*Office of the School Nurse*
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# Sickle Cell Anemia Action Plan

Student Name: _____ Date of Birth:_____
School: _____ School Year: _____ Grade:_____
Allergies: _____ Teacher:_____
Parent/Guardian (1):_____ Phone:_____
Parent/Guardian (2): _____ Phone:_____
Emergency Contact (1): _____ _____ Phone: _____
Name Relationship
Emergency Contact (2): _____ _____ Phone:_____
Name Relationship
Physician treating Sickle Cell: _____ Phone:_____
Other Physician: _____ Phone: _____

**Emergency Plan:** (Fill in blanks, cross out and initial any steps not needed for your student)

1. Early Warning Signs of Crisis:
   - Joint pain, swelling or warmth in joint
   - Fatigue
   - Fever (over 101)
   - Headache
   - Onset of pale color (pale fingernail beds, tissue around eyes)
   - Other: _____
2. Steps to take if early warning signs occur:
   - Allow to rest
   - Encourage fluids
   - Contact parent/guardian
   - Other: _____
3. Emergency action is necessary when the student has symptoms such as:
   - Severe generalized pain
   - Severe headache
   - One sided weakness, slurred speech
   - Abnormal behavior
   - Difficulty waking up, listless
   - Sudden significant cough
   - Abdominal swelling, abdominal pain
   - Other: _____
4. Steps to take during a Sickle Cell crisis:
   - Contact parent/guardian
   - Encourage fluids, if alert
   - Call 911 and transport to _____ Hospital
   - Other: _____

**Daily Management Plan**:

1. Does your child wear a "Medic Alert" bracelet? YES or NO
   Highly recommended

2. List Medications:

| Name | Amount | Frequency |
|---|---|---|
| | | |
| | | |
| | | |

3. Does your child take any medication for pain? YES or NO

| Name | Amount | Frequency |
|---|---|---|
| | | |

4. Are there activities that you child **CANNOT** participate in?

_____
_____
_____

5. Are there activities that bring on a pain crisis? Please describe:

_____
_____
_____

6. Has your child ever been hospitalized? If so, when/why?

_____
_____
_____

**Please note: If medications are to be taken at school, a Moore Public Schools Medication Consent form must be completed for each medication, and the form must be signed by the parent/guardian and the treating physician.*

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

**Individual Health Plan (IHP):**

Nursing Diagnosis 1:
Risk for peripheral neurovascular dysfunction related to sickle cell crisis
Goals:
The student will attain and maintain adequate hydration. The student will assist in preventing/decreasing the number of painful sickle cell events. The student will assist in developing and implementing an action plan, including an emergency care plan for life threatening symptoms. The student will participate in regular school/class activities, including physical education, with modifications made as necessary.
Nursing Interventions:
Discuss with the student: - Importance of participating in class activities and physical education as much as possible -Importance of advising adult of overexertion from activity intolerance -Importance of advising adult of heat or cold intolerance due to thermoregulation problems - Responsibilities for fluid intake and appropriate use of restroom privileges - Symptoms that he/she should report to appropriate adult for further.
Expected Outcomes:
The student will recognize his/her warning signs of a sickle cell event and stop activity. The student and staff will be knowledgeable about precautions and activities to avoid. Student and staff will be aware of required fluids and reasons for them. The student will maintain adequate hydration as defined in the prescribed health maintenance plan.

Nursing Diagnosis 2:
Deficient knowledge related to cause, treatment, and diagnosis of sickle cell disease
Goals:
The student will assist in preventing/decreasing the number of painful sickle cell events. The student will demonstrate age-appropriate knowledge of diagnosis, symptoms, prescribed interventions, and medication.
Nursing Interventions:
Provide health education opportunities for student and staff related to: - What is sickle cell disease - How is sickle cell transmitted - What are signs and symptoms of sickle cell disease - What can be done to reduce the risk of some of these problems - What to do when symptoms occur
Expected Outcomes:
The student will define what sickle cell disease is (at a developmentally appropriate level). The student will list his/her risk factors. The student will list his/her preventive measures. The student will list his/her warning signs of a sickle cell event.