



BLEEDING & CLOTTING DISORDERS INSTITUTE: 9128 N. LINDBERGH DRIVE – PEORIA, IL 61615
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HEALTH MANAGEMENT PLAN FOR STUDENT WITH VON WILLEBRAND DISEASE (vWD)

SCHOOL YEAR: _____

STUDENT NAME: _____
SCHOOL: _____

DOB: _____
STUDENT ID: _____

MOTHER:	FATHER:
PHONE 1:	PHONE 1:
PHONE 2:	PHONE 2:
IF PARENTS CANNOT BE REACHED:	
NAME:	PHONE:
NAME:	PHONE:

STUDENT'S BLEEDING DISORDER: _____

MEDICATIONS USED TO TREAT BLEEDING SYMPTOMS:

1. _____ DOSAGE: _____ INDICATION: _____

* Please contact our office if this medication was administered at school. Thank you.

MEDICATIONS AND SUPPLIES ARE KEPT: _____

ACTIVITY LIMITATIONS/OTHER: No contact/collision sports – if you have any questions about specific activities, please contact our office at (309) 692-5337.

MINOR PROBLEMS: Call parents if bleeding does not stop after 10 minutes of pressure

1. **Scrapes and Cuts:** clean, apply pressure, bandage, and ice pack
2. **Nosebleeds:** Position child sitting up with head forward. Apply pressure to bridge of nose for 10 min; child may need dose of Amicar or factor replacement
3. **Mouth bleeds:** If bleeding does not stop within 10 minutes, child may need dose of Amicar or factor replacement
4. **Heavy menstrual bleeding:** female students with bleeding disorders may experience heavy menstrual flow. Student should be allowed to use restrooms as often as needed
5. **For relief of minor pain:** Tylenol if provided by parents. **Do not give ibuprofen or products containing ibuprofen** (Advil, Motrin) or any non-steroidal anti-inflammatory

SERIOUS INJURY: Head, neck, throat and abdominal bleeds can be life threatening. **Factor replacement product needs to be given ASAP to stop and/or prevent further bleeding.** Symptoms of possible internal bleed include:

1. Head – nausea, vomiting, headache, abnormal drowsiness, confusion, visual changes, and loss of consciousness
2. Neck and Throat – pain, swelling, difficulty breathing or swallowing
3. Abdomen – abdominal tenderness, pain or swelling, blood in vomit or bowel movement
4. Eye – any injury to the eye, not life threatening, but serious
5. Contact parents/caregivers and call 911 immediately. Notify EMT that the child has a bleeding disorder

Copy of this plan has been provided to Transportation Supervisor ☐ Yes ☐ No

Parent Signature: _____ Date: _____
School Nurse Signature: _____ Date: _____

Health Management plan developed and reviewed by: _____ (BCDI MD or RN)

PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE WITH ANY QUESTIONS OR CONCERNS: (309) 692-5337