## HARRISON COUNTY SCHOOL DISTRICT SICKLE CELL DISEASE EMERGENCY ACTION PLAN

Plan valid for one school year

Student's Last Name:	First:		MI:	Date of Birth:	
Student's Address:		Phone Number:		School:	
				Grade:	
EMERGENCY CONTACTS					
Name/Relationship:		Emergency number:			
Name/Relationship:		Emergency number:			
Name/Relationship:	Emergency number:				
Physician's Name:		Phone number:			
Physician's Name:	Phone number:				
Medications:					
Precautions: 1. Fever 2. Strenuous exercise 3. Dehydration					
4. Infection 5. Exposure to extreme heat or cold					
Signs of Emergency: 1. Pain in any body part 2. Weakness 3. Pallor 4. Jaundice					
5. Swelling of joints or 6. Fatigue 7. Irritability 8. Frequent Urinatio					
tissues					
ACTIONS FOR SCHOOL STAFF TO TAKE					
IF YOU SEE THIS	DO THIS				
Pain in hands, feet, legs, back, chest, or abdom	Notify nurse, Notify parent to seek medical attention				
in level of pain	Administer medication as ordered				
·	Warm compress at the site, as tolerated				
	Rest until medication takes effect				
	Divert attention from pain, keep student calm				
Fever over 101 degrees	Notify nurse; Notify parent to seek medical attention				
Urinary frequency, urinary incontinence	Notify nurse				
	Allow access to restroom as needed				
	Encourage fluids; may need to carry water bottle				
Becomes overheated or chilled	Avoid extreme temperatures				
Participation in strenuous activity (NOTE: It sho	Rest when tired: Provide rest periods of at least 15 min with				
avoided or limited when possible)	every hour of activity when participating in_sports				
Sudden and severe headache:	Notify nurse; Not	Notify nurse; Notify parent immediately to seek medical			
	attention, limit activity				
If accompanied by the following signs and syn	Call 911				
Sudden change in vision, slurring speech, weakness in limb,					
change in mental status					
Cough, chest pain, fast or difficult breathing, fever		Notify nurse: Not	Notify nurse; Notify parent immediately to seek medical		
cough, enest pain, fast of annealt breathing, re	-	attention			
Blue lips and mouth		Call 911			
Pallor (nail beds, conjunctiva), lethargy		Notify nurse; Notify parent to seek medical attention			
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Swollen, painful abdomen, sweating, lethargy, weakness		Notify nurse; Not	Notify nurse; Notify parent, Call 911		
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Parent Signature	<del>-</del>	Date			
School Nurse Signature			D-+		
School Nurse Signature	Date				