



## Bleeding Disorder EMERGENCY ACTION PLAN

<b>Student:</b>	School Year
Date of Birth	Grade/Teacher
Parent/Guardian 1	Phone #
Parent/Guardian 2	Phone#
Physician	Phone#
Emergency Contact	Phone#
Preferred Hospital	

**Type of Bleeding Disorder:**

- Hemophilia A   
  Hemophilia B   
  Von Willebrand Type 1   
  Von Willebrand Type 2  
 Von Willebrand Type 3   
  Factor II, V, VII, X, XII (please circle one)   
  Other \_\_\_\_\_

**Daily Bleeding Disorder Medication**

Medication	Dose (amount)	Route	Time Given	School/Home

**Emergency Bleeding Disorder Medication**

Medication	Dose	Route	When to use	Where is it kept (health room/ student)

**Indicators for Staff Intervention:**

Painful swollen joints
Swelling in the leg or arm (especially knee or elbow when bleeding)
Inability to move body part
Bruises with raised, tender, enlarged areas
Excessive bleeding from minor cuts
Spontaneous nose bleeds, uncontrolled by first aid
Blood in Urine
Head or throat injury
Bleeding from inside or outside the mouth
Abdominal injury
Severe blow to the body
Report by student that there is a bleed
Indicators specific to This Student:

How often does he/she have bleeding episodes? \_\_\_\_\_

Body parts most commonly affected by bleeding episodes? \_\_\_\_\_

Activity limitations/restrictions for this student:

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**Steps School Personnel should take in the event of a bleed:**

1. Control the bleed by applying pressure to the site for 10-15 minutes. Keep limb elevated
2. Notify parent of bleed
3. Administer any ordered medication if available
4. Allow child to rest while waiting for parent
5. Child may resume activity after rest with parent authorization
6. If unable to reach parent or emergency contact, CALL 911

**Call 911 if the student has any of the following:**

- Bleeding is uncontrolled
- Bleeding is in head and neck region(except nosebleeds)
- No parent can be contacted
- Severe pain
- Slow & rapid breathing
- Severe swelling of joints or injury site
- Weak & rapid pulse
- Shock: pale/cool skin, bluish or grayish discoloration of lips, nails, finger tips or ear lobes

**Parent/Guardian Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Reviewed by School Nurse** \_\_\_\_\_ **DATE** \_\_\_\_\_

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