

**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:

- \_\_\_\_\_ clam 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?

\_\_\_\_\_

\_\_\_\_\_

Thank you for your assistance.

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 body 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