

# SIGNS AND SYMPTOMS OF SICKLE CELL DISEASE

SIGN/SYMPTOM	DESCRIPTION	CALL 911
✓ parents should be contacted immediately and 911 may need to be notified		
<b>Pain or discomfort</b>	Headache (severe)	✓
	Chest pain	✓
	Bone/joint/hip pain	
	Upper left, abdominal pain (spleen)	✓
	Priapism (sustained, unwanted erection)	✓
<b>Paleness</b>	Noticeable change in the color of the skin, lips, fingernails	
<b>Fever</b>	101 degrees or higher (indicates a medical emergency)	✓
<b>Weakness or fatigue</b>	Weakness on either side of body ( <i>may be due to stroke</i> )	✓
	Inability to speak ( <i>may be due to stroke</i> )	✓
	Difficulty with memory ( <i>may be due to stroke</i> )	
	Sudden or constant dizziness ( <i>may be due to stroke</i> )	✓
	Blurred vision	✓
	Vomiting	
<b>Changes in Breathing</b>	Difficulty breathing	✓
	Fast rate of breathing	✓
	Harsh noisy breathing	✓
<b>Swelling</b>	Hands	
	Feet	
	*NEVER APPLY ICE*	Joint (with redness)

**MTS SICKLE CELL FOUNDATION, INC.**

11030 Genova Terrace | Hampton, GA 30228 | 404-925-4369 | [www.MyThreeSicklers.org](http://www.MyThreeSicklers.org)

SOURCE: Centers for Disease Control and Prevention | [bit.ly/2pP0kIX](https://bit.ly/2pP0kIX)



# WHEN TO SEEK MEDICAL CARE FOR STUDENTS WITH SICKLE CELL DISEASE

**Sudden or worsening symptoms, like chest or abdominal pain, fever (>101 degrees), or any sign of stroke (e.g., weakness or numbness on either side of the body, not able to talk, sudden dizziness or headache, difficulty with memory, blurred vision) require immediate medical help. Remember, always notify parents if their child's health status changes during the school day.**

## PAIN EPISODES

Be responsive to complaints of pain. A student will come to know whether their pain is mild or moderate and will pass, or whether it is necessary to call his or her parents or go to the hospital. If a child has pain during the school day, schools can help by allowing the child time to rest and then returning him or her to class, if possible. Do not encourage the student to simply bear the pain. In clinic or hospital settings, doctors often use a scale of 1-10 to rate pain. Use this type of scale to check in periodically with a student to learn the difference between the student's usual level of pain and when emergency contacts need to be called.

## FEVER

Children with SCD are at greater risk for certain bacterial infections compared to other children. A fever of 101° Fahrenheit (38.0 Celsius) or higher, could mean the child has an infection. Infection is the leading cause of death in young children with SCD, and frequently leads to hospitalization. If fever is accompanied by pain in the ribs or chest, coughing, and difficulty breathing, this may be a sign of acute chest syndrome, a serious medical emergency.

**Best practice:** Be alert for signs of fever. Teachers should have access to an individualized care plan for a student with SCD that lays out instructions for what to do if a fever occurs during the school day. Children with SCD and fever should be seen by a doctor to evaluate the child for health problems, such as pneumonia or other infection; so contact the student's parent(s) immediately.

## STROKE

SCD is one of the most common causes of childhood stroke. Strokes are small brain injuries that may impact learning. Between 10% and 20% of children with SCD will have a symptomatic stroke, meaning that the stroke will produce physical changes in the student. Most commonly, a stroke can happen if sickled red blood cells get stuck to walls of blood vessels and clog blood flow to the brain. Signs of stroke include severe headaches, dizziness, visual changes, sudden onset of weakness (not due to pain) in one limb or side of the face, numbness, typically in the face or the limbs, sudden inability to produce speech, or a seizure. More than 25% of children with SCD suffer from a silent stroke by six years of age. Silent strokes do not have the same clear signs of symptomatic strokes, but may be evidenced by changes in a student's behavior, concentration, or sudden decline in the quality of their schoolwork. Silent strokes are a serious problem that may require consultation with a doctor who specializes in the brain and behavior.

**Best practice:** Be aware of signs of stroke. Teachers are in a unique position to identify changes in students' behavior that may be linked to symptomatic or silent strokes associated with SCD. If a sudden stroke is suspected, parents should be contacted immediately and the child should be rushed to the hospital. Children who have suffered a stroke or whose medical tests indicate that they are at higher risk of stroke may need monthly hospital appointments to receive blood transfusions to prevent strokes. Create plans to help children make up missed school work. If a student with SCD begins to show gradual declines in academic performance, attention, or memory, teachers should contact the student's parents so that medical attention can be sought if necessary.

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