

Medical Conditions

This list is establish guidelines for the referral of youth records to the Office of Health Services prior to a youth's placement in a Residential Program

Medical Condition	Medical Review required if youth:
Allergies (Medications, Food, etc.)	Requires use of Epi-Pen
Adrenal Insufficiency	Requires prescription medication. Required hospitalization within the past year.
Asthma	Required hospitalization within the past year Requires prescription medication daily or as needed.
Cancer (including a history of cancer)	History of Cancer within the past five years. Receiving active medical treatment for cancer.
Cystic Fibrosis	Required hospitalization within the past year. Requires prescription medication daily.
Developmental Disabilities/Mental Retardation	Requires staff assistance with bathing, dressing, grooming or eating.
Diabetes (Insulin and Non-Insulin Dependent)	Receives Insulin injections. Receives oral prescription medication. Requires routine Accu-checks or laboratory values to monitor blood sugars.
Eating Disorders (Anorexia Nervosa and Bulimia)	Anorexia or Bulimia within the past two years. Current decrease in nutritional intake. Current excessive increase in intake accompanied with vomiting episodes.
Head Trauma	Required hospitalization for Head Injury/Trauma within the past year. Head Injury in the past 30 days requiring emergency hospital treatment.
Hearing, Speech or Visual Defects	Youth who are legally blind, deaf, or unable to communicate needs.
Heart Condition (including Cardiac Arrhythmias, Congenital Heart Diseases)	Medical recommendations required for any heart condition.
Hemophilia	Required hospitalization within the past year.

Hepatitis	Required hospitalization within the past year. Laboratory values positive for hepatitis.
Hypo or Hyperthyroidism	Medical recommendations required for any Hypo or Hyperthyroidism medical condition.
Hypertension	Required hospitalization within the past year. Requires medication for Hypertension. Not receiving medication but has elevated blood pressures within the past year.
Inflammatory Bowel Disease	Required hospitalization within the past year. Requires medication for Inflammatory Bowel Disease.
Juvenile Rheumatoid Arthritis	Required hospitalization within the past year. Requires medication for Rheumatoid Arthritis.
Kidney Failure (with or without Dialysis)	Medical recommendations required for Kidney Failure (with or without Dialysis).
Neuromuscular conditions (i.e., Cerebral Palsy)	Requires assistive devices for mobility. Requires staff assistance with bathing, dressing, grooming or eating.
Obesity	BMI of 30 or greater
Pregnancy	Medical recommendations required for any pregnancy.
Scoliosis	Surgery for Scoliosis within the past year.
Seizure Disorder	Medical recommendations required for seizure disorder.
Sexually Transmitted Disease	History of HIV/AIDS Active HIV/AIDS Active Syphilis
Sickle Cell Disease	Has any diagnosis of Sickle Cell Disease.
Sickle Cell Trait	<i>These youth would be restricted from all intensive exercise programs.</i>
Spina Bifida	Required hospitalization within the past year Requires assistive devices for mobility. Requires staff assistance with bathing, dressing, grooming or eating.

Systemic Lupus Erythematosis	Required hospitalization for Lupus within the past year. Requires medication for Systemic Lupus. Requires no medication but has current alteration in bowel patterns and/or abdominal pain.
Tuberculosis	Positive chest x-ray for Tuberculosis. Requires prescription medication for Tuberculosis.
Other:	Any other medical condition not listed that may be felt to warrant a review and recommendations.

NOTE:

A youth with a Medical Grade of IV on the Comprehensive Physical Assessment requires a review prior to placement.