Sickle Cell Disease

Individual Health Care Plan

Demographic Information

Student Name:	Birth Date:
School:	Grade:
Guardian Name:	Home Telephone:
Address:	Work Telephone:
Cell Phone:	Email:
Diagnosis:	Secondary Diagnoses:
Current Medications/Treatments:	

I. Need/Problem: *Sickle Cell Pain Episode*

Goal: *Prevent and manage pain*

Plan of Action:

A. Send student to health care office for any complaints of headaches and pain in any part of the body (examples: hands, feet, arms, legs, back, stomach, chest).

B. **Avoid applying ice packs to injuries or pain sites.**

C. **For minor pain:**

1. Apply heating pad to the area.
2. Provide mild pain medication (ibuprofen, acetaminophen).
3. Hydrate the student.
4. Allow student to rest.
5. Notify parent.

D. **For moderate to severe pain:**

1. Apply heating pad to the area.
2. Provide opioid pain medication, if available (hydrocodone, oxycodone, etc.)
3. Hydrate the student.
4. Notify parent for pick up.
5. If unable to reach parent, call student's hematologist.

E. **For headaches:**

1. Administer the F.A.S.T Test*

**** If the answer to F, A, <u>or</u> S is 'NO', then call 911 immediately.***

- Facial Weakness — Can the student smile and keep both eyelids open? Please call 911 if the smile isn't symmetrical or if any eyelid drooping is noted.*
- Arm — Can the student raise both arms above shoulder height?*
- Speech problems — Can the student speak clearly and understand what you say?*
- Time — Dial 911 for an ambulance.

2. Call parent immediately.
3. If unable to reach parent, call student's hematologist.

F. **Priapism (unwanted painful erection):**

1. Apply heating pad to the area.
2. Provide mild pain medication (ibuprofen, acetaminophen).
3. Hydrate the student.
4. Call the parent immediately if the erection does not go down within 30 minutes.

II. Need/Problem: *Acute Chest Syndrome*

Goal: *Immediate identification of Acute Chest signs and symptoms and treatment*

Plan of Action:

A. **For chest pain, persistent coughing, wheezing, difficulty breathing, fever and symptoms similiar to the flu:**
   1. Administer inhaler if available as directed.
   2. Call parent immediately.
   3. If severe, call 911.

III. Need/Problem: *Fever*

Goal: *Decrease hospitalization for severe infection*

Plan of Action:

A. **Fever of 101° or greater**
   1. Do NOT give fever reducers, like ibuprofen or acetaminophen.
   2. Call parent immediately.
   3. If you can't reach parent, call 911.

Modifications

The Student Needs/Requires	Yes	No
Extra set of books to keep at home		
Frequent bathroom and water breaks		
Length of assignments modified during periods of illness		
Extended time to complete classroom tests and quizzes		
Bathroom and clinic passes when needed		
Access to heating pad in nurse's office when needed		
Exemption from outdoor activities during periods of extreme temperature (<40F)		
Access to climate-controlled car or exemption from fire drills during periods of extreme temperature (<40F)		
Exemption from physical fitness tests		
Exemption and/or breaks from physical activities as needed		
Seating away from drafts and air conditioning ducts		
Access to coat or jacket, hat and gloves in school and during fire drills		
Permission to carry a water bottle in school and at recess		
Location of bus stop changed		
Prolonged or frequent absences; may require an attendance waiver		
Home Bound Services for _____Short Term _____Long Term _____Intermittent		
Referral for IEP		

School staff has received a letter from child's physician. This letter provides information for medical personnel should medical treatment be needed. ☐ YES ☐ NO

Sickle Cell Staff: _____ Date: _____

Parent/Guardian: _____ Date: _____

School Administrator: _____ Date: _____

School Nurse: _____ Date: _____

Teacher: _____ Date: _____

Physician's Signature _____ Date: _____

INDIANA HEMOPHILIA & THROMBOSIS CENTER, INC.