Virginia Department of Education Office of Student Services 2015-2016 Chronic Health Conditions Report

School Division: Arlington Country Name of Person Completing this Report: Contact Number for Person Completing this Report:

| Health Condition | Total Students with Condition |
|---|---|
| Diabetes: | 145 |
| 1. Type I | 1. 56 |
| 2. Type II | 2.4 |
| 3. Blood glucose monitoring (requiring | 3. 39 |
| any assistance or documentation by | |
| the school health care provider) | 4.35 |
| 4. Insulin Injections | 5. 17 |
| 5. Insulin Pump Management: | |
| Asthma | 2424 (Total with asthma) |
| 1. Receiving inhaled medication at school | 1. 679 |
| 2. Receiving nebulizer tx at school | 2. 10 |
| Seizure Disorders | 166 (Total with seizures) |
| 1. Diastat, prn | 1.25 |
| Cardiac Disorders | 120 |
| Cystic Fibrosis | 9 |
| Kidney Disorders | 43 (Total with kidney disorders) |
| 1. Self catheterization | 1.5 |
| 2. Staff performs catheterization | 2. 2 |
| Cancer | 11 |
| Tube Feeding | 8 |
| Impaired Mobility | 69 (Total with any impairment in mobility) |
| 1. Wheelchair dependent | 1.35 |
| 2. Prosthetics | 2.7 |
| Hearing Impaired | 213 (Total with impairment) |
| 1. Cochlear Implant | 1.15 |
| 2. Hearing Aid | 2. 57 |
| Ventilator Dependent | 3 |
| Tracheostomy Tube | 5 |
| ADD/ADHD | 361 |
| Allergies | 1641 |
| 1. Food w/ Epipen | 1. 588 |
| 2. Food w/o Epipen | 2. 960 |
| 3. Insect w/ Epipen | 3. 14 |

| 4. Insect w/o Epipen | 4. 53 |
|--|--------------|
| 5. Latex w/ Epipen | 5.0 |
| 6. Latex w/o Epipen | 6. 26 |
| Do Not Resuscitate Orders | 0 |
| Autism Spectrum Disorder | 287 |
| Acquired Traumatic Brain Injury | 84 |
| Sickle Cell Disease | 14 |
| Juvenile Rheumatoid Arthritis | 17 |
| Cerebral Palsy | 36 |
| Celiac Disease | 47 |
| Migraines | 98 |
| Oxygen Dependent | 2 |
| Diagnosed Mental Health Condition | 153 |

| Total number of student health/emergency cards reviewed this school year | 2547 |
|--|-------|
| Total number of students in your school | 25762 |
| Are epinephrine auto-injectors stored in safe, unlocked, and accessible locations in ALL school buildings? | 32 |

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 <u>not</u> add up to the total number of students who have the chronic illness.