



Cardiac Condition Individual Health Plan

Plan effective date:

Parent to complete:

Name:		Date of Birth:	
School/grade:		Room/teacher:	
Parent/Guardian			
Mother's phone	Home:	Work:	Cell:
Father's phone	Home:	Work:	Cell:
Brief History of Diagnosis:			
Recent hospitalizations:			
Concurrent history or disability:			

Signs and symptoms of cardiac distress:

Mental	States feels "scared"; something bad is going to happen/unconscious
Pain	Chest pain
Breathing	Shortness of breath
Skin	Grey/blue color

NEVER SEND A STUDENT WITH CARDIAC SYMPTOMS ANYHWERE ALONE

Health Care Provider to Complete

Please indicate if the condition is life threatening:

- No, this condition is not life threatening. No intervention is needed at this time. **(Sign bottom of second page).**
- Yes, this is a life threatening condition. A medication/treatment plan is needed **(Continue below).**

Treatment at school, unless otherwise indicated by health care provider:

Minor Cardiac Symptoms and Management	Severe Cardiac Distress and Management
<p>Chest pain:</p> <ul style="list-style-type: none"> Allow to rest in the health room in whichever position is most comfortable. If the school nurse is on-site, vital signs will be promptly checked. If pain persists longer than ___minutes or gets worse, contact parent/emergency contact. Other _____ <p>Shortness of breath:</p> <ul style="list-style-type: none"> Encourage to lean slightly forward and breathe through pursed lips. If breathing is not normal in ___minutes, contact parent/emergency contact. Other _____ 	<p>Main Symptoms of Cardiac Distress</p> <ul style="list-style-type: none"> Sudden severe chest pain Sudden onset of severe shortness of breath Loss of consciousness Other _____ <p>Treatment of Cardiac Distress:</p> <ul style="list-style-type: none"> Call 911 Stay with student Apply AED/begin CPR if need arises Have another school employee contact parents Contact school nurse if not in the building at time of the incident Other _____

Classroom Information/Accommodations:

- No Yes Go outside during regular recess periods and walk, run, play at own pace as tolerated.
 - No Yes Remain inside during sever cold weather.
 - No Yes Remain in the shade when temperature is over 90 degrees.
 - No Yes Participate in regular P.E.
 - No Yes Participate in competitive or contact sports.
 - No Yes Participate in group run over a prescribed distance of _____ miles.
 - No Yes Permit student to rest, sit, squat, or lie down whenever necessary.
 - No Yes Bathroom access as needed.
 - No Yes Dietary restrictions _____
- Other _____

School Bus Driver Instructions (as needed):

Field Trip Accommodations (as needed):

- All medications/supplies are to be taken and care is provided (**mark one**)
 - By accompanying parent or by designated school staff member (per district medication policies and orders)
 - By student, if self-managing

Extra-curricular Activities Accommodations (as needed):

- All medications/supplies are taken and care is provided (**mark one**)
 - By accompanying parent or by designated school staff member (per district medication policies and orders)
 - By student, if self-managing

Disaster Planning:

Heath Care Provider Signature	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date:	Nurse Signature:
Date:	Nurse Signature:

