



Mountain States Regional Hemophilia and Thrombosis Center

Mailing Address: P.O. Box 6507, Aurora, CO 80045-0507

Delivery Address: 13001 East 17th Place, Building 500, Room WG109, Aurora, CO 80010

Phone: 303-724-0724

Toll Free: 1-888-297-0724

Fax: 303-724-0947

Web: www.uchsc.edu/hemophilia

INDIVIDUALIZED HEALTHCARE PLAN

Basics of Bleeding Disorders and Care

For _____

Date _____

_____ has hemophilia/ von Willebrand disease (VWD). S/he tends to bleed longer than normal but s/he does not bleed any faster. These are life long conditions with no cure, but with proper medical care s/he can have a normal life. A person with a bleeding disorder will not bleed to death from a minor cut. A person with hemophilia/VWD has prolonged bleeding time, because one of the thirteen clotting factors in his /her blood is defective or inactive. As a result, a strong clot does not form and bleeding can continue. Bleeding into internal spaces such as joints, muscles, or organs is the major concern in hemophilia. These bleeds are usually the result of injury but can happen spontaneously as well.

- There are two types of hemophilia. Type A and B. The type depends on the clotting factor that is missing. There are thirteen clotting factors needed in the blood for normal clotting to occur. Type A hemophilia is missing factor VIII and type B is missing factor IX and is also called Christmas disease. _____ has type _____.

Hemophilia is also given a classification of mild, moderate, or severe depending on the clotting factor level that can be measured in the blood. _____ is classified as _____ because s/he has a _____% level of _____ clotting factor.

- There are several types of von Willebrand disease, and varying severities. There is Type I, II or III, mild, moderate or severe, based on levels and bleeding patterns.

_____ is classified as Type _____.

_____ should avoid injury and medications that promote bleeding (ie. Aspirin). Adequate nutrition and good dental hygiene are also important to avoid problems.

Treatment for a small cut is the same as any person. The injured vessel constricts and platelets form a plug. The difference is in the formation of a strong clot. Helped by pressure and bandages, these defenses are usually enough to stop bleeding from a small cut or scrape. More severe bleeding and bleeding into muscles, joints, or internal organs **must be treated** by giving _____ (the missing factor/s). It is important to treat as soon as possible to prevent damage to the joint, muscle, or organ.

For a variety of important reasons, the student's parents often have chosen to and are trained to administer the factor at home. They are able to start an IV using a butterfly infusion needle, and give the factor necessary for clotting. At school if the student should have a need for treatment, his parent/guardian will need to be alerted. The parent will come to school and administer the factor. The student will probably return to class in 15- 30 minutes, and can resume his/her normal activities; but strenuous activity should be avoided for about 24 hours.

_____ is able to recognize the first signs of bleeding before any evidence of a bleed is visible. **This is when treatment should be initiated.** _____ will tell you if s/he is "having a bleed." Some persons with a bleeding disorder have developed a **target joint**, or a chronic site of spontaneous bleeds. Bleeding into the head, neck, or throat should always be treated. These bleeds, due to their location, can be life threatening and medical attention will be needed after treatment with factor. Injury to lower back, groin, hip or abdomen will also probably need further evaluation.



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INDIVIDUALIZED HEALTHCARE PLAN FOR _____ (customize these for your student as needed)

Problem: Bleeding, spontaneously or from injury

Goal: To recognize signs and symptoms of bleeding

Action: Recognize signs and symptoms

1. A forceful blow, especially, any blow to the head neck or throat
2. _____ states he is having a bleed. This may be a feeling s/he experiences, bubbling or tingling feeling in joint or pain in muscle.
3. Blueness or a change in skin color.
4. A feeling of warmth in his joint. Pain, swelling or limited movement are late signs of bleeding into the joint.
5. A minor cut or bruise rarely needs to be treated with factor
6. Other _____

Problem: Bleeding, spontaneously or from injury

Goal: Initiate early treatment.

Action:

1. **Apply firm pressure and ice to the site**
 - a. Have _____ rest with the injured limb elevated.
 - b. Call parent at _____ (Or insert your plan.)
2. **Small cut or scrape**
 - a. Cleanse the area with soap and water. Apply firm pressure.
 - b. Apply a clean bandage. This first bandage should be snug for pressure on the site.
 - c. Observe for 20 minutes. If the bruise has a lump or the bleeding continues call his/her parent.
3. **Nose bleeds**
 - a. Tilt head slightly back and have him sit down.
 - b. Apply firm pressure by pressing the sides of the nose together. It may take between 5 to 20 minutes of uninterrupted pressure to stop the bleed.
 - c. If bleeding continues longer than 20 minutes call his parent.
4. **Urine that is bright red or cola colored** should be treated as a bleed into the kidney or bladder. Alert his/her parent. Note any injury. If _____ is able to drink, have him/her drink fluids to help flush the urinary system, and to help prevent clots which could damage the kidney. (8 oz. of liquid every hour)
5. **Coughing up or vomiting fresh or dark brown material** (appears like coffee grounds), stomach pain with weakness or paleness, treat as a bleed and call his parent.
6. **Any injury to or near the eye**, pain around the eye, or any change in vision: treat as a bleed and call his/her parent.
7. **Any injury to the head**, headache, if s/he becomes sensitive to touch, a change in personality, change in the level of consciousness, change in speech, unequal pupils, forceful vomiting, stiff neck, change in motor ability or sensations, seizure: treat as a bleed and call his/her parent.
8. For **bleeding into the throat, tongue, or mouth** call his/her parent.
9. Stay with student until parent/guardian arrives.

Physician Name:
(please print)

**Physician
Signature**

Date:

Parent Name :
(please print)

**Parent
Signature**

Date:

School Nurse Name:
(please print)

**School Nurse
Signature**

Date:



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**INDIVIDUALIZED HEALTHCARE PLAN
FOR _____
(customize these for your student as needed)**

Problem:

Goal:

Action:

Physician Name:
(please print)

**Physician
Signature**

Date:

Parent Name :
(please print)

**Parent
Signature**

Date:

School Nurse Name:
(please print)

**School Nurse
Signature**

Date:
