

# ARIZONA SCHOOL HEALTH ANNUAL REPORT REPORTING DIRECTIONS

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### **Thank you for completing this report.**

The Arizona School Health Annual Report will assist you as a school nurse in evaluating your health services program by reviewing information about student health conditions, communicable diseases, key health indicators and trends. You are encouraged to share this information with your administrator(s), making them aware of the health status and needs of students and the impact of those factors on student achievement and the learning environment.

Your efforts to encourage parents to secure the property health care for Arizona students and in making needed school program adjustments and accommodations for students are examples of your professional best. This report reflects a portion of that activity.

# ARIZONA SCHOOL HEALTH ANNUAL REPORT REPORTING DIRECTIONS

## PURPOSE STATEMENTS

The purposes of the Arizona School Health Annual Report (ASHAR) are:

- I. To assist individual school nurses with:
  - Collecting data reflecting the health status of school-age children and communicable disease trends
  - Identifying the strengths, weaknesses and/or problem areas in the local school health program
  - Preparing annual and long-range goals for the local school health program
- II. To assist school districts with:
  - Evaluating student ACUITY LEVELS AND DISEASE INCIDENCE
  - Identifying disease trends
  - Planning school health services programs and staffing
- III. To assist the Arizona Department of Education and the Arizona Department of Health Services with program planning through identification of:
  - Health needs of school-age children
  - Disease incidence and trends

## INTRODUCTION

The Arizona School Health Annual Report provides an organized system for documenting:

- Data which highlights student health information
- School nurses' involvement with students, parents, staff, and community
- Student health outcomes

Accurate and timely statistics must be gathered in a formalized manner.

To facilitate the data collection process, the school nurse needs to consider these steps:

1. **REPORTING DIRECTIONS** – To ensure accuracy of data collection, the school nurse must become thoroughly familiar with the directions and explanation of codes. The current ASHAR reporting form and Reporting Directions may be downloaded from [www.azschoolnurse.org](http://www.azschoolnurse.org)
2. **TRAINING OTHERS IN DATA COLLECTION** – The school nurse will provide training for health aides, paraprofessionals, parent volunteers, and other health office assistants in order to collect data in the absence of the school nurse.

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**DAILY == => WEEKLY == => MONTHLY == => ANNUAL**

3. **DATA COLLECTION FORMAT** – Submit a separate form for each school in which you provide nursing services. To ensure accuracy and reliability, the data must be collected on a daily basis.
4. **OPTIONS FOR DATA COLLECTION** –
  - a. **COMPUTER SOFTWARE PROGRAM REPORTING** –
    - 1) Utilize the compatible computer software program CHIP-AZ Software designed for Arizona School Nurses and supported by the Arizona Department of Health Services: [www.chip-az.org](http://www.chip-az.org)
    - 2) Submit Arizona School Health Annual Report (ASHAR) on or before June 30<sup>th</sup> of the school year to the address on the back of the ASHAR and in the CHIP-AZ software.
  - b. **MANUAL TALLY**
    - 1) **DAILY REPORTING ACTIVITIES** – The Arizona School Health Annual Report (ASHAR) determines the type of data to be documented; use it as a guide for daily data collection.
      - a) Reproduce copies of the ASHAR and tally sheets. Save the originals for future copies.
      - b) Utilize copies of the ASHAR and tally sheets or computers for daily, weekly and monthly data collection.
    - 2) **MONTHLY REPORTING ACTIVITIES** – At month’s end, consolidate the daily or weekly totals.
      - a) Add the daily or weekly totals from each category and enter on the monthly tally sheet or generate a monthly computer report.
      - b) In some districts, individual monthly reports are submitted to the supervisor or chairperson to analyze overall district data and student epidemiological trends.
    - 3) **ANNUAL REPORTING ACTIVITIES** – At the end of the school year, monthly totals are tallied for each category.
      - a) Enter the monthly totals for each item on the Arizona School Health Annual Report (ASHAR).
      - b) Submit the report on or before June 30<sup>th</sup> of the school year to the address located on the back of the ASHAR.

**NOTE:** It must be understood that the report does not show 100% of a school nurses’ activities. The report represents selected school nursing activities, health screenings, and acute and chronic student conditions, current health trends and interventions with staff.

## SCHOOL INFORMATION SECTION (Front of Report)

**NOTE:** This section provides important information about the school's demographics, school nurse (RN), and other health care providers.

Complete and CHECK *all* blanks in the heading portion of the form, either manually or using CHIP-AZ Software. No abbreviations, please.

1. **School ID Number** – Obtain from your school district's special education office. This is the number that is assigned to your school by the Arizona Department of Education. The number is a 9-digit identifier that includes **C-T-D-S** codes AND MUST BE COMPLETED BEFORE MAILING REPORT:

**C = County number**  
**T = Type of District**  
**D = District number**  
**S = School number**

2. **School Year** – Identified as the current academic year that you are reporting, and check type of calendar – traditional or year-round.
3. **School Name** – Identify the school for which this report is being completed.
4. **District** – Identify the name of the district for the school being reported. **DO NOT abbreviate the district name.**
5. **Number** – Report the district number.
6. **County** – Name the county in which this school is located.
7. **Grades** – **Circle** all the grades that are present on the school campus. The range is from preschool (ages 3, 4, and/or 5), kindergarten, first through eighth grade, as well as four years of high school education (9, 10, 11, and 12). Also, there is the option to specify if your school provides **only** special education services on campus.

Example: Preschool ages 4 and 5, with Kindergarten through 5<sup>th</sup> grade

Preschool      K 1 2 3 4 5      6 7 8 9 10 11 12      Only Special Education Students

8. **Average Enrollment** – Obtain from school district office (data processing).
9. **Free and Reduced Lunch** – Obtain from the school office or the school food services manager. This number is a percentage of those children enrolled who are receiving free or reduced lunch.

**School Information Section** (continued)  
**(Front of Report)**

10. **Number of days per week Health Office staff present on campus** – Write in the number of days per week the staff for each category (RN, LPN, Health Assistant, Other) provides care for students at that school.
11. **Name of person completing this ASHAR & check appropriate box** – enter requested information, e.g., Suzi Smith RN  LPN  HA  Other
12. **Health services provided by** (space #1 on the form) – Name primary school nurse or paraprofessional health services provider present at the school site. Arizona Nurse Practice act defines a “School Nurse” as follows:  
ARS § 32-1601 “Registered nurse, graduate nurse or professional nurse...” and in R4-19-101 “School nurse” means a professional nurse who is certified under R4-19-309.”
13. **Highest level of education** – **Circle** the highest level of nursing education attained by the person identified in #10 above.
14. **Health services provided by** (space #2 on the form) – Name all other school nurses (see ARS in #12) or paraprofessionals present at the school site.  
  
**NOTE:** All substitute nurses, student nurses and paraprofessionals providing health services will be listed as providers in the ASHAR report generated from CHIP-AZ Software.
15. **Highest level of education** – **Circle** the highest level of nursing education attained by the person identified in #12 above.
16. **School Nurse Certification** – **Check** Arizona School Nurse Certification level, Initial, 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> level renewal (R4-19-309); and, if applicable, the category of National School Nurse Certification through NASN or ANA.
17. **School Nursing Experience** (for Registered Nurses only) – **Check** applicable space related to years of experience as a professional school nurse. Do not report the total number of years as a professional nurse (RN).

## **EXPLANATION OF CODE NUMBERS**

Code numbers are assigned each item to allow compiling and comparing the data collected. Suffixes to the numbers are used to identify the column of activity: Chronic Conditions – “Known as of 5/1” .11, “Needing Nursing Intervention” .22 and “Referred” .33; and Acute Conditions – “Needing Nursing Intervention” .22 and “Referred” .33. See the Chronic Student Condition and Acute Student Condition sections for specific code detail.

**NOTE:** With the June 2005 ASHAR revision, the suffixes for Acute Conditions were changed to align with the Chronic Condition suffixes.

## **NURSING ACTIVITIES/STUDENT CONTACTS (Code #'s 001 – 285) (Front of Report)**

### **Code #**

- 001 - **ILLNESS – NURSING ASSESSMENT/TREATMENT** – Count each assessment and care of illness by the nurse and/or observation by others (e.g., Peak Flow Meter, aka PFM; follow-up of previous illness, etc.). Do not count otoscopic assessment conducted for hearing screening.
- 005 - **INJURY AT SCHOOL – NURSING ASSESSMENT/TREATMENT** – Count each injury that occurred at school or during a school related activity that received assessment, care and first aid by the nurse and/or observations/first aid by others.
- 006 - **FOLLOW-UP INJURY AT SCHOOL – NURSING ASSESSMENT/TREATMENT** – Count each follow-up visit to the school health office for an injury that occurred at school or during a school related activity that received assessment, care and first aid by the nurse and/or observations/first aid by others.
- 010 - **INJURY AT HOME OR OTHER NON-SCHOOL LOCATION – NURSING ASSESSMENT/TREATMENT** – Count each injury that occurred at home or at another non-school location that received assessment, care and first aid by the nurse and/or observations/first aid by others.
- 015 - **MEDICATIONS – Daily** – Count each dose of daily medication administered from nurse's office; include daily self-administered (e.g., inhalers SVN's, insulin pumps, etc.).
- 018 - **MEDICATIONS – PRN** – Count each dose of PRN medication administered from nurse's office; include PRN self-administered (e.g., inhalers, SVN's, insulin pumps, etc.).
- 020 - **SKILLED NURSING PROCEDURES (Consents Required)** – Count each procedure done by RN or in-serviced paraprofessional. **These procedures and activities require written consent by a parent and/or physician and may or may not be included in the student's Individual Education Plan (IEP)** (e.g., catheterization, bowel and bladder training, colostomy/urostomy care, suctioning, oxygen administration, G-tube feedings, ventilator care, blood sugar testing, percussion and drainage, dressing changes, etc.).
- 021 - **IEP (Required) RELATED INTERVENTIONS** – Count each **intervention specified in the student's Individual Education Plan (IEP)** done by the RN or in-serviced paraprofessional. Interventions include: Activities of Daily Living (ADL); Reinforcement of Therapy Goals/Skills (OT, PT, Speech Language); or Behavior Management (e.g., but not limited to – monitoring behavior, providing immediate consequences; offering praise and rewards; assisting/monitoring time-out, following the rules, refraining from self-destructive behaviors, communicating appropriate and making decisions).

**Nursing Activities/Student Contacts**  
**(Code #'s 001 – 285 continued) (Front of Report)**

**Code #**

- 030 - **PARENT CONTACTS** – Count each contact with parent/guardian/emergency contact person by phone, notes or school visits (Does not include bulk or mass handouts or permission slips – see Code 175.)
- 035 - **HOME VISITS** – Count each visit for attendance, follow-up for medical referrals, social/developmental evaluations, etc.
- 040 - **STUDENT HEALTH RECORDS – ENROLLMENT** – Count each student health record prepared on enrollment. This routine database is collected for all students entering school and is updated as needed. It includes general information about a student's health status, record of immunization, etc.
- 045 – **STUDENT HEALTH RECORDS – WITHDRAWAL** – Count each student health record prepared for student withdrawal from school and promotion to the next school level (e.g., middle school, high school).

**NOTE:** The school health services professional may use enrollment and withdrawal records from the school office if they are available and accurate or maintain an ongoing tally. CHIP-AZ Software automatically tallies these numbers.

- 050 - **IMMUNIZATION RECORDS** – Count each assessment and follow-up of student immunization status.
- 055 - **IMMUNIZATION ADMINISTRATION: ADULTS** – Count each dose of vaccine administered by school/district RN to adults. (Do not include in Code 015 or 020.)
- 060 – **IMMUNIZATION ADMINISTRATION: STUDENTS** – Count each dose of vaccine administered by school/district RN to students. (Do not include in Code 015 or 020.)

**NOTE:** Codes 065-151 are used to count only health screening activities at school including screenings of students individually, by classroom, grade, or large scale (e.g., mass health or team screening).

**Do not count under Chronic or Acute Condition Codes.**

- 065 - **VISION** – a. Count total number screened.
- 070 - **VISION** – b. Count total number re-screened.
- 071 - **VISION** – c. Count total number referred and re-referred.

**Nursing Activities/Student Contacts**  
**(Code #'s 001 – 285 continued) (Front of Report)**

**Code #**

075 - **HEARING** – a. Count total number screened by ADHS trained hearing screeners. (Same as total of ADHS Hearing Report Form)

**NOTE:** Otoscopic assessment is required for impedance testing. DO NOT count as Code 001.

080 - **HEARING** – b. Count total number re-screened by an ADHS trained hearing screener or other ADHS trained professional.

081 - **HEARING** – c. Count total number referred and re-referred.

085 - **SCOLIOSIS** – a. Count total number screened.

090 - **SCOLIOSIS** – b. Count total number re-screened.

091 - **SCOLIOSIS** – c. Count total number referred and re-referred.

095 - **HEIGHT & WEIGHT** – a. Count total number screened. **For accuracy and consistency, recommend before screening removing: shoes, heavy coats, jackets, sweaters, sweatshirts, etc.**

**NOTE:** Weight-for-age and stature-for-age are useful indices to help monitor growth but are incomplete screening indices by themselves and need to be used in combination with BMI-for-age.

100 - **HEIGHT & WEIGHT** – b. Count total number re-screened. Follow shoe and clothing recommendation in Code 095.

101 - **HEIGHT & WEIGHT** – c. **Referred Underweight** – Count total number referred and re-referred. Body Mass Index (BMI) for age less than 5<sup>th</sup> percentile using the 2000 CDC growth charts and the CDC Table for Calculated Body Mass Index Values for Selected Heights and Weights for Ages 2 to 20.  
[www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf](http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf)

102 - **HEIGHT & WEIGHT** – d. **Referred At Risk Of Overweight** – Count total number referred and re-referred. Body Mass Index (BMI) for age between the 85<sup>th</sup> and 95<sup>th</sup> percentiles using the 2000 CDC growth charts and the CDC Table for Calculated Body Mass Index Values for Selected Heights and Weights for Ages 2 to 20.  
[www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf](http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf)

103 - **HEIGHT & WEIGHT** – e. **Referred Overweight** – Count total number referred and re-referred. Body Mass Index (BMI) for age at or above the 95<sup>th</sup> percentile using the 2000 CDC growth charts and the CDC Table for Calculated Body Mass Index Values for Selected Heights and Weights for Ages 2 to 20.  
[www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf](http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf)



**Nursing Activities/Student Contacts**  
**(Code #'s 001 – 285 continued) (Front of Report)**

**Code #**

- 105 - **BLOOD PRESSURE** – a. Count total number screened.
- 110 - **BLOOD PRESSURE** – b. Count total number rescreened.
- 111 - **BLOOD PRESSURE** – c. Count total number referred and re-referred.
- 115 - **DENTAL** – a. Count total number routine dental screenings. **Do not include health office walk-ins (visits for an acute complaint)** (see Codes 525-526).
- 120 - **DENTAL** – b. Count total number rescreened.
- 121 - **DENTAL** – c. **Referred Urgent** – **Of the total number of students routinely screened** (see Code 115), count the number referred or re-referred for “**urgent**” treatment needs. **Do not include health office walk-ins** (see Codes 525-526). “**Urgent**” means: Any pain, infection, or swelling, or any soft tissue ulceration of more than two weeks’ duration and that *based on the condition of the mouth*, the child should have a dental visit within the next 24 hours.
- 122 - **DENTAL** – d. **Referred Decay** – **Of the total number of students routinely screened** (see Code 115), count the number of children referred or re-referred to a dentist for “decay.” **Do not include health office walk-ins** (see Codes 565-526). **Record “decay”<sup>1</sup>** only when both of the following are present on one or more teeth:
1. Loss of at least 0.5 mm tooth structure, AND
  2. Brown/dark brown coloration on the walls of the cavity.
- 123 - **DENTAL** – e. **Referred Other** – **Of the total number of students routinely screened** (see Code 115), “**other**” is the number of children referred or re-referred to a dentist for a condition *other than* decay. **Do not include health office walk-ins** (see Codes 525-526). “**Other**” means: stomatitis, periodontal disease, TMJ pain, post-extraction symptoms, oral injury, oral pain, or oral infections. **Do not mark decay here.**
- 125 - **PEDICULOSIS** – a. Count total number screened. Do not count health office walk-ins (see Code 570).
- 130 - **PEDICULOSIS** – b. Count total number rescreened.
- 131 - **PEDICULOSIS** – c. Count total number referred and re-referred.

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<sup>1</sup> Definitions for “decay” and “urgent treatment needs” have been taken from the Basic Screening Survey (Association of State and Territorial Dental Directors in collaboration with the Ohio Department of Health, and with technical assistance and support of CDC’s Division of Oral Health – Columbus, Ohio, 1999). The Basic Screening Survey provides standardized definition of conditions so that everyone is screening for the same conditions in the same way. This is very important because screening in the same way allows data to be compared and aggregated to track trends. To date, this system has been implemented by more than 20 states for point-in-time surveys and for ongoing surveillance.

**Nursing Activities/Student Contacts**  
**(Code #'s 001 – 285 continued) (Front of Report)**

**Code #**

- 135 - **TB SKIN TESTING** – a. Count total number of skin tests administered by the school RN only.
- 140 - **TB SKIN TESTING** – b. Count total number of skin tests read.
- 141 - **TB SKIN TESTING** – c. Count total number referred.
- 145 - **ACANTHOSIS NIGRICANS** – a. Count total number screened for this pre-diabetes Type 2 marker. Two resource web sites: [www.nim.nih.gov](http://www.nim.nih.gov) and [www.skinsite.com/info\\_acanthosis>nigricans.htm](http://www.skinsite.com/info_acanthosis>nigricans.htm)
- NOTE:** Websites for resources may change over time.
- 150 - **ACANTHOSIS NIGRICANS** – b. Count total number rescreened.
- 151 - **ACANTHOSIS NIGRICANS** – c. Count total number referred.
- 160 - **PHYSICAL EXAMS/ASSESSMENTS** – Count each **complete** assessment/exam of all body systems by the RN. Do not include sports physicals.
- 165 - **NEURODEVELOPMENTAL ASSESSMENTS** – Count each neurodevelopmental assessment performed by RN (e.g., *QNST, Levine's PEER/PEEX, DIAL, NDRI, etc.*).
- 170 - **FLUORIDE MOUTHRINSE PROGRAM** – Count total number of students participating in the school's Fluoride Mouthrinse Program during the year (**NOT** each dose).
- 175 - **HEALTH EDUCATION OR PROMOTION RESOURCE** – Count each time or event (**NOT** number of students, parents or staff) nurse provides mailings, handouts (this does not include permission slips), articles in newsletters; conducts presentation to staff and/or parents; schedules speakers or provides information to staff for classroom use.
- 180 - **CLASSROOM PRESENTATIONS TO STUDENTS** – Count each health education session (**NOT** number of students attending) taught by RN.
- 185 - **SOCIAL/DEVELOPMENTAL HISTORIES** – Count each social/developmental history completed by RN. This comprehensive database is obtained for students who have special health needs in school, known health impairments or are referred for special education evaluation.
- 190 - **SPECIAL EDUCATION: EVALUATION OR RE-EVALUATION ASSESSMENT** – Count each evaluation and re-evaluation assessment completed by RN in compliance with individual school district policies. Usually includes vision and hearing screening and summary of developmental and/or medical history.

**Nursing Activities/Student Contacts**  
**(Code #'s 001 – 285 continued) (Front of Report)**

**Code #**

- 195 - **CHILD/STUDENT TEAM MEETINGS** – Count each student discussed in a formal team meeting (e.g., meetings for 504's, chronic health conditions, homebound instruction, teacher assistance, student study team, and/or special education evaluation and Individual Education Plan (IEP) development or review, etc.).
- 210 - **CONFERENCES WITH SCHOOL PERSONNEL REGARDING STUDENTS** – Count each formal/informal discussion with school personnel regarding student problem(s) (e.g., parent/school conferences, conferences at lunch, in your office, etc.).
- 215 - **SCHOOL MEETINGS** – Count each meeting for district nurses (e.g., monthly, special or committee); PTA meetings; faculty meetings; safety, drug or sex education committee meetings, etc.
- 220 - **COMMUNITY CONTACTS/MEETINGS** – Count each contact (e.g., phone, letter, in-person), or meeting with health department, agencies, physicians, etc.
- 225 - **SCHOOL ENVIRONMENTAL INSPECTION** – Count each inspection of restrooms, playground, kitchen, snack bar, cafeteria, halls, etc.
- 230 - **UNIVERSITY/COLLEGE COURSES ATTENDED** – Count each course taken for credit at university or college.
- 235 - **CONFERENCES/WORKSHOPS ATTENDED** – Count each professionally related conference/workshop attended by the RN.
- 240 - **CONFERENCES/WORKSHOPS GIVEN FOR STAFF AND/OR COMMUNITY** – Count the conferences or workshops the RN has taught or served as a consultant (e.g., CPR, Breast Self Exam, weight reduction program, blood drive, etc.).
- 245 - **PRECEPTOR OF STUDENT NURSES** – Count the total number of student nurses the RN precepts for a clinical rotation.
- 250 - **PROFESSIONAL COMMITTEE PARTICIPATION** – Count the total number of committees the RN participated in for school, school district, community, professional organization, county, or state (**NOT** the number of meetings attended).
- 275 - **EMERGENCY CALLS TO OTHER SCHOOLS** – Count each time RN is required to leave one school to attend to an emergency at another school or off site.
- 280 - **STUDENTS SENT HOME BY RN**
- 285 - **STUDENTS SENT HOME BY HEALTH ASSISTANT**

## STUDENT CONDITIONS (Back of Report)

Student conditions are listed in two categories:

- **Chronic Conditions** – previously diagnosed or known conditions, including exacerbations.
- **Acute Conditions** – episodic in nature and meets syndrome definition or has a confirmed diagnosis.

Some conditions/diseases are listed separately from broad disease or system categories due to their prevalence in the school-age population. Some examples or definitions are provided.

## CHRONIC STUDENT CONDITIONS – Diagnosed or Known (Code #'s 300-400's) (Back of Report)

**DEFINITION OF “CASES KNOWN” as of May 1<sup>st</sup>:** On May 1<sup>st</sup> of the school year, count each currently enrolled student previously diagnosed or with a known condition identified by a school health record, health care provider documentation, or parent information.

