

HEMOPHILIA INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____
School: _____	Grade/Teacher: _____	
HEALTH CONCERN – _____: When blood cannot clot properly and excessive bleeding can occur (internal and external) after an injury or damage.		

SIGNS & SYMPTOMS OF BLEEDING:

- Obvious external bleeding.
- Obvious signs of discomfort or pain – swelling doesn't always occur.
- Area of pain which is warm to the touch. Muscles in effected area may be tight and tender to touch.
- Decreased range of motion, stiffness, unable to bend, or restricted use. Arm/leg in abnormal position.
- Student may report a tingling or other sensation like numbness.

EMERGENCY CARE PLAN

- Minor injuries such as small cuts, abrasion, nosebleeds and mouth bleeds are usually not serious but must be attended to promptly, and monitored to ensure bleeding has stopped.
- Use **lots of ICE** early on for any injury
- Use RICE: **Rest, Ice, Compression & Elevation** for bumps, bruises, or muscle soreness.
- Call parents whenever STUDENT is injured at school – bumped, cut or bruised.
- Though a bump may seem minor, the internal bleed can show up later. **ICE all bumps.**
- Ask STUDENT “when was your last injection*?” when he is injured. ***(factor 8 Advate given at home)**
- For periodic mouth or oral bleeding **Amicar liquid** medication is on hand at school
- For breakthrough bleeding or injury, treat with injectable medication **Advate**. This can be administered by RN, STUDENT, parent or emergency medical responders

If unable to reach parent, call Bloodworks N.W. 206-292-6507 and ask to speak with a hemophilia nurse specialist

CALL 911:

- For head injury with loss of consciousness
- For breathing trouble due to neck trauma. Internal bleeds to neck area can be serious.
- If a fracture is suspected
- If parent cannot be reached and there has been a blow to the head, neck or abdomen

Licensed Health Care Provider's signature: _____ <small>Signature authorizes medication for length of school year</small>	Date: _____	Phone: _____
	School year: _____	Fax: _____
I accept this Individual Health Plan. My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.		
Parent/Guardian signature: _____	Date: _____	Phone: _____

INDIVIDUAL CONSIDERATIONS

Parent: If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child's medication and health care needs.

Classroom: Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: Medication, supplies, and IHP will accompany student during any off-campus activity

Transportation: Bus-Transportation will be informed of the student's Individual Health Plan

Other: RN will notify teachers, specialists, recess staff, and other staff of student's IHP

School Nurse:	, RN	Email:	@bsd405.org	Phone:	425-456-
				Fax:	425-456-

Updated 4/2020