

**JACKSON R-2 SCHOOL DISTRICT
BLEEDING DISORDER ACTION PLAN**

Student name _____ Grade _____ Date of birth _____

The severity of the student's bleeding disorder is: Mild _____ Moderate _____ Severe _____

Current medications include: _____

Bleeding management will include:

- _____ calm student
- _____ initial splinting or rest of the affected area
- _____ direct pressure as warranted, without causing further injury
- _____ emergency medical services notification if bleeding cannot be controlled or increased swelling is apparent
- _____ parental notification of injury/disposition
- _____ other: _____

Pain management will include:

- _____ ice or ice gel pack to injured area
- _____ 1 – 2 or 3 (circle one), 325 mg. acetaminophen may be given every 4 hours for pain
- _____ 1 – 2 or 3 (circle one), 200 mg. ibuprofen may be given every 4 hours for applicable swelling/pain
- _____ physician prescribed pain medication: _____
- _____ anti-inflammatory nonsteroidal medications such as Naprosyn, Motrin, etc. (parent/student must provide): _____

Assess: paleness _____
 weakness _____
 lethargic _____
 faint _____
 L.O.C. _____
 swelling _____
 bruising _____

Are there any other instructions which you would like us to follow? _____

Parent/Guardian signature _____ **Date** _____

Person completing form: _____ **Parent** _____ **Physician:** _____

**JACKSON R-2 SCHOOL DISTRICT
BLEEDING DISORDER NEEDS ASSESSMENT**

Student's name _____ Date of birth _____

Students with a bleeding disorder may bleed longer because their bodies cannot make a firm blood clot. The school nurse plays a vital role in the assessment of each injury sustained by a student with a bleeding disorder. **Please answer the following questions to the best of your ability. If you desire a conference with the school nurse, please call for an appointment.**

How long has your child been diagnosed with a bleeding disorder? _____

Type of bleeding disorder: _____

Severity of disorder:

- _____ **Mild**; clotting factor activity level between 5 to 50% of normal; problems after major injuries or surgery
- _____ **Moderate**; clotting factor activity level greater than 1%, but below 5% of normal; occasional bleeding episodes after injuries
- _____ **Severe**; clotting factor activity level is less than 1 percent of normal; may have bleeding without apparent cause or with only slight injury

What measures are taken to control bleeding? _____

Are they on any type of medication to control bleeding? Yes _____ No _____ If yes, what? _____

Are they taking any factor therapy? Yes _____ No _____ If yes, how often? _____

Does the student have any joint swelling? Yes _____ No _____ Any limitation of movement? Yes _____ No _____

Does the student participate in all regular school activities, including P.E.? Yes _____ No _____

Does your child know what signs and symptoms to watch for? Yes _____ No _____ They are: _____

Are there any prevention or safety measures that the school needs to take? _____

Parent/Guardian Signature _____ Date _____

R.N. Signature _____ Date _____