Sickle Cell Anemia Emergency Action Plan

Student	Date of Birth	Parent/Guardian
Date		Phone Number
Grade		Parent/Guardian
Teacher	School Year	Phone Number
Transportation to and from school Bus Car Walk		Bus #
Name of Physician		Physician's Phone number

Description: Sickle Cell anemia is a disease inherited from parents that causes red blood cells to take on an abnormal "sickle" shape. These blood cells cannot pass through small blood vessels and do not carry oxygen as well. Limited blood supply and oxygen to the organs and extremities can cause pain crisis.

If you see this	Do this

Pain in any part of the body/severe generalized pain
Swelling in the joints
Fever over 99 degrees F
Headache
Change in alertness or confusion, difficult to arouse
Jaundice-yellow color to whites of eyes
Breathlessness, rapid pulse
	• Give medication if ordered.
	   •Medication:_____
	   Attach completed/signed Medication Authorization Form
	• Encourage fluids
	• Call parent/guardian
	• Call 911 as needed-If parent cannot be reached,

Fatigue/exhaustion	• Allow to rest
Daily • To prevent dehydration • To dilate blood vessels • To prevent fatigue/exhaustion	• Encourage fluids, may keep at desk. Bathroom privileges as needed. • Keep warm so blood vessels do not constrict • Allow rest as needed
Signs of crisis for this student • _____ • _____ • _____ • _____	**Please answer the following questions:** Sickle cell ____ anemia ____trait (check one) Medications taken at home:_____ _____ _____ Antibiotics taken:_____ Number of crisis per year:_____ Last hospitalization:_____ Spleenectomy ____ yes ____no if yes, age____ Activity restrictions ____yes ____no If yes, please list:_____ _____

Does your child understand sickle cell anemia? ____yes ____no

Does your child manage his/her disease on a daily basis? ____yes ____no

What medications are taken daily? _____

Does you child have any side effects from medications taken? Please list _____

What steps should be taken if you child experiences pain? _____

Are there any stressors or activities that bring on the pain crisis? _____

Other significant information_____

Parent/Guardian's Signature_____   Date_____

Nurse's Signature_____   Date_____