

# SPECTRUM ACADEMY

## Health Care Plan

### BLEEDING DISORDER

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Bleeding disorder is a general term for a wide range of medical problems that lead to poor blood clotting and continuous bleeding. Doctors also call them terms such as coagulopathy, abnormal bleeding and clotting disorders. When someone has a bleeding disorder they have a tendency to bleed longer. The disorders can result from defects in the blood vessels or from abnormalities in the blood itself. The abnormalities may be in blood clotting factors or in platelets.

Blood clotting, or coagulation, is the process that controls bleeding. It changes blood from a liquid to a solid. It's a complex process involving as many as 20 different plasma proteins, or blood clotting factors. Normally, a complex chemical process occurs using these clotting factors to form a substance called fibrin that stops bleeding. When certain coagulation factors are deficient or missing, the process doesn't occur normally.

Symptoms include:

- Excessive bleeding
- Excessive bruising
- Easy bleeding
- Nose bleeds
- Abnormal menstrual bleeding

Bleeding disorder risks include:

- Scarring of the joints or joint disease
- Vision loss from bleeding into the eye
- Chronic anemia from blood loss.
- Anemia is a low red blood cell count
- Neurologic or psychiatric problems
- Death, which may occur with large amounts of blood loss or bleeding in critical areas, such as the brain

1. Type of bleeding disorder:

2. Would your student verbalize he/she is having difficulty at school related to health concern?

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3. Do you think your student holds back from participating in activities at school because of health concern and why?

4. Does student need special considerations related to health concern while at school?

- A.  Modified classroom
- B.  Lunch room considerations (parent to notify nutrition services)
- C.  Modified PE class
- D.  Modified outside activities
- E.  Field trips
- F.  Seasonal changes
- G.  Emotional or behavioral
- H.  Other:

5. Does student require medications while at school?

A. Medications:

B. If your student needs assistance with medication in the school, parent and health care provider must complete Davis School District Authorization of School Personnel to Administer Medication Form. This form must be on file in school office with medication.

6. Additional Information:

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Date: \_\_\_\_\_

#### AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE

1. I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:

- A. To benefit the student in terms of health maintenance and academic progress.
- B. When necessary to accommodate the safety and well-being of student and staff.
- C. With the discretion of the school nurse to determine what is shared and who should know.

2. I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

3. I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Personnel Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ agree with and approve the above care plan.

Healthcare Provider - printed name

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date