

**Virginia Department of Education  
Office of Student Services  
Health Services  
2012-2013  
Chronic Health Conditions Report**

**School Division:** *Arlington County*

<b>Health Condition</b>	<b>Total Students with Condition</b>
<b>Diabetes:</b>	
1. Type I	1. 41
2. Type II	2. 2
3. Blood glucose monitoring (requiring any assistance or documentation by the school health care provider)	3. 28
4. Insulin Injections	4. 21
5. Insulin Pump Management:	5. 11
<b>Asthma</b>	<b>2050</b> (Total with asthma)
1. Receiving inhaled medication at school	1. 602
2. Receiving nebulizer tx at school	2. 6
<b>Seizure Disorders</b>	<b>97</b> (Total with seizures)
1. Diastat, prn	1. 28
<b>Cardiac Disorders</b>	<b>86</b>
<b>Cystic Fibrosis</b>	<b>8</b>
<b>Kidney Disorders</b>	<b>28</b> (Total with kidney disorders)
1. Self catheterization	1. 8
2. Staff performs catheterization	2. 1
<b>Cancer</b>	<b>18</b>
<b>Tube Feeding</b>	<b>12</b>
<b>Impaired Mobility</b>	<b>80</b> (Total with any impairment in mobility)
1. Wheelchair dependent	1. 34
2. Prosthetics	2. 9
<b>Hearing Impaired</b>	<b>149</b> (Total with impairment)
1. Cochlear Implant	1. 9
2. Hearing Aid	2. 41
<b>Ventilator Dependent</b>	<b>1</b>
<b>Tracheostomy Tube</b>	<b>2</b>
<b>ADD/ADHD</b>	<b>344</b>
<b>Allergies</b>	
1. Food w/ Epipen	1. 476
2. Food w/o Epipen	2. 660
3. Insect w/ Epipen	3. 13
4. Insect w/o Epipen	4. 62

5. Latex w/ Epipen	5. 4
6. Latex w/o Epipen	6. 23
<b>Do Not Resuscitate Orders</b>	<b>0</b>
<b>Autism Spectrum Disorder</b>	<b>216</b>
<b>Acquired Traumatic Brain Injury</b>	<b>48</b>
<b>Sickle Cell Disease</b>	<b>9</b>
<b>Juvenile Rheumatoid Arthritis</b>	<b>5</b>
<b>Cerebral Palsy</b>	<b>35</b>
<b>Celiac Disease</b>	<b>30</b>
<b>Down Syndrome</b>	<b>47</b>
<b>Scoliosis</b>	<b>15</b>
<b>Migraines</b>	<b>75</b>
<b>Oxygen Dependent</b>	<b>0</b>
<b>Bipolar Disorder</b>	<b>24</b>

<b>Total number of student health/emergency cards reviewed this school year</b>	<b>17836</b>
<b>Total number of students in your school</b>	<b>22551</b>
<b>Are epinephrine auto-injectors stored in safe, unlocked, and accessible locations in ALL school buildings?</b>	<b>Yes XX No</b>

**Instructions for completing the Chronic Health Conditions Report**

**To the school nurse:**

1. This is a write on form. Save it to your hard drive, complete the report and attach it to an e-mail to your school nurse coordinator.
2. There are 5 sections above that ask for “Total with...” Please fill in the total number of students you have with that condition in the block next to those words. In addition, please answer the questions in the same section as the total. The secondary numbers in those sections may not add up to the total number of students who have the chronic illness.
3. We are not asking for “other conditions” this year.

**To the school nurse coordinator:**

1. Please collect a report from each school and compile the numbers for each category listed.
2. Please fill out a blank form and e-mail the report to [Sherie.Carpenter@doe.virginia.gov](mailto:Sherie.Carpenter@doe.virginia.gov) by November 16th. **She should only receive one report for each school division.**

**Thank you for your time and effort. This data will be invaluable when planning programs and services. It will also be useful when our office is asked for statewide data to support school nursing services.**