Hartland Lakeside School District

Bleeding Disorder Needs Assessment

Student's Name: ______________________________ Grade: _____ Date of Birth: ___________

How long has this child been diagnosed with a bleeding disorder? _______________________

Type of bleeding disorder: ____

Severity of disorder:

_______ **Mild:** clotting factor activity level between 5 to 50% of normal; problems after major injuries or surgery.

________ **Moderate**: clotting factor activity level greater than 1%, but below 5% of normal; occasional bleeding episodes after injuries.

_______ **Severe**: clotting factor activity level is less than 1% of normal; may have bleeding without apparent cause or with only slight injury.

What measures are taken to control bleeding? ____
____
____
____
____

Does this child take any type of medication to control bleeding?

Yes _____ No _____

If yes, what medication? ____

Is this child taking any factor therapy? Yes _____ No _____
If yes, how often? ____

Does this child have any joint swelling? Yes _____ No _____
Any limitation of movement? Yes _____ No _____

Can this child participate in all regular school activities, including gym?
Yes _____ No _____
If no, please list any limitations:

Bleeding management at school should include:

- _____ Calm student.
- _____ Initial splinting or rest of the affected area.
- _____ Direct pressure as warranted, without causing further injury.
- _____ EMS notification if bleeding cannot be controlled or if increased swelling is apparent.
- _____ Parental notification of injury.
- _____ Other:

Pain management at school should include:

- _____ Ice pack to injured area.
- _____ Acetaminophen for pain: _____ mg every 4-6 hours as needed.
- _____ Ibuprofen for pain/swelling _____mg every 6-8 hours as needed.
- _____ Other over-the-counter medication: ____________________________
- _____ Prescription medication: ____________________________________

Any additional instructions:

____

Primary physician:

Name: ____

Address: ____

____

____

Phone: ____

Doctor's Signature: ______________________________ Date: ________________

Parent's Signature: ______________________________ Date: ________________