



# Individual Health Plan Hemophilia

Student Photo

Name:	Birth Date:
Hemophilia program/Numbers:	
Doctor	Contact #

**Symptoms:**

<b>Internal bleeding</b>	<b>Child reports having a joint bleed; c/o tingling, bubbling pain, stiffness, or 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; limps or refuses to use a limb; may have no history. Complains of abdominal pain, severe headache or fever.</b>
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## Health Care Provider to Complete

- No**, this condition is not life threatening. No intervention is needed at this time.
- No**, this condition is not life threatening. Accommodations needed (see below).
- Yes**, this is a life threatening condition. An action plan is needed (see below).

**Give first aid as you would with any other child for minor external bleeding, typical nose bleed, laceration requiring stitches: apply direct pressure and ice for 5 to 20 minutes**

**Action Plan:** If sending student with a blow to head, neck, or abdomen, send with an escort

<b>If s/s of internal minor bleeding</b>	<b>If oozing from a cut in the mouth or around a tooth</b>	<b>If blow to the head, neck or abdomen</b>
<ul style="list-style-type: none"> <li>Contact parent for instructions</li> <li>While waiting for parents keep child still to avoid further injury</li> <li>Apply ice and elevate the affected body part</li> </ul>	<ul style="list-style-type: none"> <li>Put on gloves</li> <li>Apply ice compress w/firm, continuous pressure for 20 minutes</li> <li>Wet tea bag applied around tooth</li> <li>No response, call parent</li> </ul>	<ul style="list-style-type: none"> <li>Contact parents immediately</li> <li>If unable to reach parents, call hemophilia center or child's Dr</li> <li>If neither the Dr, nurse or parents can be reached, call 911</li> </ul>

**Further instructions from HCP:** (*classroom, school bus, field trips, disaster etc.*)

**Classroom Information/Accommodations (as needed):**

- Bruising common

**\*Store factor at school for parental use or to go with 911 responders if needed**      **yes**      **no**

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature