

# BEFORE AND AFTERCARE

## ACTION PLAN FOR THE STUDENT WITH SCD

Your role is essential and important to parents and guardians due to the amount of time students spend in your care. This valuable time can help this student's teacher and caregivers stay informed about any potential changes that take place academically, socially, physically and emotionally. Below are some tips that can assist you when working with a student with sickle cell disease.

### Important Sickle Cell Disease Problems You Should Be Familiar With

#### **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.

**Hydration:** Students should be encouraged to drink plenty of fluids. Because of an inability to produce concentrated urine, students with sickle cell disease urinate more often than other students and also become thirsty more often. They are more prone to dehydration. Students should refrain from consuming high-energy drinks as they may contribute to dehydration.

*See appendix of the handbook "Supporting the Student with Sickle Cell Disease" for daily water consumption recommendations.*

## BEFORE AND AFTERCARE STAFF NOTES

Student's name: \_\_\_\_\_ Class level: \_\_\_\_\_

Changes in behavior: \_\_\_\_\_

### **The before and aftercare staff members responsible for assisting this student in the event of a SCD complication:**

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

Contact Number: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

### **Additional authorized emergency contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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