

**Mecklenburg County Health Department
School Health Program**

HEMOPHILIA EMERGENCY ACTION PLAN Name: _____

School: _____ Year: _____ Grade: _____ Date of Birth: _____ Allergies: _____

Homeroom Teacher: _____ Room: _____ Student ID #: _____

Parent/Guardian: _____ Ph. (H): _____

Address: _____ Ph. (W): _____

Parent/Guardian: _____ Ph. (H): _____

Address: _____ Ph. (W): _____

Emergency Phone Contact #1: _____

Name

Relationship

Phone

Emergency Phone Contact #2: _____

Name

Relationship

Phone

Physician treating student for hemophilia: _____ Phone: _____

Other Physician: _____ Phone: _____

Preferred Hospital: _____

EMERGENCY PLAN

(Fill in blanks, cross out and initial any steps not needed for this student.)

1. External bleeding for a cut or scrape:

- Gently clean with soap and water
- Apply firm gentle pressure until bleeding stops
- Apply a clean dressing
- Other: _____

2. Deep cut that may require stitches:

- Apply firm gentle pressure to control bleeding with a clean dressing
- Attempt to elevate the cut area above the heart level
- Contact parent/guardian, call 911 if necessary
- Other: _____

3. Blow to head, neck or abdomen:

- Contact parent/guardian immediately, call 911 if necessary
- For an obvious bump that is swelling apply gentle pressure and an ice pack (Apply intermittently to area for no more than 10 minutes each interval)
- Other: _____

4. Nosebleed:

- Have student sit straight with head upright
- Apply firm continuous pressure for 20 minutes (by the clock!)
- If bleeding has not stopped after 20 minutes, call the parent/guardian for further instructions or 911 if necessary
- Other: _____

5. Oozing from a cut in the mouth or tooth:

- Apply ice compresses with firm continuous pressure for 20 minutes
- A wet tea bag can be applied around the tooth or over the socket
- If no improvement, call parent/guardian
- Other: _____

6. Student reports a bleeding episode:

- Signs may include: tingling, bubbling pain, stiffness of joints or decreased motion in any limb, limping, area swollen or hot to touch
- Contact the parent/guardian for instructions, or call 911 if necessary
- While waiting for the parent/guardian, keep the student still to avoid further injury
- If possible, apply an icepack to the area and elevate the body part (if this is an arm or leg.)

Daily Management Plan:

1. Does your child wear a “Medic Alert”? Yes No
(This is highly recommended)

2. What medication is child currently taking?

Name: _____ Amount: _____ Time of Day: _____

Name: _____ Amount: _____ Time of Day: _____

3. Is there any medication taken for pain? Yes No

Name: _____ Amount: _____ Time of Day: _____

4. Are there activities that your child CANNOT participate in? _____

*** PLEASE NOTE: If medications are to be taken at school, a Medication Authorization form must be completed by the parent and physician and kept at the school.**

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

This information will be shared with appropriate school staff unless you state otherwise.