

# Suggestions for an Individualized Health Plan

**Hemophilia School Preparedness Kit**

The following template was developed by CVS Specialty™ to help parents and schools prepare an Individualized Health Plan (IHP) for a child with hemophilia or related bleeding disorder. An IHP provides information to school personnel that they might need in case of an emergency or other situation affecting a child's health or well-being.

**This sample plan should be used as a guide only. Please work with the child's doctor, hemophilia treatment center (HTC), and appropriate school personnel to develop a plan that is right for your child.**

This information is provided for your education only and is not intended to substitute for medical advice. CVS Specialty does not endorse any treatments or therapies not prescribed by a doctor.

For more information about the CVS Specialty School Preparedness Program, or to arrange a presentation for school faculty or students, contact us at **1-866-RxCare-1 (1-866-792-2731)**.

Place  
Photo Here

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Date last updated: \_\_\_\_\_

# Individualized Health Plan

## Student Information

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

## Health Status

**Diagnosis:**

**Brief history/description:**

Site(s) of most frequent bleeding episodes:

## Emergency Plan

*In case of any life-threatening injury, call 911 and notify the emergency contact. If 911 or ambulance service is called, send a copy of this IHP with emergency personnel, along with a copy of a letter from your child's doctor. (See the "Physician Letter Template" included in the back pocket of this School Preparedness Kit.)*

**Emergency contacts:**

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

Phone: (    ) \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_

**If necessary, factor infusions can be given by the following person(s) who has been trained:**

**Preferred hospital:**

## Medication Information

**Intravenous clotting factor:**

Drug name: \_\_\_\_\_

*Note: All medications and supplies should be stored in a locked cabinet or other secure location (e.g., principal's office). Clotting factor may need to be kept refrigerated. Parent/guardian should check with the student's doctor for specific product storage recommendations.*

**Other medications:**

*Note: Student will need to bring a prescription to school.*

**Allergies:**

**Additional information:**

**Student's Weight:**

\_\_\_\_\_ kg ( \_\_\_\_\_ lbs.)

Date last updated:

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## Contact Information

Home address:

### Parent/Guardian

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

Home: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

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

Home: (    ) \_\_\_\_\_

Work: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

### Hemophilia Treatment Center

Hematologist: \_\_\_\_\_

Nurse coordinator: \_\_\_\_\_

Other: \_\_\_\_\_

Office: (    ) \_\_\_\_\_

Emergency number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

### Physician

Physician: \_\_\_\_\_

Nurse: \_\_\_\_\_

Other: \_\_\_\_\_

Office: (    ) \_\_\_\_\_

Emergency number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

### Home Care Provider

Company: CVS Specialty

Contact(s): \_\_\_\_\_

Office: (    ) \_\_\_\_\_

Emergency number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

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## General Treatment Guidelines

Always notify the parent/guardian of a bleeding episode.  
Follow the guidelines below for different types and severities of bleeds.

### In case of an injury:

- **REST** – Stay off the injured limb; do not use it.
- **ICE** – Apply ice for only 15-20 minutes (repeat every 1-2 hours if not treated).
- **ELEVATION** – Raise the injured area to reduce swelling.

### For surface bleeds, follow standard first aid practices:

- Wash open wounds with soap and water.
- Apply pressure with a bandage.

**Do not give aspirin!  
(acetylsalicylic acid)**

### Event Considerations (check all that apply)

	Initiate emergency plan	Apply standard first aid	Rest	Ice	Elevation	Clotting factor infusion or other treatment may be needed	Notify parent or guardian
<b>Action</b>							
<b>Injury</b>							
<b>Life- and Limb-threatening Bleeds</b>							
Joint bleeds <i>(internal)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other recommendations: <i>Common sites: Knee, elbow, ankle, shoulder, hip.</i>						
Muscle bleeds <i>(internal)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other recommendations: <i>Common sites: Upper arm, forearm, thigh, calf.</i>						
Other serious bleeds <i>(internal)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other recommendations: <i>Common sites: All bleeds in head, spinal cord, throat/neck, abdomen, limb compartment, eyes.</i>						
<b>Other Bleeds</b>							
Deep lacerations <i>(external)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other recommendations: <i>Common sites: Anywhere. (May require stitches.)</i>						
Minor cuts and scrapes <i>(external)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other recommendations: <i>Common sites: Anywhere.</i>						
Nose bleeds <i>(external)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Other recommendations: <i>Common sites: Septum.</i>						

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## Physical Education and Recess

Physical fitness helps to strengthen joints and muscles. This can reduce the risk of bleeding. Regular participation in physical education programs and recess also helps to build social bonds with peers. Unless approved by the child's parent and physician, rough contact sports should be avoided, especially where there is the risk of head trauma. Some activities may or may not be approved due to a child's individual health status, abilities or restrictions.

### Approved Physical Activities for This Student

Indicate whether or not an activity is approved ("Yes" or "No")

Activity	Approved?	Activity	Approved?	Activity	Approved?
Baseball		Rock climbing		Tai Chi	
Basketball		Roller blading		Tennis	
Bowling		Roller skating		Track & field	
Football		Rowing		Volleyball	
Golf		Rugby		Walking	
Gymnastics		Running/jogging		Water polo	
Hiking		Skateboarding		Water skiing	
Hockey (field/ice)		Skiing/downhill		Weight lifting	
Horseback riding		Skiing/cross country		Wrestling	
Ice skating		Snowboarding			
Karate		Soccer			
Lacrosse		Swimming			
Racquetball		Tae Kwon Do			

**Safety considerations** (protective gear, safety devices, etc.):

### School Trips

Be prepared for the unexpected. When traveling, keep concentrated factor product in an insulated cooler or travel case with ice. Always bring a copy of a letter from your child's doctor. (See "Physician Letter Template" included in the back pocket of this School Preparedness Kit.) A copy may be faxed to the local emergency room if necessary.

**Special instructions:**

### Make-up Work Plan

Plan ahead. Who will collect assignments? How will they be communicated?

**Short-term absences** (one or two days):

**Long-term absences:**

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## Physical Education and Recess

Peer acceptance can have long-lasting effects on a child's self-image and ability to learn. For children with bleeding disorders, confidentiality and participation in activities should be emphasized. While it is important to be aware of a student's limitations, it is also important not to exclude or "single out" this student based on his/her disability. Check with the student and parents to decide who, if any, of the child's peers will know about his/her condition.

**Specific social/emotional considerations for this student:**

### Additional Information

***Note: All staff working with this student should be aware of the student's healthcare needs. Remember to leave a copy for substitute teachers.***

I have read and agree with the above plan of care:

**Physician:** \_\_\_\_\_

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

**School Representative:** \_\_\_\_\_

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

**Parent:** \_\_\_\_\_

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

**Student (optional):** \_\_\_\_\_

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

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**CVS Specialty**  
**1-866-RxCare-1 (1-866-792-2731)**

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Specialty assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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