

Cardiac Individual Health Care Plan

Student's Name: _____ School Year: _____

DOB: _____ Teacher: _____ Grade: _____

Cardiac Disorder: _____

Cardiac Procedures/Operations: _____

Allergies _ Yes _ No If yes, describe: _____ Asthmatic? _ Yes _ No

Baseline: Pulse _____ B/P _____ O2 Saturations _____ Other _____

My Child may experience the following symptoms (please check)

- "Feels like heart is beating too fast"
- Short of Breath
- Changes in Color around mouth or lips or nail beds
- Dizziness

The following may indicate a worsening of this child's cardiac disease (please check)

- Decreased level of consciousness
- Clammy, cool skin
- Dizziness
- Shortness of breath
- A marked change in color: pale or blue
- Chest pain
- Other—Describe _____

Student has the following other health conditions/ disabilities or limitations:

EMERGENCY CONTACTS:

Parents/Guardians:

Name _____ Home # _____

Work # _____ Cell# _____ (First call _____)

Name _____

Home # _____ Work # _____ Cell# _____

Other contact if parent is unavailable:

Name: _____ Relationship: _____ Tel# _____

Primary Care Provider: _____ Tel# _____

Cardiologist: _____ Tel # _____

Preferred Hospital: _____

The steps that should be taken for a cardiac event are:

1. Check for pulse, respirations, O2Saturation, and level of consciousness.
2. _____

If there is a decreased level of consciousness or absent pulse or respirations

1. Call 911 or delegate
2. Begin CPR and obtain AED if available
3. Contact parent/Guardian
4. Have someone obtain paperwork with personal information to go with student

The following recommendations are based on the student's cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of the general medical evaluation. Our recommendations are as follows (please check):

- No restrictions (includes interscholastic athletics and contact sports)
- Moderate exercise: Includes physical education classes and recreational sports but student should avoid activities which require maximum or sustained effort.
- Light Exercise includes non-strenuous recreational games such as swimming, jogging or golf.
- Must be permitted to determine his/her own level of activity and stop to rest as needed.
- No physical education classes

All Current Medications:

Name	Dose	Purpose	Schedule

Added Comments:

Physicians Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____