**# NEEDING NURSING INTERVENTION:** Count each student contact requiring nursing assessment and intervention. Include phone contacts with parent/guardian regarding these chronic conditions. This is an ongoing year-long tally of nursing interventions. **Nursing interventions precede referrals.**

- Examples:
1. Assessing status of a student's condition before administering PRN medication or daily therapy or treatment
  2. Assisting with classroom accommodations such as preferential seating for vision or hearing

**# REFERRED:** Count each time a referral or re-referral for a chronic condition is made to a parent or guardian for an agency or professional evaluation or consultation. Also count these contacts under other appropriate Code #'s (e.g., Code 030, Parent Contact; Code 035, Home Visit; Code 210, Conference with School Personnel; and Code 220, Community Contact) when a referral is made. **A referral is the result of a nursing intervention for a chronic condition.**

**NOTE:** Whether keeping track with a manual tally or with computer software, count in both .22 and .33 suffixes for the appropriate code “Needing Nursing Intervention” .22 and “Referred” .33 of the appropriate code (e.g., for Allergy, Needing Nursing Intervention is 310.22 and Referred is 310.33).

**Do not count Chronic Conditions under any “Acute Condition” Code #'s.**

**Chronic Student Conditions – Diagnosed or Known**  
**(Code #'S 300-400's continued) (Back of Report)**

**Do not count referrals resulting from health screenings done at school; these are counted in the health screening section, Codes 065 to 156, on the front side of the ASHAR.**

**NOTE:** Seemingly inconsistent entries may occur as a result of the May 1<sup>st</sup> cut-off date. A situation may occur, for example, where a student with diabetes has generated many entries in Codes 350.22 and 350.33 columns during a period of time in the school year. However, this student may withdraw from the school prior to May 1<sup>st</sup>, resulting in a no entry in the 350.11 column for that student.

**Code #**

- 300 - **ABSENTEEISM** – Students experiencing chronic absenteeism caused by a chronic or acute condition requiring nursing attention or intervention; not daily attendance calls.  
Criteria for a chronic condition:  
5 consecutive days more than once in a semester or 20 or more non-consecutive days in a semester.  
Criteria for an acute condition:  
3 or more consecutive days or days beyond required exclusion for contagious diseases.
- 305 - **AIDS/HIV** – Students with acquired immune deficiency syndrome or Human Immunodeficiency Virus.
- 310 - **ALLERGY** – Any condition attributed to allergens, including medication allergies.
- 315 - **ANOREXIA/BULEMIA** – Serious eating disorders characterized by a pathological fear of weight gain and a distorted self-image leading to faulty eating patterns, malnutrition and excessive weight loss.
- 320 - **ARTHRITIS/RHEUDMATIC DISEASE** – Rheumatoid arthritis, infectious arthritis, Lyme disease, etc.
- 325 - **ASTHMA – WITHOUT A PRIMARY CARE PROVIDER (PCP) ACTION PLAN** – Parent or school nurse action plan for the student may be on file in the health office.
- 326 - **ASTHMA – WITH A PRIMARY CARE PROVIDER (PCP) ACTION PLAN** – To be implemented for asthma management during school hours to activities.
- 330 - **ATTENTION DEFICIT DISORDER/HYPERACTIVE** – By medical diagnosis only.

**Chronic Student Conditions – Diagnosed or Known**  
**(Code #'s 300-400's continued) (Back of Report)**

**Code #**

- 333 - **AUTISM SPECTRUM DISORDER (ASD) – DSM-5 Diagnostic Criteria 299.00 (F84.0)**  
Symptoms must be present in the early developmental period and not fully explained by intellectual disability. Restricted, repetitive patterns of behavior, interests, or activities displayed by at least two areas of the following: repetitive motor movements, insistence on sameness, highly restricted, fixated interests that are abnormal in intensity or force, hyper or hypo-reactivity to sensory input or highly unusual interest in aspects of the environment.
  
- 335 - **BIRTH DEFECTS/DEVELOPMENTAL** – Physical or mental insults due to genetic, biochemical or environmental prenatal or postnatal conditions. These may include hydro/microencephaly, myelomeningocele, spina bifida, mental retardation, Down's Syndrome or other syndromes.
  
- 340 - **BLEEDING DISORDERS** – Bleeding disorders and hemophilia.
  
- 343 - **COCCIDIOIDOMYCOSIS** – Progressive form (a chronic infection of skin, lymph, glands, spleen, liver, bones, kidneys, meninges and brain).
  
- 344 - **CONNECTIVE TISSUE DISORDERS** – Lupus Erthematosus, Marfan's Syndrome, mucopolysaccharidosis, etc.
  
- 345 - **CYSTIC FIBROSIS** – Progressive disease of the pancreas exhibiting multiple complications related to thick mucus, malabsorption and infection.
  
- 350 - **DIABETES – TYPE 1** – Pancreas stops producing insulin; usually develops in children, teenagers and young adults; treatment with daily insulin injections/ pump.
  
- 351 - **DIABETES – TYPE 2** – Can occur for many reasons, most commonly insulin resistance; often continue to make natural insulin but body doesn't use it properly; most often occurs in adults over age 45.
  
- 355 - **ENDOCRINE DISORDERS** – All endocrine disorders except diabetes.
  
- 356 - **GASTROINTESTINAL** – Chronic disorders of the esophagus, stomach, duodenum, pancreas, bowel, malabsorption syndrome, etc.
  
- 358 - **GENITOURINARY** – Glomerular disease, renal failure, chronic pyelonephritis, congenital disorders, etc.
  
- 359 - **GYNECOLOGICAL** – Relating to female reproductive system exclusive of pregnancy and Acute Conditions (see Code 546) (e.g., endometriosis, ovarian cyst, etc.).
  
- 360 - **HEARING** – Chronic difficulties affecting proper hearing function (e.g., atresia, hearing loss).
  
- 365 - **HEART** – Conditions of genetic or functional origin involving the heart.

**Chronic Student Conditions – Diagnosed or Known**  
**(Code #'s 300-400's continued) (Back of Report)**

**Code #**

- 368 - **HEPATIC & BILIARY DISORDERS** – Chronic conditions of the liver and gall bladder (e.g., cirrhosis, Hepatitis C, etc.).
- 370 - **HYPERTENSION** – Blood pressure that stays elevated over time, often with no warning signs or symptoms, regardless of race, age or gender. May be related to arterial, heart or renal conditions or other unknown causes.
- 372 - **INTEGUMENTARY** – Chronic eczema, dermatitis, psoriasis, pigmentary disorders, hyperhidrosis, chronic herpes, severe acne, etc.
- 375 - **MALIGNANCIES** – Leukemia, malignant lymphomas, etc.
- 380 - **NEURO DISORDERS** – This is a neurological potpourri. Count migraine headaches, muscular dystrophies, traumatic brain injuries, cerebral palsy, (CP is not a specific medical diagnosis, but it is a non-progressive syndrome manifested by impairment in motor function), etc.
- 385 - **ORTHOPEDIC** – All orthopedic conditions which **are not fractures, strains or sprains** (e.g., Osgood Schlatter and Scheuerman's disease, pigeon chest, kyphosis, lordosis, etc.).
- 390 - **PSYCHIATRIC** – Conditions of psychiatric etiology which require treatment by a psychologist or psychiatrist. List suicides and suicide attempts/ behaviors under Acute Conditions Codes 600-603.
- 395 - **SCOLIOSIS** – Scoliosis under observation or treatment.
- 400 - **SEIZURE DISORDERS** – Seizure disorders including epilepsy.
- 405 - **SICKLE CELL DISEASE** – An inherited disorder characterized by abnormal red blood cells of crescent shape or sickles that may precipitate attacks of pain or other symptoms. Also called Sickle Cell Anemia.
- 410 - **TUBERCULOSIS** (active case) – Infectious disease, often called "TB," affecting tissues of the body, most commonly the respiratory system, caused by Mycobacterium Tuberculosis.
- 415 - **VISION** – Conditions, which impair visual acuity, (include students wearing corrective lenses).
- 420 - **COLOR DEFICIENT** – Under referral column, indicate total number of parent notification letters sent.
- 425 - **WEIGHT DISORDERS** – All weight disorders as determined by nursing assessment and/or doctor's diagnosis, except anorexia/bulimia (see Code 315).

**ACUTE STUDENT CONDITIONS – Syndrome or Diagnosed  
(Code #'s 500 – 600's) (Back of Report)**

**DEFINITION OF A “SYNDROME”:** A number of symptoms occurring together and characterizing a specific disease or condition.

**# NEEDING NURSING INTERVENTION:** Count each student contact requiring nursing assessment and intervention for **an acute condition that meets the syndrome criteria or has a confirmed diagnosis**. Include phone contacts with parent/guardian regarding these acute conditions. This is an ongoing year-long tally of nursing interventions. **Nursing interventions precede referrals.**

**# REFERRED:** Count each time a referral or re-referral is made to an agency or professional. Also count these contacts under other appropriate Code #'s (e.g., Code 030, Parent; Code 035, Home Visits; Code 210, Conference with School Personnel; and Code 220, Community Contact) when a referral is made. **Do not** count under any “Chronic Condition” Code #'s. **A referral is the result of a nursing intervention.**

**NOTE:** Whether keeping track with a manual tally or with computer software, count in both .22 and .33 suffixed for the appropriate code “Needing Nursing Intervention” .22 and “Referred” .33 of the appropriate code (e.g., for Conjunctivitis, Needing Nursing Intervention is 520.22 and Referred is 520.33).

**Code #**

- 500 - **ANEMIA** – Blood deficient in the amount of hemoglobin and/or red blood cells.
- 505 - **CHILD ABUSE/NEGLECT** – Reported or suspected cases.
- 510 - **COCCIDIOIDOMYCOSIS** – Primary form (an acute, benign, self-limiting respiratory disease).
- 515 - **COMMUNICABLE RASH DISEASE – VARICELLA** – A highly contagious disease characterized by slight fever, listlessness, and a rash that can be seen and felt, and then appears as individual small fluid-filled blisters (vesicles) before scabbing over, usually in 7-10 days.
- 516 - **COMMUNICABLE RASH DISEASE – IMPETIGO** – An acute, contagious staphylococcal or streptococcal skin disease characterized by vesicles, pustules and honey-yellow crusts.
- 517 - **COMMUNICABLE RASH DISEASE – RUBELLA/RUBEOLA** – Rubella (German Measles) is a highly contagious disease characterized by listlessness, low fever (101° F), and swollen lymph nodes at the back of the neck, accompanied by a fine, pink rash on the face and spreading to the chest and back. (Rubeola (measles) is a highly contagious disease. Symptoms include fever, runny nose, cough, sore throat, and red, watery eyes followed in 3-4 days by a red blotchy rash.



**Acute Student Conditions – Syndrome or Diagnosed**  
**(Code #'s 500 – 600's continued) (Back of Report)**

**Code #**

- 518 - **COMMUNICABLE RASH DISEASE – OTHER** – (e.g., Fifth's Disease, Hand-Foot-and-Mouth Disease, Roseola, Scarlet Fever – strep throat with scarlet rash, etc.)
- 520 - **CONJUNCTIVITIS** – Acute conjunctival inflammation, usually caused by viruses, allergies, or bacteria; includes “pink eye.”
- 525 - **DENTAL – DECAY** – Total number of health office walk-ins with decay.  
**Record “decay”<sup>2</sup>** only when **both** of the following are present on one or more teeth:
1. Loss of at least 0.5 mm tooth structure, AND
  2. Brown/dark brown coloration on the walls of the cavity.
- 526 - **DENTAL – OTHER** – Total number of health office walk-ins with any condition *other than* decay. **“Other” means:** stomatitis, periodontal disease, TMJ pain, post-extraction symptoms, oral injury, oral pain, or oral infections. **Do not mark decay here.**
- 530 - **EMOTIONAL ADJUSTMENT PROBLEMS** – Refers to the student experiencing an acute episode of an emotional/adjustment problem or crisis. This is a student you might counsel yourself or refer.
- 531 - **FEVER > 101 WITH OR WITHOUT HEADACHE & NO OTHER RECOGNIZABLE SYMPTOMS**
- 535 - **FRACTURES** – Count obvious deformity and diagnosed fractures only. Count suspected fractures under Code 610 Trauma.
- 540 - **GENITOURINARY** – Infections, injury.
- 543 - **GASTROINTESTINAL – VOMITING AND DIARRHEA WITH OR WITHOUT FEVER**
- 545 - **GASTROINTESTINAL – OTHER** – Any non-infectious abdominal pain, with or without fever (e.g., appendicitis).
- 546 - **GYNECOLOGICAL** – Dysmenorrhea, amenorrhea, infections (**NOT** STDs), toxic shock syndrome (TSS), ovarian cyst, etc.

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<sup>2</sup> Definitions for “decay” and “urgent treatment needs” have been taken from the Basic Screening Survey (Association of State and Territorial Dental Directors in collaboration with the Ohio Department of Health, and with technical assistance and support of CDC's Division of Oral Health – Columbus, Ohio, 1999). The Basic Screening Survey provides standardized definition of conditions so that everyone is screening for the same conditions in the same way. This is very important because screening in the same way allows data to be compared and aggregated to track trends. To date, this system has been implemented by more than 20 states for point-in-time surveys and for ongoing surveillance.

**Acute Student Conditions – Syndrome or Diagnosed**  
**(Code #'s 500 – 600's continued) (Back of Report)**

**Code #**

- 550 - **HEPATITIS (ACUTE)** – Inflammation of the liver.
- 553 - **HEPATIC & BILIARY DISORDERS** – Acute condition of the liver or gall bladder.
- 555 - **INFECTIOUS MONONUCLEOSIS** – Acute disease characterized by fever, fatigue, sore throat and swollen lymph nodes.
- 560 - **INTEGUMENTARY** – Acute dermatitis, hives, severe insect stings, styes, etc.
- 561 - **MENINGITIS/ENCEPHALITIS** – bacterial or viral – Definition of the syndrome: Abrupt onset of fever, stiff neck, photophobia, chills, malaise, prostration and rash that can be macular, maculopapular or petechial. (Per Arizona Department of Health Services)
- 563 - **MUSCULOSKELETAL (ACUTE, NON-FRACTURE)** – e.g., strains, sprains, torn ligaments, dislocations, osteomyelitis, etc.
- 565 - **OTITIS MEDIA/EXTERNA** – Acute conditions of inflammation or infection of the middle ear or ear canal.
- 570 - **PEDICULOSIS** – Active infection, including nits **identified or follow up to home care during health office visits, NOT routine screening** (see Codes 125-131).
- 575 - **PREGNANCY** – Condition of carrying a developing embryo or fetus in the uterus.
- 580 - **RESPIRATORY** – Acute respiratory illness (e.g., viral throat infections, tonsillitis, suspected or confirmed strep infection, bronchitis, pneumonia, pleurisy, sinusitis, etc.).
- 582 - **RESPIRATORY – INFLUENZA-LIKE ILLNESS (ILI)** – Fever that is greater than or equal to 100 degrees and a cough and/or sore throat. (CDC definition)
- 585 - **SCABIES** – Contagious skin disease caused by a parasitic mite (*Sarcoptes scabiei*) that burrows under the skin to deposit eggs, causing intense itching and possible secondary skin infections due to scratching.
- 590 - **SEXUALLY TRANSMITTED DISEASES** – Pelvic inflammatory disease (related to sexually transmitted diseases), chlamydia, hepatitis B, genital herpes, syphilis, gonorrhea, etc., but not to include AIDS/HIV.
- 595 - **SUBSTANCE ABUSE** – Abuse of alcohol, drugs (over-the-counter, prescribed or illegal) and other substances (legal or illegal).
- 600 - **SUICIDE BEHAVIOR** – Any talk or presented ideation.

**Acute Student Conditions – Syndrome or Diagnosed**  
**(Code #'s 500 – 600's continued) (Back of Report)**

**Code #**

- 603 - **SUICIDE ATTEMPT** – Any attempt in school or out of school attempt reported to the school nurse.
- 605 - **SUICIDE** – Act or instance of taking one's own life voluntarily.
- 610 - **TRAUMA (REFERRAL REQUIRED)** – Any injury requiring a referral to a health care provider and completion of an accident/injury incident report.

**NURSING DIAGNOSES**  
**(Code #'s 620-996) (Back of Report)**

**Code #'s**

- 620 – 996 – Refer to the list of **NANDA APPROVED NURSING DIAGNOSES/ DEFINITIONS** and corresponding Code numbers, provided in the ASHAR Addendum, Pages 1 – 14. Nursing diagnosis may be utilized for both chronic and acute conditions. On the report form, list the Code number and Nursing Diagnosis used by the school nurse and the total number of nursing interventions and referrals during the school year.

**STAFF CONDITIONS**  
**(Code #'s 1000's) (Back of Report)**

**Code #**

- 1000 - **INDUSTRIAL INJURY (REFERRAL REQUIRED)** – Count each industrial injury requiring assessment, intervention and referral or transport to a medical facility and completion of a industrial injury report
- 1005 - **INJURY (REFERRAL NOT REQUIRED)** – Count each assessment and intervention for staff injury sustained at work or other location but handled without a referral. This is a crucial statistic because it reflects the money saved by the district as a result of care provided at school by health services

**NOTE:** Some school districts may require completion of an industrial injury report to be on file for a work-related injury that did not need a referral to a medical provider. Check district policy/procedure.

- 1015 - **ILLNESS/COUNSELING** – Count each assessment and intervention for staff illness or counseling.

# NANDA APPROVED NURSING DIAGNOSES/DEFINITIONS

## An Addendum to the Arizona School Health Annual Report Directions

The North American Nursing Diagnoses Association (NANDA) (1996) defines nursing diagnoses as:

A clinical judgment about individual, family, or community responses to actual and potential health problems/life process. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable.

Nursing diagnoses and definitions are printed as an addendum to the Arizona School Health Annual Report (ASHAR) Directions with permission of NANDA. NANDA nursing diagnoses are used in their entirety, however, they have been presented in this document with the words of the diagnoses reordered for ease of identification. The ASHAR code numbers have been assigned consistent with existing code numbers.

The school nurse is encouraged to consult the following resources to assist with all the components of the nursing process.

Carpenito, L. J. (1997). *Handbook of Nursing Diagnosis* (7<sup>th</sup> ed.) Philadelphia, PA: J. B. Lippincott.

Hootman, J. (1996). *Quality nursing intervention in the school setting: Procedures, models and guidelines*. Scarborough, ME: National Association of School Nurses.

Hootman, J. & Carpenito, L. J. (1996). *Nursing diagnoses: Application in the school setting*. Scarborough, ME: National Association of School Nurses.

North American Nursing Diagnosis Association (1996). *NANDA nursing diagnoses: Definitions and classification*. St. Louis: Author.

Schwab, N. C., Panettieri, M. J. & Bergren, M. D. (1998). *Guidelines for school nursing documentation: Standards, issues, and models* (2<sup>nd</sup> ed.). Scarborough, ME: National Association of School Nurses.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Activity Intolerance	620	A state in which an individual has insufficient physiological energy to endure or complete required or desired daily activities.
Activity Intolerance, Risk For	621	A state in which an individual is at risk of experiencing insufficient physiological or psychological energy to endure or complete required or desired daily activities.
Adaptive Capacity, Decreased: Intracranial	623	A clinical state in which intracranial fluid dynamic mechanisms that normally compensate for increases in intracranial volumes are compromised, resulting in repeated disproportionate increases in intracranial pressure (ICP) in response to a variety of noxious and non-noxious stimuli.
Adjustment, Impaired	625	The state in which an individual is unable to modify his/her life style/behavior in a manner consistent with a change in health status.
Airway Clearance, Ineffective	835	A state in which an individual is unable to clear secretions or obstructions from the respiratory tract.
Anxiety	630	A vague, uneasy feeling whose source is often nonspecific or unknown to the individual.
Aspiration, Risk For	847	The state in which an individual is at risk for entry of gastrointestinal secretions, oropharyngeal secretions, or solids or fluids into tracheobronchial passages.
Body Image Disturbance	980	Disruption in the way one perceives one's body image.
Body Temperature, Risk For Altered	635	The state in which the individual is at risk for failure to maintain body temperature within normal range.
Breastfeeding, Effective	661	The state in which a mother-infant dyad/family exhibits adequate proficiency and satisfaction with the breastfeeding process.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Breastfeeding, Ineffective	662	The state in which the mother, infant, or child experiences dissatisfaction or difficulty with the breastfeeding process.
Breastfeeding, Interrupted	663	A break in the continuity of the breastfeeding process as a result of inability or inadvisability to put baby to breast for feeding.
Breathing Pattern, Ineffective	840	A state in which the rate, depth, timing, rhythm or chest/abdominal wall excursion during the inspiration, expiration or both; does not maintain optimum ventilation for the individual.
Cardiac Output, Decreased	665	A state in which the blood pumped by the heart is inadequate to meet the metabolic demands of the body.
Caregiver Role Strain	666	A caregiver's felt difficulty in performing the family caregiver role.
Caregiver Role Strain, Risk For	667	A caregiver is vulnerable for felt difficulty in performing the family caregiver role.
Communication, Impaired Verbal	690	The state in which an individual experiences a decreased or absent ability to use or understanding language in human interaction.
Confusion, Acute	691	The abrupt onset of a cluster of global, transient changes and disturbances in attention, cognition, psychomotor activity level of consciousness, and/or sleep/wake cycle.
Confusion, Chronic	692	An irreversible, long-standing and/or progressive deterioration of intellect and personality characterized by decreased ability to interpret environmental stimuli, decreased capacity for intellectual thought processes and manifested by disturbances of memory, orientation, and behavior.
Constipation	655	A state in which an individual experiences a change in normal bowel habits characterized by a decrease in frequency and/or passage of hard, dry stools.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Constipation, Colonic	656	The state in which an individual's pattern of elimination is characterized by hard, dry stool which results from a delay in passage of food residue.
Constipation, Perceived	657	The state in which an individual makes a self-diagnosis of constipation and ensures a daily bowel movement through abuse of laxatives, enemas, and suppositories.
Coping (Community), Potential For Enhanced	693	A pattern of community activities for adaptation and problem solving that is satisfactory for meeting the demands or needs of the community but can be improved for management of current and future problems/stressors.
Coping (Community), Ineffective	694	A pattern of community activities for adaptation and problem solving that is unsatisfactory for meeting the demands of needs of the community.
Coping (Family), Ineffective: Compromised	699	A usually supportive primary person (family member or close friend) is providing insufficient, ineffective, or compromised support, comfort, assistance, or encouragement which may be needed by the client to manage or master adaptive tasks related to her or her health challenge.
Coping (Family), Ineffective: Disabling	700	Behavior of significant person (family member or other primary person) that disables his or her own capacities and the capacity to effectively address tasks essential to either person's adaptation to the health challenge.
Coping (Family), Potential For Growth	698	Effective managing of adaptive tasks by family member involved with the health challenge, who now is exhibiting desire and readiness or enhanced health and growth in regard to self and in relation to the client.
Coping (Individual), Ineffective	695	Impairment of adaptive behaviors and abilities of a person in meeting life's demands and roles.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Coping, Defensive	696	The state in which an individual repeatedly projects falsely positive self-evaluation based on a self-protective pattern which defends against underlying perceived threats to positive self-regard.
Decisional Conflict (Specify)	701	The stage of uncertainty about course of action to be taken when choice among competing actions involves risk, loss, or challenge to personal life values.
Denial, Ineffective	697	The state of conscious or unconscious attempt to disavow the knowledge or meaning of an event to reduce anxiety/fear to the detriment of health.
Diarrhea	660	A state in which an individual experiences a change in normal bowel habits characterized by the frequent passage of loose, fluid, unformed stools.
Disuse Syndrome, Risk For	703	A state in which an individual is at risk for deterioration of body systems as the result of prescribed or unavoidable musculoskeletal inactivity.
Diversional Activity Deficit	705	The state in which an individual experiences a decreased stimulation from (or interest or engagement in) recreational or leisure activities.
Dysreflexia	706	The state in which an individual with a spinal cord injury at T7 or above experiences a life-threatening uninhibited sympathetic response of the nervous system to a noxious stimulus.
Energy Field Disturbance	708	A disruption of the flow of energy surrounding a person's being which results in a disharmony of the body, mind and/or spirit.
Environmental Interpretation Syndrome, Impaired	977	Consistent lack of orientation to person, place, time or circumstances over more than three to six months necessitating a protective environment.



