

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_

## Hemophilia Form 2014

Weight \_\_\_\_\_ Kg

Hemophilia A (Factor 8)  Mild  INHIBITOR? YES  NO   
 Hemophilia B (Factor 9)  Moderate  Is camper on any study drugs? YES  NO   
 Hemophilia C (Factor 11)  Severe  *If yes, we will contact you for additional information.*

Baseline factor level \_\_\_\_\_  
 Factor Product \_\_\_\_\_ Premeds \_\_\_\_\_

Access: Peripheral  Port  Does camper self infuse? YES  NO

### Factor Doses

MAJOR bleeds (joints / head injury / trauma) \_\_\_\_\_ Units (100% correction)  
 MINOR bleeds (soft tissue / muscle) \_\_\_\_\_ Units (50% correction)

How many doses are generally needed to control bleeding? \_\_\_\_\_

Prophylaxis dose: \_\_\_\_\_ units SUN MON TUE WED THU FRI SAT (circle day\*)

*\*We will adapt prophylaxis days to fit activities unless you specify otherwise.*

Please note all activities with the exception of Great Escape and rafting take place within minutes of the Body Shop where rapid medical assessment and factor infusions are available should a camper sustain an injury. Nurses are present at all offsite activities. The camp physician and nurses accompany the campers to Great Escape. **Our camp Pediatric Hematologists and Medical Director know all camp activities very WELL and have made the following recommendations for pre-treatment.** For details on our activities, please see our Physician Information Sheet available on line or through our Admissions Department.

### ACTIVITIES that child requires prophylactic infusion for:

Activity	Permission	Pre Treatment	If YES, what treatment:
<b>Great Escape Park</b> Due to rides with high G-forces and risk of CNS bleeds we <b>REQUIRE Treatment AND permission</b> from camper's Hematologist for ALL campers with hemophilia to ride high G-force rides.	Permission to ride roller coasters & other rides with high G-forces? YES <input type="radio"/> NO <input type="radio"/> Permission to ride <u>other rides</u> ? YES <input type="radio"/> NO <input type="radio"/>	<b>REQUIRED for high G-force rides</b> YES <input type="radio"/> NO <input type="radio"/>	100% dose required for Moderate and Severe to ride high G-force rides. For Mild treatment per Hematologist required.  _____ Units
<b>High Ropes Course</b> Due to high G-forces on Giant Swing we recommend 100% for severe and moderate	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	_____ Units
<b>River Rafting</b> We recommend 50% for severe	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	_____ Units

Does camper have any other medications for bleeding (Amicar, Transexemic Acid)? \_\_\_\_\_

Any additional comments or special needs : \_\_\_\_\_

**NOTE: Campers must BRING to camp ALL the factor and supplies they will need for the above infusions. Additionally, they MUST bring ONE - TWO 100% correction doses for emergency use.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Hematologist Signature Mandatory Date Phone After hours phone

PRINTED Name \_\_\_\_\_ Email \_\_\_\_\_