

SICKLE CELL DISEASE

Health Management Plan

SCHOOL YEAR: _____

STUDENT NAME:	DOB:
SCHOOL:	STUDENT ID:

Parent/Guardian	Parent/Guardian
Phone:	Phone:
Phone:	Phone:
Emergency Contact:	
Name:	Phone:
Physician:	Phone:
Hospital Preference:	

BASIC INFORMATION: Sickle Cell Disease is an inherited blood disorder causing red blood cells to become hard, sticky, and sickle shaped. These sickled cells tend to get stuck in blood vessels which blocks blood flow and can lead to extreme pain and organ damage. The sickling of red blood cells is aggravated by infections, extreme hot or cold temperatures, and not drinking enough water. Normal red blood cells live ~120 days; sickled cells live 10-20 days resulting in chronic anemia, increasing the student's risk of infection.

History: _____

Last Hospitalization: _____ **Last Blood transfusion:** _____

Current Medications:

MANAGEMENT FOR SCHOOL:

- Medication (as provided by parent/guardian): _____
- Hydration and liberal restroom privileges
- Avoid temperature extremes
- Avoid physical exhaustion
- OTHER: _____

<u>SYMPTOMS:</u>	<u>ACTION:</u>
FEVER	Contact parent/guardian
PAIN	Check for a fever. Contact parent/guardian. Administer pain medication provided by the parent/guardian. Warm compress if provided by the parent/guardian. DO NOT USE ICE PACK!
DIFFICULTY BREATHING (shortness of breath, wheezing, persistent cough, or chest pain)	Call parent/guardian. Inhaler as directed (provided by parent/guardian) If severe, call 911
SIGNS OF STROKE: Severe headache, F.A.S.T. (Facial droop, Arm weakness, Speech difficulties, Time it started)	Call 911 Call parent/guardian

School Clinic: Copy of plan to be provided to Transportation Supervisor

PARENT/GUARDIAN SIGNATURE DATE

CLUSTER NURSE SIGNATURE DATE

Information about students and family is strictly confidential.

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