

# Sickle Cell Anemia (SCA) Action Plan

## Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ ID # \_\_\_\_\_

## Emergency Information:

Mother/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Other emergency contacts:

1. \_\_\_\_\_

2. \_\_\_\_\_

## SCA Emergency Action

The following are symptoms of a painful episode:

- pain in the hands or feet
- bone pain in the arms, legs, back or chest
- abdominal pain

### CONTACT THE PARENT

These signs indicate the need to seek medical care:

- cough, pain in chest, fever, bone pain, hypoxia
- loss of balance, weakness in a limb or limbs on one side
- headache, visual disturbances, change in behavior, seizure
- pallor (nail beds, conjunctiva), lethargy

CONTACT THE PARENT/CALL 911 as needed (neurologic changes may indicate stroke)

*Pallor, weakness, lethargy, swollen painful abdomen, and perspiration is a medical emergency (symptoms of splenic sequestration) – CALL 911*

## Other:

- for vomiting & diarrhea contact the parent as dehydration can precipitate a painful episode
- physical activity may need to be modified (should avoid prolonged exertion)
- allow adequate fluid intake throughout the school day along with access to the bathroom
- reduce exposure to extreme hot or cold environmental temperatures, (ice is NOT to be used for injuries)!
- administer medication as prescribed by the physician– allow student to rest until medication takes effect
- reduce exposure to communicable disease

# Sickle Cell Anemia (SCA) Action Plan

## All current medications

Name of Medication	Dosage	Time

## Medication to be given at school (if any)

Name of Medication	Dosage	Time

Please include any other information that you would like the school nurse to know  
(for example: fluid requirements)

---

---

---

---

Are there any physical education limitations, for example with swim or the mile run?  
(to be completed by physician) \_\_\_\_\_

---

Completed by: \_\_\_\_\_  
(Physician's signature)

Acknowledged and Reviewed by: \_\_\_\_\_  
(Parent/Guardian signature)

Date: \_\_\_\_\_