

Treatment Plan Worksheet

Student: _____

Type of hemophilia: Hemophilia A (Factor VIII) Hemophilia B (Factor IX) Other

Severity level: Mild Moderate Severe Factor % _____

Inhibitor: Yes No (as of ____/____/____)

Do not give student any aspirin or aspirin-containing products.

What are student's common bleeding sites? _____

Allergies/other medical conditions: _____

Will factor be infused at school: Yes No

If so, who will infuse factor when needed? _____

Where is factor stored? _____

Preferred treatment product: _____

Recommended treatment dosage: _____

Use R.I.C.E. (rest, ice, compression, elevation)? Yes No

Special considerations/instructions: _____

In case of an emergency, notify:

Name: _____

Phone number: _____

If not available, contact: _____
