

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 proper 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 nurse's 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 explanations of codes. The current ASHAR reporting form and Reporting Directions may be downloaded from 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.

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

 - 2) Submit Arizona School Health Annual Report (ASHAR) on or before June 30th 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 30th 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 nurse's 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 5th 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 #10) 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, 1st, 2nd or 3rd level renewal (ARS 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 code 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 observations 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 nurses office; include daily self-administered (e.g., inhalers, SVN's, insulin pumps, etc.).
- 018 - **MEDICATIONS - PRN** - Count each dose of PRN medication administered from nurses 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.).

Nursing Activities/Student Contacts
(Code #1 001-285 continued) (Front of Report)

Code #

- 021 – **IEP (Required) RELATED INTERVENTIONS** – Count each **intervention specified in the student’s Individual Education Plan (IEP)** done by the RN or inserviced 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 appropriately and making decisions).
- 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.)

Nursing Activities/Student Contacts

(Code #'s 001-285 continued) (Front of Report)

Code #

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. (Same total as annual Vision Report form.)

070 - **VISION** - b. Count total number rescreened.

071 - **VISION** – c. Count total number referred and re-referred.

075 - **HEARING** - a. Count total number screened by trained ADHS hearing Screeners. (Same as total on ADHS Hearing Report Form). Note: Otoscopic assessment is required for impedance testing. DO NOT count as Code 001.

080 - **HEARING** - b. Count total number rescreened 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 rescreened.

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 rescreened. Follow shoe and clothing recommendation in Code 095.

101 - **HEIGHT & WEIGHT** – c. **UNDERWEIGHT** - Count total number referred and re-referred. Body Mass Index (BMI) for age less than 5th 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.
<http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf>

Nursing Activities/Student Contacts

(Code #'s 001-285 continued) (Front of Report)

Code #

- 102- **HEIGHT & WEIGHT – d. AT RISK OF OVERWEIGHT** -Count total number referred and re-referred. Body Mass Index (BMI) for age between the 85th and 95th 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. <http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf>
- 103- **HEIGHT & WEIGHT – e. OVERWEIGHT** - Count total number referred and re-referred. Body Mass Index (BMI) for age at or above the 95th 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. <http://www.cdc.gov/nccdphp/dnpa/bmi/00binaries/bmi-tables.pdf>
- 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. URGENT – Of the total number of students routinely screened** (see Code 115), count the number referred or re-referred for “urgent” treatment needs. **“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. **Do not include health office walk-ins** (see Codes 525 - 526).
- 122 – **DENTAL – d. 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 525 - 526).
Record “decay” ¹ [notation on Pg 10] 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. 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.**

Nursing Activities/Student Contacts

(Code #'s 001-285 continued) (Front of Report)

Code #

¹ 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.

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

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 II marker. Two resource web sites: www.nlm.nih.gov and 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).

Nursing Activities/Student Contacts

(Code #'s 001-285 continued) (Front of Report)

Code #

- 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 presentations 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.
- 195 - **CHILD/STUDENT TEAM MEETINGS** – Count each student discussed in a formal team meeting (e.g., meetings for 504s, 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.

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

Code #

- 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 (Codes #'s 300-400's) (Back of Report)

DEFINITION OF "CASES KNOWN" as of May 1st: On May 1st 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 yearlong 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.

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 1st 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 1st, resulting in a no entry in the 350.11 column for that student.

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

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/RHEUMATIC 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 or activities.
- 330 - **ATTENTION DEFICIT DISORDER/HYPERACTIVE** - By medical diagnosis only.
- 332 - **AUTISM, CHILDHOOD** – A psychiatric disorder originating in infancy characterized by self-absorption, preoccupation with fantasy, inability to interact socially, repetitive behaviors and language dysfunction (as echolalia) associated with intellectual impairment.
- 333 - **AUTISM SPECTRUM DISORDER (ASD)** – Includes Asperger Syndrome, Pervasive Developmental Disorder (PDD), PDD Not Otherwise Specified (NOS), PDD Atypical, Fragile X, Childhood Degenerative Syndrome.

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

Code #

- 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 Erythematosus, 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 I** – Pancreas stops producing insulin; usually develops in children, teenagers and young adults; treatment with daily insulin injections/pump.
- 351 – **DIABETES – TYPE II** – 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).

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

Code #

- 365 - **HEART** - Conditions of genetic or functional origin involving the heart.
- 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 595 and 600.
- 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).

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

Code #

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 on going yearlong 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 Contact; 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 suffixes 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).

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

Code #'s

- 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.
- 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" ¹ 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.

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

Code #'s

- 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.
- 550 - **HEPATITIS – Acute** – Inflammation of the liver.
- 553 - **HEPATIC & BILIARY DISORDERS** – Acute conditions 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.

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

Code #'s

- 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.
- 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)

620 - 996 – Refer to the list of **NANDA APPROVED NURSING DIAGNOSES/DEFINITIONS** and corresponding Code numbers, provided in the

ASHAR Addendum, Pages 1 – 15.

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 #'s

1000 - **INDUSTRIAL INJURY (REFERRAL REQUIRED)** - Count each industrial injury requiring assessment, intervention and referral or transport to a medical facility and completion of an 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.