

HORTONVILLE AREA SCHOOL DISTRICT

HEALTH SERVICES- BLEEDING DISORDER ACTION PLAN

Child's full name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Phone number: _____ Secondary number: _____

Parent/Guardian's Name: _____ Phone number: _____ Secondary number: _____

Other Emergency Contact: _____ relation: _____ phone number: _____

Treating Physician: _____ Phone number: _____ Fax number: _____

Significant Medical History: _____

Student
Photo Here

Type of Bleeding Disorder:

Hemophilia A

Mild Moderate Severe

Hemophilia B

Mild Moderate Severe

Von Willebrand

Type 1 Type 2 Type 3

Factor II

Factor V

Factor VII

Factor X

Factor XII

Other: _____

Indicators for Staff Intervention:

- Painful, swollen joints
- Swelling in the leg or arm (especially knee or elbow when bleeding)
- Inability to move body part
- Bruises with raised, tender, enlarged areas
- Excessive bleeding from minor cuts
- Spontaneous nose bleeds, uncontrolled by first aide
- Blood in urine
- Head or throat injury
- Severe blow to the body
- Report by student that there is a bleed
- Indicators specific to the student: _____

Emergency Bleeding Disorder Medications:

<u>Medication:</u>	<u>Dose (mg, mcg):</u>	<u>Route:</u>	<u>When to use:</u>

Activity limitations/ restrictions for this student: _____

First Aide:

1. Control the bleed by applying pressure to the site for 10-15 minutes. Keep limb elevate. DO NOT REMOVE PRESSURE.
2. Administer ordered medications, if available.
3. Notify Parents
4. Allow child to rest
5. Notify District Nurse

Call 911 if student has the following:

- Bleeding is uncontrolled
- Bleeding is in head or neck region (except nosebleeds)
- Severe pain
- Slow or rapid breathing
- Severe swelling of joints or injury site
- Weak or rapid pulse
- Shock: pale/ cool skin, blue/ grey color to skin, lips, or ears

District Nurse Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

Physician/HCP Signature: _____ Date: ___/___/___