

HEMOPHILIA INDIVIDUAL HEALTH PLAN

STUDENT _____ DOB _____ SCHOOL _____

GRADE/TEACHER _____ SCHOOL YEAR _____

PARENT/LEGAL GUARDIAN _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PHYSICIAN _____ PHONE _____

1. What type of hemophilia does student have?
2. Does your child wear a “medic alert” bracelet?
3. How often does he/she have bleeding episodes?
4. What causes your child to bleed?
5. Describe symptoms when a bleeding episode occurs.
6. What body parts are most commonly affected by bleeding episodes?
7. List activities in which your child should NOT fully participate.
8. Name medications taken routinely for pain relief or bleeding management *during school hours*.
9. In the event of a bleed, what steps should school personnel take if they differ from the procedure on the reverse side of this form?

If special accommodations are necessary, please notify the Guidance/Counseling office at _____.

The principal or School Nurse will contact you if documentation of medical condition by physician is required.

PLEASE NOTE: We recommend a Hemophilia Emergency Action Plan for ALL children with Hemophilia. If medication is to be taken at school, a **medication authorization form** must be completed *every school year by parent and physician*. These forms may be obtained from your school secretary.

PLEASE READ THE EMERGENCY MEDICAL PLAN FOR HEMOPHILIA ON THE REVERSE SIDE. ADD ANY FURTHER INSTRUCTIONS THAT YOU WISH FOR STUDENT. IF NO CHANGES, or NO FORM IS RETURNED, THIS WILL BE THE DEFAULT PLAN FOR YOUR CHILD.

COMPLETE BACK OF PAGE

Student: _____

HEMOPHILIA

EMERGENCY ACTION PLAN (For School Staff Use)

Hemophilia is a hereditary disease characterized by bleeding episodes that are either spontaneously or traumatically induced. Each type of hemophilia is caused by a deficiency in specific clotting factors. Bleeding problems are related to the amount of clotting factor present in the blood.

SYMPTOMS: Tingling, or other sensation, limb held in abnormal position, discomfort or pain, area warm to touch, swelling, firmness and tenderness, at site of bleed, restriction of range of motion.

- JOINTS AND MUSCLES ARE MOST COMMON BLEEDING SITES.
- ANY BLEEDING IN THE HEAD AND NECK AREA IS A MEDICAL EMERGENCY UNLESS IT IS A NOSEBLEED.

PREVENTION: Follow any physician ordered limitations in activities.

INTERVENTIONS:

1. Note the location of bleed and treat bleeding episodes promptly.
2. Control the bleed by applying pressure to the site for 10-15 minutes.
3. Elevate the site above heart level, and apply cold compresses.
4. Notify parent of bleed. Notify School Nurse if in building.
5. Allow student to rest while waiting for parent.
6. Resume activity slowly after bleeding episode.
7. Do NOT give aspirin or medicine containing aspirin for pain relief.
8. If bleeding is uncontrolled or is located in the head or neck region (except nosebleeds), contact parents regarding emergency care and **call 911** and have transported to Emergency Department. Parent may divert ambulance if present and assumes responsibility for student. **STAY WITH STUDENT CONTINUOUSLY UNTIL EMS ARRIVES.**
9. Notify school nurse of incident if not present.
10. Additional instructions: _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

SCHOOL NURSE: _____

DATE _____