



**SICKLE CELL DISEASE  
HEALTH MANAGEMENT PLAN**  
School Year: \_\_\_\_\_

<b>STUDENT NAME:</b>	<b>DOB:</b>
<b>SCHOOL:</b>	<b>STUDENT ID:</b>
<b>CONTACTS:</b>	
<b>MOTHER:</b>	<b>FATHER:</b>
<b>HOME:</b>	<b>HOME:</b>
<b>WORK:</b>	<b>WORK:</b>
<b>CELL:</b>	<b>CELL:</b>
<b>EMERGENCY CONTACTS:</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Phone:</b>
<b>PHYSICIAN:</b>	<b>PHONE:</b>
<b>HOSPITAL PREFERENCE:</b>	
<p>Sickle Cell Disease is an inherited blood disorder causing red blood cells to become hard, sticky and sickle shaped. Normal red blood cells live ~120 days, sickle cells live 10-20 days resulting in chronic anemia. When these cells go through small blood vessels they tend to get stuck and block the flow of blood. This blockage causes extreme pain and organ damage. The sickling of red blood cells is aggravated by infections, extreme hot or cold temperatures and not drinking enough water. These students are at greater risk of infection due to chronic anemia.</p> <p><b>History:</b> _____</p> <p>_____</p> <p>_____</p>	
<b>Last Hospitalization:</b>	<b>Last Blood transfusion:</b>
<b>Current Meds:</b>	
<b>MANAGEMENT FOR SCHOOL:</b>	
<p>Water bottle at desk (drink 5 cups at school or more)</p> <p>Liberal restroom privileges</p> <p>Avoid temperature extremes-(appropriate clothing for outdoor activities/drills)</p> <p>Avoid physical exhaustion-rest as needed during PE</p>	
<b>SYMPTOMS:</b>	<b>ACTION:</b>
<b>FEVER</b>	Contact parent if 100. If 101 and parent can not be reached go to ER
<b>PAIN</b>	Administer pain med. Contact parent. Check for fever. <b>DO NOT USE ICE PACK/COLD</b> (may use warm compress for pain relief)
<b>Wheezing, difficulty breathing or persistent cough, chest pain</b>	Call parent, use inhaler as directed. If severe call 911
<b>SIGNS OF STROKE: Severe headache, weakness on one side, facial asymmetry, difficulty swallowing, slurred speech</b>	Call 911 Call parent
Copy of this plan has been provided to Transportation Supervisor Yes <input type="checkbox"/> No <input type="checkbox"/>	

\_\_\_\_\_  
Parent Signature / Date

\_\_\_\_\_  
County School Nurse Signature / Date