



Place  
Student's  
Picture

### SICKLE CELL DISEASE ACTION PLAN

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_ School Year: \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_

#### **STEP 1: PREVENTION MEASURES**

- Allow child to stop exercises, physical activity without undue attention.
- 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
- Promote hand washing

#### **STEP 2: RECOGNIZE THE SYMPTOMS**

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
- Other: \_\_\_\_\_

**Contact the parent (s)/guardian (s)**

Other \_\_\_\_\_

#### **STEP 3: SEEK MEDICAL CARE**

Signs and symptoms that might indicate the student needs to seek medical care:

- Rapid heartbeat  Joint swelling  Headache  Increased jaundice  Severe pain  Fever
- Increased pallor  visual disturbances  cough  loss of balance  change in behavior
- Other: \_\_\_\_\_

**Contact the parent (s)/guardian(s) and call 911**

#### **STEP 4: EMERGENCY CALLS**

**If accompanied by following signs and symptoms, call 911. Call Emergency Contacts:**

- Pain Crisis  Sudden change in vision  slurring of speech  Weakness in limb  Change in mental status
- Seizure  Chest pain  Stroke  Difficulty breathing  lethargy

Emergency Contact (s)

Name/Relationship	Phone Number	Alternate Phone Number
1.	1.	1.
2.	2.	2.
3.	3.	3.

\_\_\_\_\_  
**Provider Signature & stamp**                      **Date**                      **Parent/Guardian Signature**                      **Date**