

Desoto County Schools

Sickle Cell Anemia Emergency Plan

Student:	Parent/Guardian:
Date of Birth:	Home Phone:
School:	Work Phone:
Grade: Teacher:	Cell Phone:

Description: Sickle Cell Anemia is a disease inherited from both parents that causes red blood cells to take on an abnormal “sickle” shape. These blood cells cannot pass through small blood vessels and do not carry oxygen as well. Limited blood supply and oxygen to the organs and extremities cause pain crisis.

If you see this	Do this
Pain in any part of the body Swelling in the joints Fever over 99 Headache Change in alertness or confusion Jaundice- yellow color to white of eyes	<ul style="list-style-type: none"> • Give medication if ordered Medication: _____ <p><i>Attach completed medication form</i></p> <ul style="list-style-type: none"> • Call parent/guardian if no relief from medication or no medication to give • Call 911 as needed
Fatigue/ exhaustion	<ul style="list-style-type: none"> • Allow to rest
Daily – to prevent dehydration --to dilate blood vessels --to prevent fatigue/exhaustion	<ul style="list-style-type: none"> • Encourage to drink fluids- may keep at desk • Bathroom privileges as needed • Keep warm so blood vessels don't constrict • Allow to rest as needed
Signs of crisis for this student <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ 	<p><i>Answer the following questions</i></p> Sickle cell ___anemia ___trait (check one) Medications taken at home: _____ _____ _____ _____ Antibiotics taken _____ Number of crisis a year _____ Last hospitalization _____ Splenectomy ___ yes ___no Activity restrictions ___yes ___no (if yes, need explanation of physical limitations from doctor)

Does your child understand sickle cell anemia? ___yes ___no
 Does your child manage his/her disease on a daily basis? ___yes ___no
 Does your child have any side effects from medications taken? _____

Any comments or suggestions _____

Parent/Guardian Signature _____ **Date** _____

