

Sickle Cell Disease Action Plan

Child's Information

Name:

Date of Birth:

Grade:

Teacher's Name:

Emergency Information

Parent(s) or Guardian(s) Names:

Preferred Hospital:

Mother's Telephone (Mobile/Work/Home)

In the event a parent/guardian cannot be reached

Father's Telephone (Mobile/Work/Home)

Name:

Hematologist Name:

Relation:

Hematologist Phone Number:

Telephone:

Primary Provider Name:


Medications:

Primary Provider Telephone:


Green Zone: Go

- You are feeling well
- You can self-manage your crisis/pain to function for everyday life
- You drink enough fluids (8 to 10 glasses of water a day)
- Your pain is controlled and you are confident in managing your pain
- You have lowered your stress and keep it low
- You are physically active
- You can sleep through the night
- Keep your normal routine

Yellow Zone: Caution

- You show early warning signs of crisis
- You feel tired and need to rest more often
- You are not getting enough fluids
- You have joint pain or warmth in your joints
- You have a headache
- Your skin is pale (check nail beds and around your eyes)
-  **Keep your treatment plan, but tell your doctor if you have these symptoms or you notice any changes**

Red Zone: Danger

- You need medical care
- Your pain impacts your well-being, level of function and quality of life
- You have severe wide-spread pain
- You have a severe headache
- You are weak on one side
- Your speech is slurred
- Your belly is swollen
- You have a hard time waking up, listless
- You have a fever greater than 101
-  **Call your provider. Call 911 or go to the emergency room if you cannot reach your provider**