

Desoto County Schools Bleeding Disorder Care Plan

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Type of bleeding disorder: _____ Please describe: _____

Emergency Medication: _____ Place to be stored: _____

Activity limitations (if any): _____

Indicators for Staff Intervention (please check those that apply)

- | | |
|--|--|
| <input type="checkbox"/> Painful Swollen joints | <input type="checkbox"/> Swelling in arm or leg (especially knee or elbow) |
| <input type="checkbox"/> Inability to move body part | <input type="checkbox"/> Bruises with raised, tender enlarged area |
| <input type="checkbox"/> Abdominal injury | <input type="checkbox"/> Severe blow to the body |
| <input type="checkbox"/> Excessive bleeding from minor cuts | <input type="checkbox"/> Spontaneous nosebleeds, uncontrolled by first aid |
| <input type="checkbox"/> Head or throat injury | <input type="checkbox"/> Bleeding inside or outside of mouth |
| <input type="checkbox"/> Report by student that there is a bleed | <input type="checkbox"/> Other: _____ |

First Aid

1. Keep Calm. Allow student to rest either sitting or lying down
2. If unable to be moved, call for help and ask someone to bring a wheelchair and emergency medicine (if available) to room
3. Treat superficial bleeding with direct pressure for 5-10 min.; keep limb elevated
4. Trained staff to administer emergency medicine, if available
5. Call parent to make them aware
6. If bleeding does not stop, Call 911. Call 911 anytime you feel it is needed.

Emergency Indicators

Shock: pale/cool skin; grayish color lips, nails, fingertips, or ear lobes

Weakness

Weak rapid pulse

Shallow, rapid breathing

Severe pain

Restless, irritable

Altered level of consciousness

Severe swelling of joints or injury sites

Emergency Actions

1. Call 911
2. While waiting, keep injured limb elevated and hold pressure. Monitor breathing and pulse as CPR may be required
3. Call parent to make them aware

Parent Signature: _____ Date: _____

Emergency Contact Number: _____