

Sickle Cell Trait Emergency Action Plan

Name: _____ Grade: _____ DOB: _____

School: _____ School year: _____

Parent/Guardian Name: _____ Ph (1): _____

Address: _____ Ph (2): _____

Parent/Guardian Name: _____ Ph (1): _____

Address: _____ Ph (2): _____

Emergency Contact #1: _____

Name Address Phone

Primary Care Physician: Name _____ Ph: _____

1. Does your child wear a “medic alert” tag or carry identification of sickle cell trait?
2. Please list all medications taken on a regular basis (daily/weekly).

3. Has your child ever been hospitalized for a sickle cell trait crisis. If so, please describe.

4. Is your child able to recognize the signs and symptoms of a sickling crisis?

5. What are your child’s symptoms when a crisis is occurring?

6. Are there any activities or stressors that have brought on an pain crisis? If so, please describe.

7. Please list all activities in which your child CANNOT participate.

8. What steps should be taken if you child has pain related to a sickling crisis?

Sickling Event Emergency Plan

Warning signs of exertional sickling include joint pain, swelling, irritability, fatigue, sudden onset of pallor or jaundice, loss of appetite and fever. If these occur, allow the athlete to rest and contact the parents immediately. The athlete should be encouraged to drink fluids and allowed to use the restroom if necessary.

Emergency action is necessary when the student exhibits signs and symptoms such as: extreme muscle pain/cramping, collapse, extreme fatigue and/or difficulty breathing during *intense* exercise.

Steps to take during an episode:

- 1) Call 911.
- 2) If available, administer pure oxygen through a non-rebreather mask.
- 3) Contact parent/guardian immediately.
- 4) Check vital signs.
- 5) If necessary, cool the athlete. If the athlete appears to be a heat casualty, begin cooling measures while awaiting the 911 response.
- 6) Encourage fluids.
- 7) Have the athlete transported to the closest hospital for immediate treatment.
- 8) Communicate sickle cell trait status with emergency medical personnel.

Additional instructions per parent/guardian: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

School Athletic Trainer Signature: _____ Date: _____

References:

Miller MG, Weiler JM, Baker R, Collins J, D'Alonzo, G. National Athletic Trainers' Association Position Statement: Management of Asthma in Athletes. *Journal of Athletic Training* 2005;40(3):224-245

Pybicien, M. Passaic Board of Education Sickle Cell Action Plan. *Passaic Board of Education Sports Medicine Policy and Procedure Manual*. 2010; Ch 23.