

**SUMTER COUNTY SCHOOLS  
INDIVIDUALIZED HEALTH CARE PLANS**

**BLEEDING DISORDERS**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mom: Work \_\_\_\_\_ Cell: \_\_\_\_\_

Dad: Work \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Health Care Provider for "diagnosis": \_\_\_\_\_

Phone: \_\_\_\_\_

Hematologist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Type of hemophilia: \_\_\_\_\_
2. Severity of hemophilia: \_\_\_\_\_
3. How long has student been diagnosed with this disease? \_\_\_\_\_
4. Usual bleeding pattern - including last bleeding episode? \_\_\_\_\_
5. Usual results of bleeding episodes: \_\_\_\_\_  
\_\_\_\_\_
6. What measures should be taken to control bleeding after a cut or scrape? \_\_\_\_\_  
\_\_\_\_\_  
After a laceration: \_\_\_\_\_
7. What measures should be taken if student complains of tingling, bubbling pain, stiffness, or decreased motion of any limb with swelling that is warm to touch? Also, if the student is favoring one arm or leg more than usual, or limps? \_\_\_\_\_  
\_\_\_\_\_
8. What measures should be taken if the student suffers a blow to the head, neck, or abdomen? \_\_\_\_\_  
\_\_\_\_\_
9. Does the student require any special equipment? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please list and explain. \_\_\_\_\_  
\_\_\_\_\_
10. Are there any limitations to the student's activities? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please be specific and attach a physicians order. \_\_\_\_\_  
\_\_\_\_\_
11. Can the student feel when internal bleeding is occurring? \_\_\_\_\_ yes \_\_\_\_\_ no
12. Please list all medications taken by the student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

13. What measures should be taken in the case of a typical nose bleed? \_\_\_\_\_  
\_\_\_\_\_

14. In case of emergency:

If life threatening - call 911, notify the parents and principal. Send a copy of the IHP with the emergency personnel.

15. Other considerations:

16. Does the student have/wear medic alert bracelet or necklace or dog tags?

Yes \_\_\_\_\_ No \_\_\_\_\_

I have read and agree with the above Individualized Health Care Plan:

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

As parent/guardian by signing this Care Plan, I give permission for Sumter County Schools to share this information with the faculty and staff who are directly involved in my child's education and/or school health services.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: \_\_\_\_\_

By: \_\_\_\_\_