Every child. Every day.
Mooresville
GRADED SCHOOL DISTRICT

HEMOPHILIA EMERGENCY ACTION PLAN

NAME: _____ **Date of Birth:** _____

School: _____ **Grade:** _____ **Homeroom Teacher:**_____

Contact Information:
Parent/Guardian: _____ **Telephone # (w)** _____
Address: _____ **Telephone # (h)** _____
Emergency Contact: _____ **Telephone #** _____

Physician Treating Student: _____ **Telephone #** _____
Other Physician: _____ **Telephone #** _____

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. **Injury to the head, neck, or abdomen:**
   - **Contact parent/guardian immediately, call 911 if necessary**
   - **Apply gentle pressure and an ice pack (intermittently for no more than 10 minutes each interval) to an area with obvious swelling**
   - **Other:** _____

4. **Nosebleed:**
   - **Position student in a sitting position with head upright**
   - **Apply firm continuous pressure for 20 minutes (by the clock!)**
   - **Call parent/guardian if bleeding has not stopped after 20 minutes, or call 911 if necessary**
   - **Other:** _____

5. **Oozing form a cut in the mouth of tooth:**

- **Apply ice compresses with firm continuous pressure for 20 minutes**
- **Call parent/guardian if no improvement**
- **Other: _____**

6. **Student reports a bleeding episode (tingling, bubbling pain, stiffness of joints or decreased range of motion in any limb, limping, area is swollen or hot to touch):**

    - **Contact the parent/guardian for instructions or call 911 if necessary**
    - **Keep student still to avoid further injury while waiting for the parent/guardian**
    - **Apply an ice pack to the area and elevate the body part (arm or leg) if possible**

Daily Management Plan

1. **Daily medication:**

    Name of medication: _____ Dosage: _____ Time(s) of day: _____

    Name of medication: _____ Dosage: _____ Time(s) of day: _____

    Name of medication: _____ Dosage: _____ Time(s) of day: _____

2. **Pain Medication:**

    Name of medication: _____ Dosage: _____ Time(s) of day: _____

3. **Has this student ever been hospitalized for this medical condition? Yes _____ No _____**

    If yes, when? _____

4. **Does your child wear a "Medic Alert"? Yes: _____ No: _____**
   (This is highly recommended.)

5. **This student CAN NOT participate in the following activities:**

_____

Please note: If medications are to be taken at school, a Medication Authorization form must be completed by a parent/guardian and a physician.

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Review Date: _____

THIS INFORMATION WILL BE SHARED WITH APPROPRIATE SCHOOL STAFF UNLESS OTHERWISE STATED.