



Giving Voice To Our Stories

By Deb Uardi, RN, BSN, Clinical Editor - School Nurse News

We write. As school nurses we write out notes for our students' cumulative health records. We write reports to our administrators on the work we do. We write columns for other school nurses in state newsletters and meeting minutes. We write in newsletters for parent and staff bulletins. And yet school nurses tell me they do not consider themselves writers.

Powerful messages are hidden in what we write; important information is kept secret because we leave it out. Especially when we write for the public, we tiptoe between what we think they can handle and what we'd really like to say. What's wrong with that, you ask? Everything we do is shrouded behind confidentiality laws, isn't it?

Publicists and authors Suzanne Gordon and Bernice Buresh have made it their mission to help nurses tell their stories. In their book *From Silence To Voice: What Nurses Know and Must Communicate To The Public* they explain that nurses are the most under-represented profession in media coverage. They further suggest that nurses themselves are responsible for the lack of public information and coverage in the media because of their refusal to speak ("silence"). They wrote their book to help nurses learn appropriate methods of communication for various purposes ("voice"). The book has two sections: aspects of communicating with and educating their patients and colleagues about nursing, and aspects of communicating through the media to the public in order to promote nursing as a profession. Their approach is personal — and urgent.

"Life presents nurses with countless conversational openings to talk about nursing...parties, barbecues, family and school events, church, even with patients...they constantly speak with 'small publics' who ask what nurses do or comment on nursing." (Chapter 4: Tell The World What You Do).

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The article that follows was written for the New York State School Boards Association publication. Rita Molloy, RN, current President of the New York State Association of School Nurses, will lead a workshop at its fall conference in New York City on Living With Food Allergies; she was asked to submit a written report in advance of that workshop. It is an excellent example of accurate story-telling. It shares information with a professional group who may not be truly aware of the day-to-day role of a school nurse.

Please help me provide other examples of vivid and moving story-telling by sharing your own realities. I am interested in assisting you in any way I can.

- Deb Uardi -

Living with Food Allergies

By Rita Molloy, RN

Food sustains us. From the time we are born, the reflex to eat is instinctive. Rooting behavior helps the infant gravitate toward the mother's breast for nourishment. What a simple way to grow and thrive. What a pleasurable and relaxing experience for both mother and child. This is living!

Now imagine that you are enjoying your child as a toddler. You are sharing the pleasures of introducing new foods, watching your child enjoying new sensations, and exploring your child's tastes. Eating is an experience that brings us together both socially and emotionally. Meals set the stage for a time shared together as a family. It is a part of the fabric of our daily lives, something we take for granted. Suddenly, while you are enjoying one of these moments of sharing and caring, you notice something peculiar about your child. After just a

lick from a spoon used to spread peanut butter on a bagel, that angelic face begins to swell. Your child is coughing, and develops hives. Eyes water and the nose begins to run. You are witnessing the start of an anaphylactic reaction.

I am the mother of a child with that problem, and that angelic swollen face belonged to my son. My personal anaphylactic event changed eating in my family forever.

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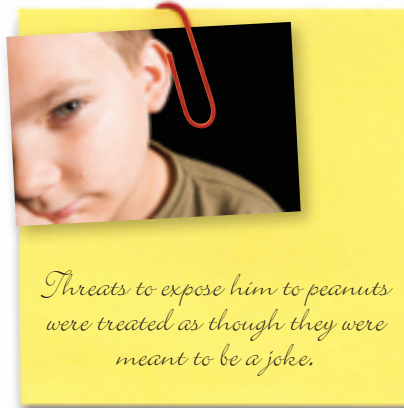
Living with Food Allergies

Food is no longer our trusted friend, a source of carefree pleasure. Every morsel ingested becomes subject to scrutiny. It takes a long time for this anxiety-ridden behavior to become an accepted routine. Even as a Registered Nurse, you are the mother of this child with a life-threatening allergy. You are never “off duty” in providing vigilant care to prevent exposure of your child to the offending substance. Imagine the difficulty that parents have who lack the background, ability, or preparation and resources to give adequate protection to their child. It is a daunting experience! When these children come to school, their safety falls on the shoulders of the school nurse.

When food or other substances trigger an anaphylactic response, vigilant action is needed. Food accounts for approximately 90% of severe allergic reactions. Estimates have been made that 5-6% of the pediatric population has a food allergy, and the incidence has been increasing. The most common foods that students are allergic to are peanuts, shellfish, tree nuts (i.e., walnuts, cashews, pecans, etc.), eggs, milk, soy, and wheat (NASN, 2001). Any food could trigger a reaction, as well as substances such as venom from insect stings, latex, and medications. There is no real cure for food allergies, so avoidance is a crucial part of keeping affected individuals safe.

Development of an allergic reaction begins with an initial exposure, which remains asymptomatic. The offending substance is taken in by eating, inhaling, or through contact with mucous membranes. This exposure causes the body to produce an antibody that attaches to the surfaces of cells, without outward manifestations of the response. With subsequent exposure the proteins in the allergen attach to these antibodies, causing the cells to release histamine, leading to an allergic response. The severity of the response can vary from mild to severe, and have an onset from minutes to hours later. The most severe response is known as anaphylaxis, a life-threatening event. I have experienced all variations of these presentations with my son, even with care to avoid exposures. He also has asthma, which puts him at a greater risk for more severe reactions.

All allergic students should have a plan of care developed to provide for their safety in the school environment. A policy should be in place to prevent exposures and to respond to emergencies if they occur. A team approach is necessary to promote an optimal learning environment for those at risk for allergic response. There even exists the need for a plan to respond to someone experiencing these symptoms who did not know they had an allergy. Standing, non-patient-specific, orders for epinephrine can be written by your School Medi-



cal Director for your School Nurse to give in the event of a new-onset anaphylactic response, thereby providing a safer environment for all. School nurses need time to train staff, and to prepare student-specific plans of care, both essential to promote positive outcomes. It is optimal to have a school nurse (a Registered Professional Nurse) available to assess students. A Section 504 Plan can be considered to address the need for accommodations that might need to be made for some students. A guidance document for schools in New York State to use to develop policies is available at: http://www.health.state.ny.us/professionals/protocols_and_guidelines/docs/caring_for_students_with_life_threatening_allergies.pdf

I am pleased to have reviewed and given input to this document, which was developed in response to Public Health Law 2500-H*2- Anaphylactic Policy for School Districts, the text of which can be found in the guidance document.

While I was discussing what I have written here with my son, I asked him what message he would like me to deliver to you about his school experiences as a person living with food allergies. His response was both enlightening and sad: he would like you to consider the consequences of the harassment and bullying that he endured while at school. The concerns that he expressed to teachers and administration were not addressed adequately. Threats to expose him to peanuts were treated as though they were meant to be a joke. This made him feel at greater risk, and less willing to report further incidents. You have the ability to ensure that your students feel protected and secure in the school setting. I have been working to improve understanding of these issues for many years. I hope that sharing my experiences with you will help you to be sensitive to the far-reaching impact felt by those who live with life-threatening allergies, as you create and adopt policies for your schools. Together, as a school community, we can make a difference for all students.

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ABOUT THE AUTHOR

Deb Ilardi, RN, BSN is the Clinical Editor of *School Nurse News*. She works as a school nurse for the North Syracuse Central Schools, currently at Cicero-North Syracuse High School. This year she created and teaches *BeneFIT Wellness* seminars to school district employees. She is Past President of the New York State Association of School Nurses. Deb has authored numerous feature articles and several textbook chapters. Deb enjoys mentoring new authors and welcomes your ideas and suggestions.

