

TEACHER/SUBSTITUTE TEACHER ACTION PLAN FOR THE STUDENT WITH SICKLE CELL DISEASE

Student Name: _____

School Year: _____ Grade: _____

Student has 504 Plan: Yes/No (explain): _____

Student has an IEP: Yes/No (explain): _____

SCD-Related Classroom Accommodations/Modifications for this student:

Anticipated number of days per month the student will miss this class for scheduled clinic visits: _____

Changes in behavior that may indicate the student has a fever, is experiencing pain, and/or another complication are:

The school staff members responsible for assisting this student in the event of a SCD complication:

1. Name: _____ Position: _____

Contact Number: _____

2. Name: _____ Position: _____

Contact Number: _____

The student's caregiver(s) emergency contact information:

1. Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

2. Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Additional authorized emergency contact:

3. Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

SCD PROBLEMS YOU SHOULD BE FAMILIAR WITH

What to Do if Symptoms Occur

Prompt Medical Attention Is Needed for These Signs and Symptoms

- Fever of 101°F (38.3°C) or higher
- Severe headache
- Vision changes such as sudden loss of vision
- New painless limp
- Weakness or inability to use extremities
- Facial asymmetry
- Difficulty speaking or slurred speech
- Chest pain
- Difficulty breathing
- Rapid heartbeat and/or breathing
- Nausea, vomiting and/or diarrhea

If acute medical attention is needed, contact the caregiver immediately. Be prepared that the next steps could also include contacting emergency medical services/911.

Common SCD Complications

Bacterial Infection/Fever

- **Fever is considered a medical emergency because it may be the only sign of a life-threatening bacterial infection.**
- Children with sickle cell disease are more susceptible to certain serious infections.
- A digital thermometer needs to be available in your setting and staff needs to be proficient in using it and interpreting the results.
- Fever of 101° F (38.3° Celsius) or greater in a child with sickle cell disease may indicate a life-threatening infection.
- **DO NOT GIVE FEVER-REDUCING MEDICATIONS** until the temperature has been recorded and fever is documented. If fever-reducing medication is given for low-grade fever, the student should then be referred to an emergency department. In either situation, the caregiver or you must consult the student's healthcare provider immediately.

Stroke

- **Stroke is considered a medical emergency.**
- Stroke could be indicated by severe headache or new onset of a painless limp, numbness, weakness of extremity, or vision or speech difficulty.

You must consult the student's caregiver or the student's healthcare provider immediately.

Acute splenic sequestration (enlarged spleen)

- **Acute splenic sequestration is considered a medical emergency.**
- This occurs when a large amount of blood becomes trapped in the spleen, which then becomes enlarged. The student may go into shock because of the loss of blood from the body's circulation.
- Symptoms of acute splenic sequestration include increasing paleness, lethargy, extreme drowsiness and difficulty breathing. An older child may complain of abdominal pain.

You must consult the student's caregiver or the student's healthcare provider immediately.

Painful episodes or crises

- **Painful episodes are unpredictable.** Most individuals with sickle cell disease cannot predict when an episode will occur, nor can they usually identify a precipitating factor.
- **They occur in many places in the body.** In young children, the pain occurs mainly in the hands and feet, but pain can be experienced in other parts of the body. In addition to pain in hands and feet, swelling and redness may be present.
- **They can be caused by changes in temperature.** Extreme changes in temperature, such as prolonged exposure to cold, chilly or wet conditions, can precipitate painful episodes for students with sickle cell disease. Prolonged exposure to heat can lead to dehydration, which can also precipitate painful episodes. The student should be dressed warmly before activities in cool environments and dried quickly when wet. Shared decision-making with the caregiver(s) is recommended.
- **They may not always require hospitalization.** There may be times when painful episodes are severe enough for a child to stay home from school but not need to be hospitalized. Additionally, it is not uncommon for students to return to school while still experiencing pain.
- **Please be supportive of a student in pain.** Please be mindful to discuss with the student and caregiver(s) ways in which the school staff can support the student as they recover.

Pain Management at School

Mild painful episodes may be managed in school. Routine medications should be available in the school.

1. First, take the student's temperature. If temperature is greater than or equal to 100°F, medication should not be given and temperature should be reassessed in **ONE** hour.
2. If temperature is below 100°F, give medication, per the school's medication authorization form.
3. Apply heat to the painful area and increase fluid intake.
4. Allow the student to rest in the nurse's office.
5. If condition worsens or fails to improve, please update the caregiver(s).

Increased Fatigue

- **What can cause it?** Due to the chronic anemia, children with sickle cell disease may tire more easily than their peers.
- **What to do?** If fatigue seems to be excessive, such as unusual falling asleep in class, please call the caregiver(s) so that you can discuss whether the student needs immediate medical attention.