<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Family Process, Altered: Alcoholism	711	The state in which the psychosocial, spiritual and physiological functions of the family unit are chronically disorganized, leading to conflict, denial of problems, resistance to change, ineffective problem-solving and a series of self-perpetuating crises.
Family Processes, Altered	710	The state in which a family that normally functions effectively experiences a dysfunction.
Fatigue	712	An overwhelming sustained sense of exhaustion and decreased capacity for physical and mental work.
Fear	715	Feeling of dread related to an identifiable source which the person validates.
Fluid Volume Deficit	720	The state in which an individual experiences decreased intravascular, interstitial and/or intracellular fluid. This refers to dehydration, water loss alone without change in sodium.
Fluid Volume Deficit, Risk For	722	The state in which an individual is at risk of experiencing vascular, cellular or intracellular dehydration.
Fluid Volume Excess	725	The state in which an individual experiences increased isotonic fluid retention.
Gas Exchange, Impaired	845	A state in which an individual experiences an excess or deficit in oxygenation and/or carbon dioxide elimination at the alveolar-capillary membrane (specify: hypercarbia or hypoxemia).
Grieving, Anticipatory	730	Intellectual and emotional responses and behaviors by which individuals (families, communities) work through the process of modifying self-concept based on the perception of potential loss.
Grieving, Dysfunctional	731	Extended, unsuccessful use of intellectual and emotional responses by which individuals (families, communities) attempt to work through the process of modifying self-concept based upon the perception of potential loss.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Growth And Development, Altered	735	The state in which an individual demonstrates deviations in norms from his/her age group.
Health Maintenance, Altered	745	Inability to identify, manage and/or seek out help to maintain health.
Health Seeking Behaviors (Specify)	746	A state in which an individual in stable health is actively seeking ways to alter personal health habits and/or the environment in order to move toward a higher level of health.
Home Maintenance Management, Impaired	750	Inability to independently maintain a safe growth-promoting immediate environment.
Hopelessness	755	A subjective state in which an individual sees limited or no alternatives or personal choices available and is unable to mobilize energy on own behalf.
Hyperthermia	645	A state in which an individual's body temperature is elevated above his/her normal range.
Hypothermia	640	The state in which an individual's body temperature is reduced below normal range.
Identity Disturbance, Personal	984	Inability to distinguish between self and non-self.
Incontinence, Bowel	658	A state in which an individual experiences a change in formal bowel habits characterized by involuntary passage of stool.
Incontinence, Functional	940	The state in which an individual experiences an involuntary, unpredictable passage of urine.
Incontinence, Reflex	945	The state in which an individual experiences an involuntary loss of urine, occurring at somewhat predictable intervals when a specific bladder volume is reached.
Incontinence, Stress	950	The state in which an individual experiences a loss of urine of less than 50 ml occurring when increased abdominal pressure.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Incontinence, Total	955	The state in which an individual experiences a continuous and unpredictable loss of urine.
Incontinence, Urge	960	The state in which an individual experiences involuntary passage of urine occurring soon after a strong sense of urgency to void.
Infant Behavior, Disorganized	991	Alteration in integration and modulation of the physiological and behavioral systems of functioning (i.e., autonomic, motor, state, organizational, self-regulatory and attentional-interactive systems).
Infant Behavior, Potential For Enhanced Organized	992	A pattern of modulation of the physiologic and behavioral systems of functioning of an infant (i.e., automatic, motor, state, organizational, self-regulatory and attentional-interactive systems) that is satisfactory but that can be improved, resulting in higher levels of integration in response to environmental stimuli.
Infant Behavior, Risk For Disorganized	990	Risk for alteration in integration and modulation of the physiological and behavioral systems of functioning (i.e., autonomic, motor, state, organizational, self-regulatory and attentional-interactive systems).
Infant Feeding Pattern, Ineffective	664	A state in which an infant demonstrates an impaired ability to suck or coordinate the suck-swallow response.
Infection, Risk For	760	The state in which an individual is at increased risk for being invaded by pathogenic organisms.
Injury, Risk For	770	A state in which the individual is at risk of injury as a result of environmental conditions interacting with the individual's adaptive and defensive resources.
Knowledge Deficit (Specify)	775	Absence or deficiency of cognitive information related to specific topics.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Loneliness, Risk For	776	A subjective state in which an individual is at a risk of experiencing vague dysphoria.
Management of Therapeutic Regimen, Effective: Individual	779	A pattern of regulating and integrating into daily living a program for treatment of illness and its sequelae that is satisfactory for meeting specific health goals.
Management of Therapeutic Regimen, Ineffective: Individual	778	A pattern of regulating and integrating into daily living a program for treatment of illness and the sequelae of illness that is unsatisfactory for meeting specific health goals.
Management of Therapeutic Regimen, Ineffective: Community	774	A pattern of regulating and integrating into community processes programs for treatment of illness and the sequelae of illness that are unsatisfactory for meeting health-related goals.
Management of Therapeutic Regimen, Ineffective: Family	773	A pattern of regulating and integrating into family processes a program for treatment of illness and the sequelae of illness that is unsatisfactory for meeting specific health goals.
Memory, Impaired	976	The state in which an individual experiences the inability to remember or recall bits of information or behavioral skills. Impaired memory may be attributed to pathophysiological or situational causes that are either temporary or permanent.
Neglect, Unilateral	925	A state in which an individual is perceptually unaware of, and inattentive to, one side of the body.
Noncompliance (Specify)	785	A person's informed decision not to adhere to a therapeutic recommendation.
Nutrition, Altered: Less than Body Requirements	790	The state in which an individual is experiencing an intake of nutrients insufficient to meet metabolic needs.
Nutrition, Altered: More than Body Requirements	800	The state in which an individual is experiencing an intake of nutrients which exceeds metabolic needs.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Nutrition, Altered: Risk for More than Body Requirements	791	The state in which an individual is at risk of experiencing an intake of nutrients which exceeds metabolic needs.
Oral Mucous Membrane, Altered	915	The state in which an individual experiences disruptions in the tissue layers of the oral cavity.
Pain	675	An unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage (International Association for the Study of Pain); sudden or slow onset of any intensity from mild to severe with an anticipated or predictable end and a duration of less than 6 months.
Pain, Chronic	680	An unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage (International Association for the Study of Pain); sudden or slow onset of any intensity from mild to severe, constant or recurring without an anticipated or predictable end and a duration of greater than 6 months.
Parent/Infant/Child Attachment, Risk For Altered	807	Disruption of the interactive process between parent/significant other and infant that fosters the development of a protective and nurturing reciprocal relationship.
Parental Role Conflict	808	The state in which a parent experiences role confusion and conflict in response to crisis.
Parenting, Altered	805	The state in which a nurturing figure(s) experiences an inability to create an environment which promotes the optimum growth and development of another human being.
Parenting, Risk for Altered	806	The state in which a nurturing figure(s) is at risk to experience an inability to create an environment which promotes the optimum growth and development of another human being.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Perioperative Positioning Injury, Risk For	996	A state in which the client is at risk for injury as a result of environmental conditions found in the perioperative setting.
Peripheral Neurovascular Dysfunction, Risk For	782	A state in which an individual is at risk of experiencing a disruption in circulation, sensation, or motion of an extremity.
Physical Mobility, Impaired	780	A state in which the individual experiences a limitation of ability for independent physical movement.
Poisoning, Risk For	771	Accentuated risk of accidental exposure to, or ingestion of, drugs or dangerous products in doses sufficient to cause poisoning.
Post-Trauma Response	815	The state of an individual experiencing a sustained painful response to an overwhelming traumatic event(s).
Powerlessness	825	Perception that one's own actions will not significantly affect an outcome; a perceived lack of control over a current situation or immediate happening.
Protection, Altered	827	The state in which an individual experiences a decrease in the ability to guard the self from internal or external threats such as illness or injury.
Rape-Trauma Syndrome	820	Forced, violent sexual penetration against the victim's will and consent. The trauma syndrome that develops from this attack or attempted attack includes an acute phase of disorganization of the victim's lifestyle and a long-term process of reorganization of lifestyle.
Rape-Trauma Syndrome: Compound Reaction	821	Forced, violent sexual penetration against the victim's will and consent. The trauma syndrome that develops from this attack or attempted attack includes an acute phase of disorganization of the victim's lifestyle and a long-term process of reorganization of lifestyle.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Rape-Trauma Syndrome: Silent Reaction	822	Forced, violent sexual penetration against the victim's will and consent. The trauma syndrome that develops from this attack or attempted attack includes an acute phase of disorganization of the victim's lifestyle and a long-term process of reorganization of lifestyle.
Relocation Stress Syndrome	822	Physiological and/or psychosocial disturbances as a result of transfer from one environment to another.
Role Performance, Altered	848	Disruption in the way one perceives one's role performance.
Self Care Deficit, Bathing/Hygiene	852	A state in which the individual experiences an impaired ability to perform or complete bathing/hygiene activities for oneself.
Self Care Deficit, Dressing/Grooming	853	A state in which the individual experiences an impaired ability to perform or complete dressing and grooming activities for oneself.
Self Care Deficit, Feeding	857	A state in which the individual experiences an impaired ability to perform or complete feeding activities for oneself
Self Care Deficit, Toileting	854	A state in which the individual experiences an impaired ability to perform or complete toileting activities for oneself.
Self Esteem, Disturbance	981	Negative self-evaluation/feelings about self or self capabilities, which may be directly or indirectly expressed.
Self Esteem, Chronic Low	982	Long-standing negative self evaluation/feelings about self or self capabilities.
Self Esteem, Situational Low	983	Negative self-evaluation/feelings about self which develop in response to a loss or change in an individual who previously had apposite self evaluation.
Self-Mutilation, Risk For	971	A state in which an individual is at risk to perform an act upon the self to injure, not kill, which produces tissue damage and tension relief.

