

Bracken County Health Department

Individualized Health Care Plan – Bleeding Disorder

Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician treating bleeding disorder: \_\_\_\_\_ Phone: \_\_\_\_\_

Other physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY PLAN**

- 1. External bleeding from a cut or scrape:**
  - Gently clean with soap and water
  - Apply firm gentle pressure until bleeding stops
  - Apply a clean dressing
  - Other \_\_\_\_\_
- 2. Deep cut that may require stitches:**
  - Apply firm gentle pressure with a clean dressing.
  - Elevate the cut above heart level
  - Contact parent/guardian, call 911 if necessary
  - Other \_\_\_\_\_
- 3. Blow to head, neck, or abdomen:**
  - Contact parent/guardian immediately, call 911 if loss of consciousness
  - For an obvious bump that is swelling, apply gentle pressure and an ice pack – 10 min. on and 10 min. off
  - Other \_\_\_\_\_
- 4. Nosebleed:**
  - Have student sit straight with head upright
  - Apply firm continuous pressure for 20 minutes
  - If bleeding has not stopped after 20 minutes, call parent/guardian for further instructions or 911 if parent cannot be reached.
- 5. Oozing from a cut in the mouth or tooth:**
  - Apply ice compresses with firm continuous pressure for 20 minutes.
  - A wet tea bag can be applied around the tooth or over the socket.
  - If no improvement, call parent/guardian
- 6. Student reports a symptom suspicious of a bleeding episode:**
  - Signs usually include: tingling, bubbling pain, stiffness of joints or decreased motion in any limb, limping, area is swollen or hot to the touch
  - Contact the parent/guardian for instructions or 911 if parent can not be reached.
  - Keep the student still to avoid further injury
  - If possible, apply an ice pack to the area and elevate the body part.

### General Information About Hemophilia

Hemophilia is the most common and most serious congenital coagulation disorder. It is characterized by excessive bruising from minor trauma. Persistent bleeding, sometimes for hours or even days, may result from small cuts or scrapes. Bleeding may occur in the joints resulting in pain, swelling, and limited movement. Spontaneous bleeding from the kidneys may occur. Intracranial bleeding may be a life-threatening emergency. Prevention of trauma is key in the care of hemophiliacs.

### General Information About Von Willebrand Disease

VWD is a bleeding disorder that tends to bleed longer than normal but does not bleed any faster. This is a lifelong condition 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.

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### Daily Management Plan

- Student wears a "Medic Alert Bracelet" \_\_\_Yes \_\_\_No
- Current Medications: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- Date of last hospitalization for bleeding episode: \_\_\_\_\_
- Activities the student CANNOT participate in: \_\_\_\_\_ (MD documentation required)
- 1:1 Supervision needed: \_\_\_Yes \_\_\_No
- Field Trips: \_\_\_\_\_
- Comments/Additional Information \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care plan discussed with parent: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Update/Changes:

K: \_\_\_\_\_ 3: \_\_\_\_\_ 6: \_\_\_\_\_

1: \_\_\_\_\_ 4: \_\_\_\_\_ MidSch: \_\_\_\_\_

2: \_\_\_\_\_ 5: \_\_\_\_\_ High Sch: \_\_\_\_\_

# Emergency Action Plan (OTHER Condition)

Child's NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School: \_\_\_\_\_ Teacher / Homeroom: \_\_\_\_\_

Health Care Provider's NAME:

Phone:

Address:

Date Last Seen:

Hospital of Choice:

What type(s) of MEDICAL CONDITION(s) does your child have?

Describe condition and any symptoms that school staff need to be aware of that may be signs that the student is having difficulty:

Any special needs or adaptive or safety equipment (i.e., helmet) needed at school?

Other information or instructions:

Person Interviewed: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_