

Mumford ISD

Hemophilia - Individualized Healthcare Plan

Date: _____ Revised Date: _____ Campus: _____ Grade: _____
 Student Name: _____ Student ID: _____ DOB: _____
 Physician Name: _____ Phone: _____ Fax: _____
 Emergency Contact: _____ Phone: _____ Email: _____
 Diagnosis: _____ Allergies: _____
 Campus Nurse: _____ BStrohRN _____ UAP: _____

Nursing Diagnoses	Nursing Intervention	Expected Outcomes/Goals	Goals Attained Evaluation
Risk for Bleeding	Assess for: -any signs of bruising/bleeding -prolonged bleeding after minor injury -any pain or swelling over entire body Apply manual or mechanical pressure if active bleeding is noted Educate student and staff on importance of reporting injuries or changes in behavior	-Free from Bleeding -In the event of unpreventable bleed, bleeding is assessed/controlled and the student is taken to appropriate level of care in a timely manner.	Not Attained: _____ In Process: _____ Goal Attained: _____
Risk for Injury	Assess for signs and symptoms of bleeding, including subcutaneous and intramuscular hemorrhage, oral and nasal bleeding, and petechiae. Advise non-contact sports and activities Educate student and staff on importance of reporting injuries or changes in behavior	-Free from injury -In the event of an unpreventable injury, the injury is assessed/controlled and the student is taken to appropriate level of care in a timely manner -Student demonstrates understanding of need to avoid activities that create high risk for injury	

Parent/Guardian Statement: I/We have read this plan and agree to its implementation: _____

Parent/Guardian signature

Date