of mental health services both within the school environment and in the community."

The AAP advocates for having a full-time school nurse in every school building and recommends that pediatric health care professionals establish liaisons with and communicate clearly to school nurses to meet the complex health needs of students (AAP, 2008, 2009). According to parental reports, fewer than 5% of primary care physicians communicated with the child's school (Wolraich, Bickman, Lambert, Simmons, & Doffing, 2005). The ADHD Identification and Management in Schools (AIMS) framework has been proposed to improve communication and collaboration between school personnel and health care providers (Dang, Warrington, Tung, Baker, & Pan, 2007). This model, however, has not been validated in multiple school communities. Collaboration between school nurses and PNPs can have a synergistic effect by improving surveillance of medication efficacy and adverse effects, providing surveillance of other mental health, behavioral, and psychosocial issues, and monitoring for academic improvement.

IMPROVING LINES OF COMMUNICATION

It is essential to streamline communication and to have realistic expectations about how much the school nurse can provide as "point person" for each individual student. One barrier to effective interprofessional communication is that parents may not complete required release of information forms. Sharing of health and academic information must occur within the context of the confidentiality requirements of both the Health Insurance Portability and Accountability Act and the Family Educational Rights and Privacy Act (Fiks & Leslie, 2010; NASN, 2012). Other barriers to

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