

Hemophilia

Student: _____ Grade: _____ DOB: _____ ID#: _____

Mother: _____ Home #: _____ Work #: _____ Cell #: _____

Father: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Doctor: _____ Phone: _____ Fax: _____

Medical Alert Bracelet: Yes _____ No _____ Can participate in PE/ATHLETICS: Yes _____ No _____

List sports student **cannot** participate in: _____

Name of Medication Ordered: _____

Medication is to be administered at onset of: _____

Dosage: _____ Amount: _____ Route: _____ Rate: _____ Angiocath size/type: _____

Student may self administer medication intravenously: Yes _____ No _____

In the event student cannot self administer emergency med, School Nurse to administer: Yes _____ No _____

When to call 911 or transport to nearest ER: _____

Medication/Supplies/Orders to be carried to off campus school activities: Yes _____ No _____

Meds must be refrigerated when possible or in a portable ice chest: Yes _____ No _____

Parent/guardian will provide ordered medications/IV factor & all needed intravenous supplies along with proper storage.

Steps to be taken in event of bleed: _____

Date of last break-through bleeding: _____ Prophylaxis Home Therapy: _____ Frequency: _____

SYMPTOMS OF INTERNAL BLEEDING EPISODE MAY INCLUDE ANY/ALL OF THE FOLLOWING:

- | | |
|---|---|
| <ul style="list-style-type: none">• Child reports to having a joint bleed:• Complains of tingling, bubbly pain• Stiffness of decreased motion in any limb• Part of the body (usually joint) swollen or hot to the touch• Appears to be favoring an arm or leg more than usual | <ul style="list-style-type: none">• Or refuses to use a limb• May have no history• Complains of abdominal pain• Severe headache• Or fever |
|---|---|

ACTION PLAN:

- ✓ Student should avoid injury and medications that promote bleeding (i.e. Aspirin)
- ✓ Treatment for small cut is the same as any person. The injured vessel constricts and platelets form a plug. The difference is the formation of a strong clot. Helped by pressure and bandages, these defenses are usually enough to stop bleeding from a small cut or scrape.
- ✓ More severe bleeding should be treated by nursing staff. If ordered medication is to be administered, the child's parents needs to be notified immediately. It is important to treat as soon as possible to prevent damage to the joint, muscle, or organ.

SYMPTOMS OF BLEEDING SPONTANEOUSLY OR FROM INJURY

- A forceful blow, especially, any blow to the head, neck or throat
- Students states he/she is bleeding
- Blueness of a change in skin color
- A feeling of warmth in joint. Pain, swelling or limited movement are late signs of bleeding into the joint
- A minor cut or bruise rarely needs to be treated with medication (factor).

ACTION PLAN: EVIDENCE OF BLEEDING - NOTIFY NURSING or ASSIGNED STAFF

✓ **Spontaneous bleeding or from injury:**

1. Apply firm pressure and ice to the site and notify parents.

✓ **Small cut or scrape:**

1. Cleanse the area with soap and water.
2. Apply a firm pressure and clean bandage.
3. Observe for 20 minutes.
4. If bruise has a lump or the bleeding continues, call parent.

✓ **Nose bleeds:**

1. Have the child sit down.
2. Apply firm pressure by pressing both sides of the nose together. It may take between 5 to 20 minutes of uninterrupted pressure to stop the bleeding.
3. If bleeding continues longer than 20 minutes, notify the parents.

✓ **Bright red or cola colored urine:**

1. Notify the child's parent.
2. If the child can drink, have him/her drink fluids to flush the kidney or bladder.

Call parent if the following occurs:

1. Coughing up or vomiting fresh or dark brown material
2. Stomach pain with weakness or paleness
3. Any injury near the eye, changes in vision or complaining of pain.
4. Any injury to the head, change in personality, level of consciousness, stiff neck, headache, forceful vomiting.

Additional instructions by Physician: _____

I have instructed the above student in the proper way to administer his/her factor product kit intravenously. It is my professional opinion that student should be allowed to self administer the prescribed IV solution intravenously at school. In case student is unable to self-administer, School Nurse may administer. If School Nurse is not available or student is off campus on school a related event, **EMS will be activated** and the factor product kit will be handed over to EMS.

Healthcare Provider Signature: _____ Phone: _____

I, the undersigned, am giving permission for my child to self administer his/her own factor product kit as prescribed by his/her physician while on school property. I understand that upon administration of the factor product kit, EMS will be activated. In case my child is unable to self-administer, I understand that the School Nurse, if available as physician's orders to administer the factor product kit. If unavailable or student is off campus on a school related, **EMS will be activated** and the factor product kit will be handed over to EMS.

Parent/Guardian Signature: _____ Date: _____

Date reviewed with parent: _____ Nurse Signature: _____

This plan is in effect for the current school year and summer school as needed