

# Sickle Cell Individual Health Plan

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE/TEACHER \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMERGENCY \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

1. Does your child wear a "medic alert" bracelet?  - Yes  - No  
Carry identification of disease?  - Yes  - No

2. What medicine is taken daily?

At home? \_\_\_\_\_

At school? \_\_\_\_\_

3. Has your child been hospitalized for a crisis in the last year? Briefly describe:

\_\_\_\_\_  
\_\_\_\_\_

4. Is your child able to recognize and get help for early signs of a crisis?  - Yes  - No

\_\_\_\_\_

5. What are your child's symptoms when a crisis is occurring? \_\_\_\_\_

\_\_\_\_\_

6. Are there any activities or stressors that bring on the pain crisis?  - Yes  - No

Describe: \_\_\_\_\_

\_\_\_\_\_

7. Name any activities in which your child CANNOT participate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What are his/her physical limitations? \_\_\_\_\_

\_\_\_\_\_

9. What steps should be taken by school personnel if your child has pain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please read the emergency medical plan for Sickle Cell Disease on the reverse side, and add any further instructions that you wish for your child.**

Student's Name: \_\_\_\_\_

## Sickle Cell Emergency Action Plan

Sickle cell disease is a term used to describe a group of blood disorders that have in common a predominance of abnormally-shaped hemoglobin which often resemble sickles or crescents. Because of the abnormal shape they may reduce or block the flow of blood in small blood vessels.

|  |   |
|--|---|
| <p><b><u>Warning signs and symptoms:</u></b></p> <p>Joint pain, swelling and heat in joint, irritability, fatigue, headache, sudden onset of pallor or jaundice, loss of appetite, fever</p> | <p><b><u>Interventions:</u></b></p> <ol style="list-style-type: none"><li>1. Allow to rest</li><li>2. Contact parent</li><li>3. <b><i>Encourage fluids</i></b></li><li>4. Allow to use bathroom</li></ol> |
|--|---|

|  |  |
|--|--|
| <p><b><u>Symptoms of Pain Crisis:</u></b></p> <p>Severe generalized pain, severe headache, weakness on one side, blood in urine, abnormal behavior, difficult to arouse, breathlessness, rapid pulse</p> | <p><b><u>Interventions:</u></b></p> <ol style="list-style-type: none"><li>1. Allow to rest</li><li>2. Encourage fluids if alert</li><li>3. Contact parent</li><li>4. <b>Call 911</b> if unable to arouse, breathlessness, unable to contact parent due to student complaints of rapid heart beat or abdominal pain. Transport to _____ Hospital.</li></ol> |
|--|--|

Additional instructions for school personnel to take: \_\_\_\_\_

---

---

---

---

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_