<b>NANDA Nursing Diagnoses</b>	<b>ASHAR Code #</b>	<b>Definition</b>
Sensory/Perceptual Alterations (Specify: Visual, Auditory, Kinesthetic, Gustatory, Tactile, Olfactory)	865	A state in which an individual experiences a change in the amount or patterning on oncoming stimuli accompanied by a diminished, exaggerated, distorted, or impaired response to such stimuli.
Sexual Dysfunction	875	The state in which an individual experiences a change in sexual function that is viewed as unsatisfying, unrewarding, inadequate.
Sexuality Patterns, Altered	870	The state in which an individual expresses concern regarding his/her sexuality.
Skin Integrity, Impaired	910	A state in which the individual's skin is at risk of being adversely altered.
Sleep Pattern Disturbance	880	Disruption of sleep time causes discomfort or interferes with desired lifestyle.
Social Interaction, Impaired	890	The state in which an individual participates in an insufficient or excessive quantity or ineffective quality of social exchange.
Social Isolation	885	Aloneness experienced by the individual and perceived as imposed by others and as a negative or threatened state.
Spiritual Distress (Distress Of The Human Spirit)	895	Disruption in the life principle which pervades a person's entire being and which integrates and transcends one's biological and psychosocial nature.
Spiritual Well-being, Potential For Enhanced	896	Accentuated risk of accidental suffocation (inadequate air available for inhalation).
Swallowing, Impaired	795	The state in which the individual has decreased ability to voluntarily pass fluids and/or solids from the mouth to the stomach.
Thermoregulation, Ineffective	650	The state in which the individual's temperature fluctuates between hypothermia and hyperthermia.
Thought Processes, Altered	900	A state in which an individual experiences a disruption in cognitive operations and activities.



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Tissue Integrity, Impaired	905	A state in which an individual experiences damage to mucous membrane, corneal, integumentary or subcutaneous tissue.
Tissue Perfusion, Altered (Specify Type: Renal, Cerebral, Cardiopulmonary, Gastrointestinal, Peripheral)	920	The state in which an individual experiences a decrease in nutrition and oxygenation at the cellular level due to a deficit in capillary blood supply.
Trauma, Risk For	772	Accentuated risk of accidental tissue injury, e.g., a disturbance in urine elimination.
Urinary Elimination, Altered	930	The state in which the individual experiences a disturbance in urine elimination.
Urinary Retention	965	The state in which the individual experiences incomplete emptying of the bladder.
Ventilation, Inability to Sustain Spontaneous	831	A state in which the response pattern of decreased energy reserves results in an individual's inability to maintain breathing adequate to support life.
Ventilatory Weaning Process, Dysfunctional (DVWR)	832	A state in which a patient cannot adjust to lowered levels of mechanical ventilator support, which interrupts and prolongs the weaning process.
Violence, Risk For: Directed At Others	972	Behaviors in which an individual demonstrates that he/she can be physically, emotionally and/or sexually harmful to others.
Violence, Risk For: Self-Directed	970	Behaviors in which an individual demonstrates that he/she can be physically, emotionally and/or sexually harmful to self.