

**Antelope Valley Union High School District**  
**Individualized School Healthcare Plan – Sickle Cell**

<b>Student:</b>	<b>DOB:</b>
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***School employees with student assignments will recognize the signs of illness and initiate the following health plan.***

**Nursing Diagnosis:**

- Risk for tissue injury related to impaired circulation.

**Student Health Goals:**

- Circulation will remain stable.
- Student will recognize & report awareness of impaired circulation
- Student will participate in school activities, with accommodations, to the fullest extent possible.

<b>Signs of illness</b>	<b>Interventions</b>
<ul style="list-style-type: none"> <li>• <b>Activity intolerance, weakness and fatigue</b></li> <li>• Painful sustained erection</li> <li>• Abdominal/chest pain</li> <li>• Difficult/labored breathing</li> <li>• Pain in joints, bones, extremities</li> <li>• Joint/extremity swelling or weakness</li> <li>• Sudden vision changes</li> <li>• Low-grade fever, 101 degrees F.</li> <li>• Bruising or bleeding under the skin if bumped, hit or falls down</li> <li>• Unusual headache, imbalance, difficulty with speech</li> <li>• Seizure</li> <li>• Note: Extreme heat, cold, windy or rainy conditions can trigger a crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with the student, keep student calm,</li> <li>• Have student rest either by lying down or sitting</li> <li>• Offer fluids</li> <li>• Monitor student’s neurological status (i.e. awake, alert, or becoming unconscious)</li> <li>• <b>NEVER USE ICE ON A STUDENT WITH SICKLE CELL ANEMIA!</b></li> <li>• Arrange transportation to Health Office with Security cart as needed</li> <li>• Notify parent / guardian</li> <li>• Note time of onset, location, intensity and quality of pain.</li> <li>• Be prepared to administer CPR if trained</li> </ul>

**Call 9-1-1 when:**

- **Severe or persistent pain and parents cannot be reached**
- **Difficult, painful, or absent breathing.**
- **Unconscious or unresponsive.**

<b>Schedule</b>	<b>Care Required</b>	<b>Location for Care</b>	<b>Care Given by</b>	<b>Training date</b>
As needed	Emergency care	Classroom Health Office	All adults with current CPR and first aid	Variable

**Date / Copy of ISHP Given**

Date Student	Date District Nurse	Date Teachers
Student’s Parents		

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

District Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_