



# Blessed Sacrament School

## Health Services

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### HEMOPHILIA ACTION PLAN

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ DOB: \_\_\_\_\_

Asthmatic:  Yes  No (increased risk for severe reaction) Severity of reaction(s): \_\_\_\_\_

Mother: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Father: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ 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 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 Hemophilia Emergency Action Plan?  
\_\_\_\_\_

If special accommodations are necessary, please notify the school nurse or the main office  
The principal or school nurse will contact you if documentation of medical condition by physician is required.

**PLEASE NOTE:** If medication is to be taken at school, a **Medication Authorization Form** must be completed by parent and physician and kept at the school. Please contact the school nurse or the main office to request one. This form is to be completed every year.



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### HEMOPHILIA EMERGENCY ACTION PLAN

Hemophilia is a hereditary disease characterized by bleeding episodes that are either spontaneously or traumatically induced. Each type of hemophilia is caused by 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
- JOINT AND MUSCLES ARE MOST COMMON BLEEDING SITES
  - ANY BLEEDING IN THE HEAD AND NECK AREA IS A MEDICAL EMERGENCY UNLESS IT IS A NOSEBLEED

**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.
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.  
Transport to \_\_\_\_\_ Hospital, as necessary.
9. Additional instructions: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date