

Washington Elementary School
Individualized Health Care Plan
Hemophilia

Name: _____
Age: _____ Gender: _____
Grade: _____ Rm: _____ Teacher: _____
School Year: _____

Parent/Guardian: _____
Home: _____

Mother: _____
Cell: _____
Work: _____

Father: _____
Cell: _____
Work: _____

Other Emergency Contact: _____
Home: _____
Cell: _____
Work: _____

Other Emergency Contact: _____
Home: _____
Cell: _____
Work: _____

Physician: _____
Phone #: _____
Fax #: _____

Hemophilia/Von Willebrand Disease (VWD) is a bleeding disorder that tends to bleed longer than normal but does not bleed any faster. These are life long conditions with no cure, but with proper medical care, he/she can have a normal life. He/she has a prolonged bleeding time, because one of the thirteen clotting factors in his/her blood is defective or inactive. As a result, a strong clot does not form and bleeding can continue. These bleeds are usually the result of injury but can happen spontaneously as well.

Action Plan:

- He/she should avoid injury and medications that promote bleeding (ie. Aspirin).
- Treatment for small cut is the same as any person. The injured vessel constricts and platelets form a plug. The difference is the formation of a strong clot. Helped by pressure and bandages, these defenses are usually enough to stop bleeding from a small cut or scrape.
- More severe bleeding should be treated by (given by the nurse)

Medication: _____

It is important to treat as soon as possible to prevent damage to the joint, muscle, or organ.

The child's parent/guardian should be alerted if treatment is needed. Usually parents are trained to administer the missing "factor". They are to start an IV using a butterfly infusion needle, and give the factor necessary for clotting. The student will probably return to class in 15 - 30 minutes, or as per parent's discretion. The child should avoid any strenuous activity for about 24 hours.

Symptoms:

Child reports having a joint pain; tingling, bubbling pain, stiffness, or decreased motion in any limb; part of the body (usually joint) swollen or hot to touch; appears to be favoring an arm or leg more than usual; limps or refuses to use a limb; complains of abdomen pain, severe headache or fever.

Problem: Bleeding, spontaneously or from injury

Goal: To recognize signs and symptoms of bleeding

Recognize signs and symptoms:

- ✓ A Forceful blow, especially, any blow to the head, neck or throat.
- ✓ The states he/she is bleeding.
- ✓ Blueness or a change in skin color
- ✓ A feeling of warmth in his joint. Pain, swelling or limited movement are late signs of bleeding into the joint.
- ✓ A minor cut or bruise rarely needs to be treated with factor.

Nursing Action/Plan:

For spontaneous bleeding or from injury:

1. Apply firm pressure and ice to the site
2. Call parents at _____

For small cut or scrape:

1. Cleanse the area with soap and water. Apply a firm pressure
2. Apply a clean bandage.
3. Observe for 20 minutes. If the bruise has a lump or the bleeding continues, call parents.

For nose bleeds:

1. Have the child sit down.
2. Apply firm pressure by pressing both sides of the nose together. It may take between 5 to 20 minutes of uninterrupted pressure to stop the bleeding
3. If bleeding continues longer than 20 minutes, call the child's parent.

For bright red or cola colored urine:

1. Alert the child's parent.
2. If the child can drink, have him/her drink fluids to flush the kidney or bladder.

Call parent if the following occurs:

1. Coughing up or vomiting fresh or dark brown material
2. Stomach pain with weakness or paleness.
3. Any injury near the eye, changes in vision or complaining of pain.
4. Any injury to the head, change in personality, change in level of consciousness, stiff neck, headache, forceful vomiting.
5. Any evidence of bleeding should not be taken lightly.

Additional instruction by Physician:

ACTIVITY:

Gym: _____

Recess : _____

1 : 1 supervision : _____ **Yes** _____ **No.**

Field trips : _____

Physician Name: _____

Signature: _____

Date: _____

Parent Name: _____

Signature: _____

Date: _____

Date Reviewed with Parent: _____

Nurse Signature: _____