

EMERGENCY ACTION PLAN

Sickle Cell Disease - Pain (Vaso-occlusive) crisis

Student Name:		DOB:	Grade:
Student Picture Building Health Offic	Contact Information: Parent/Guardian Name: Parent/Guardian Name: Emergency Contact: Additional Contacts:	Phone: Phone: Phone:	
A pain crisis is the oxygen they	when the blood vessels get blocked y need. This causes a pain crisis that A PAIN CRISIS MAY INCLUDE AN	by sickled red blood cells and can come on suddenly or buil	the tissues don't get
Are any of these signs and symptoms present? ✓ Pain or discomfort ✓ Headache (severe) ✓ Chest pain ✓ Bone/joint/ hip pain ✓ Upper left, abdominal pain ✓ Priapism (sustained, unwanted erection) ✓ Vomiting ✓ Swelling of hands or feet TREATMENT: Initiate care – do not delay treatment. Stop any activity. Accompany the student to the Health Office for treatment, if possible. Access assistance from the school nurse, if possible. Never apply ice.		 Medical Emergency - Contact the School Nurse ✓ Fever 101 degrees or higher ✓ Weakness or fatigue ✓ Weakness on either side of body ✓ Inability to speak ✓ Difficulty with memory ✓ Sudden or constant dizziness ✓ Blurred vision ✓ Changes in breathing, Difficulty breathing, fast rate or harsh noisy breathing ✓ Noticeable change in the color of the skin, lips, fingernails TREATMENT: For medical emergencies, If the school nurse is unavailable 911 should be called immediately and the student should be transported to the nearest emergency room. 	
		Preferred hospital: Doctor's Name: Phone:	
	e following care per healthcare provide		
Emergency Plan written by:		Date:	
Parent/Guardian Signature:		Date:	
The parent/guardian	signature authorizes the nurse to share t	his information with school staff o	on a "need to know" basis

The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis In the event of an emergency, care will be initiated and parents will be contacted.

This plan is in effect for the current school year only.

