

Haemophilia action plan

Student details

Student name

Date of birth

Year level

Medical diagnosis

Teacher

Parent name

Parent signature

Hospital treating team

EMERGENCY CONTACT DETAILS

Parents / guardians should always be contacted in the first instance regarding any health concerns.

1. Parents / guardians:
2. Ambulance: **000**
3. QCH Switchboard: **3068 1111** (ask for Haematology Consultant on call)

About Haemophilia

Haemophilia is an inherited bleeding disorder where there is an absence or low levels of clotting factor proteins necessary for blood to clot. Clotting factor proteins VIII (8) or IX (9) are essential for blood to clot properly.

Action plan is accurate as at (today's date)



Trauma, injury and bleeding action plan

1. Use basic First Aid procedures (R.I.C.E.) - Rest, Ice, Compression, Elevation.
2. Apply firm and sustained pressure for 5 - 10 minutes to superficial cuts or grazes.
3. Nose bleeds should normally stop by applying firm pressure to the bleeding nostril for 10 – 15 minutes.

ALERT

A child with haemophilia does not bleed faster than a person without Haemophilia, but will bleed for longer. The child will **NOT** gush blood or bleed to death from a simple cut or injury.

Bruises are common in these children and generally don't need treatment.

Do not give aspirin or products containing aspirin, or non-steroidal anti-inflammatories such as Nurofen/ Ibuprofen, Voltaren, Indomethacin, Naprogesic to a child with Haemophilia. **Give only paracetamol.**

REMEMBER these are normal children who happen to have a bleeding disorder so should be encouraged to participate in all activities as this is beneficial for their physical and psychosocial development.

Signs and symptoms of a bleed

- The child says it hurts (pain)
- Visible bleeding (nose bleeds, deep cuts and heavy periods)
- The skin over the injured muscle or joint feels warm and/or appears red
- Swelling (the injured area is larger than the other leg or arm)
- Not able to move arm or leg
- Limping
- It hurts when they walk

If the child is saying they are in pain or bleeding due to an injury or trauma please listen to the child as there may be no outward signs of bleeding.

Contact parents immediately if serious injury to:

- | | | |
|-------------------------------|--------------------------|----------------------------------|
| • Head (head injury) | • breathing) | • Joints and muscles |
| • Eye | • Chest or spinal injury | • Broken bones |
| • Throat and neck (difficulty | • Abdominal injury | • Severe cuts requiring stitches |

Haemophilia and Ports™

The young child with haemophilia may receive regular treatment with replacement factor at home. This treatment is given intravenously (into their veins) or some children will have a central venous device (“port”) implanted under the skin on their chest wall or rib cage to assist in giving this treatment.

You are not required to administer this medication, however please be aware that if the child with a port exhibits a fever (temperature $>38^{\circ}\text{C}$), rigors (shaking) and feels cold you should consider this an emergency and parents must be contacted immediately. An infection in the “port” is always suspected when a child with a “port” has a fever.

If you require additional haemophilia resources and facts sheets please go to the Haemophilia Foundation Australia at www.haemophilia.org.au

