

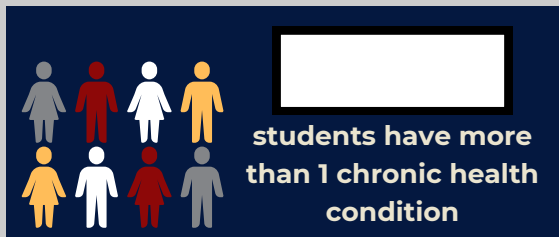
# An update on SCHOOL HEALTH SERVICES In Our School

SCHOOL NAME

SURVEY  
DATE

Based on data from the Arkansas School Health Survey conducted by the AR Division of Elementary & Secondary Education.

## CHRONIC HEALTH CONDITIONS



students have missed at least 10% or more of the school year (including excused & unexcused)

| Condition                                  | Number of Students |
|--|--------------------|
| ADD/ADHD                                   |                    |
| Allergy Disorder (Life-Threatening)        |                    |
| Allergy Disorder (Non-Life Threatening)    |                    |
| Anxiety                                    |                    |
| Asthma                                     |                    |
| Cardiovascular                             |                    |
| Depression                                 |                    |
| Diabetes (Type 1)                          |                    |
| Diabetes (Type 2)                          |                    |
| Seizures                                   |                    |
| Substance Abuse (alcohol or illicit drugs) |                    |
| Traumatic Brain Injury                     |                    |


## PRESCRIPTION MEDICATIONS TAKEN AT SCHOOL



| Medication   | # with prescriptions at school | # required by IHP/EAP | # times 911 called in relation to administration |
|--|--------------------------------|-----------------------|--|
| Albuterol/Xopenex –<br>Fast acting Beta Agonist – ICS                          |                                |                       |  |
| Benzodiazepine, Sublingual or Buccal<br>(i.e. lorazepam, clonazepam, diazepam) |                                |                       |  |
| Diazepam or Midazolam (Intranasal)   |                                |                       |  |
| Diazepam (Rectal)  |                                |                       |  |
| Epinephrine  |                                |                       |  |
| Glucagon   |                                |                       |  |

NOTE: The number of students with a prescription and the number required to have an IHP/EAP are different because, at times, prescriptions or EAPs are not received from the physician.

students were administered **SCHEDULED medications DAILY** on a long-term basis

  **DAILY DOSES of PRESCRIPTION medications on average**

# INJURIES/EMERGENCIES AT SCHOOL

#  
# sent to  
HCP or 911

| Head Injury | Dental Injury | Eye Injury | Allergic Reactions |
|-------------|---------------|------------|--------------------|
|             |               |            |                    |
|             |               |            |                    |

students experienced  
**ADRENAL CRISIS**  
while at school

students experienced  
**SUDDEN CARDIAC  
ARREST** while at school

☐  
students  
have Do Not  
Resuscitate  
Orders

## MENTAL HEALTH

Number of students receiving  
**Professional Mental  
Health Services**

Number of students receiving  
**Off Campus Services**

Number of students receiving  
**On Campus Services**

| Condition                                  | Number of<br>Students |
|--|-----------------------|
| ADD/ADHD                                   |                       |
| Anxiety                                    |                       |
| Depression                                 |                       |
| Substance Abuse (alcohol or illicit drugs) |                       |

the **Nurse-Counselor Team Approach**

to assist a student with a  
mental health need was used

times



## SUBSTANCE USE

Number of students who had  
a **CHRONIC SUBSTANCE  
ABUSE ISSUE**

Number of students who had  
an **OPIOID OVERDOSE**  
at school/school-related  
activity



An  
**OPIOID ANTAGONIST**  
was administered by the  
nurse for

of those students



## STUDENT PREGNANCIES

Number of student pregnancies during the past school year:

### Sexual Health

students were  
referred to a health  
care provider for  
symptoms of STIs

Student pregnancies were **Delivered pre-term** (before 37 weeks)

Student pregnancies were **Diagnosed as high risk** (e.g., Gestational diabetes, preeclampsia)

Student mothers **Breastfed** at school

Student mothers **Received home-bound services**

Student mothers **Dropped out of school permanently**

# STUDENT ENCOUNTERS

| Type of Encounter                                   | Number of Encounters |
|---|----------------------|
| Blood Sugar Checks                                  |                      |
| Carbohydrate Counting                               |                      |
| Catherization                                       |                      |
| Continuous Glucose Monitoring (CGM)                 |                      |
| Insulin Pump  |                      |
| Intramuscular Medications                           |                      |
| Intravascular Medications                           |                      |
| Peritoneal Dialysis                                 |                      |
| Postural Drainage                                   |                      |
| Tracheostomy Care                                   |                      |
| Other Stoma Care                                    |                      |
| Suctioning  |                      |
| Tube Feedings                                       |                      |
| Subcutaneous Medications                            |                      |
| Wound Care (Abrasion, Cut or Lacerations, Papercut) |                      |

| Result of Encounter        | Number |
|----------------------------|--------|
| Back to Class              |        |
| Home                       |        |
| Home / Parent Decision     |        |
| Medical Attention          |        |
| School-Based Health Center |        |
| School Administrator       |        |
| School Counselor           |        |



**PRESENTATIONS**  
were made to students

|                  | VISION Screenings | HEARING Screenings | SCOLIOSIS Screenings |
|------------------|-------------------|--------------------|----------------------|
| # Screened       |                   |                    |                      |
| # Referred       |                   |                    |                      |
| # Followed Up on |                   |                    |                      |



students received  
assistance with  
**ACTIVITIES OF  
DAILY LIVING**  
due to disability

# STAFF ENCOUNTERS

| Type of Encounter                  | Number of Encounters |
|------------------------------------|----------------------|
| Blood Pressure Checks              |                      |
| Blood Glucose Checks               |                      |
| Education Regarding Diseases       |                      |
| Education Regarding Medications    |                      |
| Education Regarding Treatments     |                      |
| First Aid Treatment                |                      |
| Height/Weight                      |                      |
| Injections                         |                      |
| Rescue Medications                 |                      |
| Workers' Compensation-Nursing only |                      |



**PRESENTATIONS**  
were made to school staff

teachers received  
**STOP THE BLEED**  
training

