

Date Plan Was Developed: _____

Hemophilia/Bleeding Disorder

Emergency Care Plan

Never send student with a bleeding incident anywhere alone!!!!!!

Student Name: _____ DOB: _____ Student Picture _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Preferred Hospital: _____

Current Medication: _____

Allergies: _____

Definition: Hemophilia is an inherited, chronic blood clotting disorder. Persons with hemophilia do not bleed harder and faster than normal. However, they bleed longer because their body can't make a firm clot. The severity of bleeding differs from person to person, and the seriousness of a bleeding episode depends on the site of the bleed and the type and extent of the injury. Prompt treatment following an injury can prevent long-term complications of hemophilia.

SYMPTOMS and SIGNS of Bleeding Incident

- | | |
|--|--|
| <ul style="list-style-type: none"> • Bubbling or tingling feeling in the joint • Feeling of warmth in the joint • Swelling of the joint • Decrease in ability to move a joint • Pain or tenderness in joint | <ul style="list-style-type: none"> • Gradually intensifying pain • Limitation of movement of an arm or leg • Numbness or loss of sensation of a joint • The muscle feels tight and swollen |
|--|--|

| IF YOU SEE THIS | DO THIS Never send student anywhere alone!!!! | TIME <i>Initial</i> |
|---|---|------------------------|
| ANY OF THE ABOVE SIGNS and SYMPTOMS or BLOWS to the HEAD or STOMACH or following an injury | 1. Treat all minor cuts and scrapes with standard first aid procedures and observe to make sure bleeding stopped. 2. For blows to the head or stomach, send student to office for observation. 3. Apply ice to all injuries. 4. Monitor student's ability to follow safety rules and use protective equipment and padding, if indicated. CALL PARENT on all injuries. If possible, adult stay with student, reassure, and watch student closely for ANY PROGRESSION OF SYMPTOMS. | |
| INCREASE OF SYMPTOMS Or INJURY IS SEVERE | CALL 911 | |

Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.

The following **staff members** are trained to deal with an emergency, and initiate the appropriate procedures:

1. _____ 2. _____ 3. _____

Registered Nurse's Signature Date Student's Signature Date

Parent/Guardian Signature Date Primary Health Care Provider's Signature Date

Wellpinit School District

Episode of Bleeding at School Record

Student's Name: _____ Date: _____

Parent/Guardian Name _____

Physician advising care of Bleeding Episodes: _____ Phone: _____

1. Briefly describe what happens with a bleeding episode:
2. When was the last time your child had a bleeding episode?
3. What treatment or medication has your physician recommended?
4. Are there activities or circumstances that will likely cause a bleeding episode?
5. How do you want the school to treat an episode of bleeding if it should occur at school?

COMMENTS:

Signature of Parent/Guardian _____