NETTLE CREEK SCHOOL CORPORATION

CARDIAC HEALTH CARE PLAN

Student: ______________________ **Birth Date:** __________ **School Year:** _________

School: ______________________ **Homeroom Teacher:** ______________ **Grade/Team:** _________

EMERGENCY CONTACTS:

Parent/Guardian/Contact	*Relationship*	*Phone Number*	*Email*

Primary Healthcare Provider:	*Phone Number:*
Cardiologist:	*Phone Number:*

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:____

MEDICATIONS (including daily and emergency medications):

Medication Name	*Dosage (amount)/Time*	*When To Use*	*Given at School*
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

► ***IMPORTANT – PLEASE COMPLETE REVERSE SIDE AND SIGN*** ◄

Student: ______________________________ **Birth Date:** __________ **Date:** __________

SPECIAL CONSIDERATIONS AND PRECAUTIONS (including school activities, sports, and trips):

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 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
- ☐ Other: ______________________________

CARDIAC EMERGENCY

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

►***Physician's Signature***◄ ______________________________ ***Date:*** __________

PRINT Physician's Name: ______________________________ **Telephone Number:** __________

PARENT/GUARDIAN SIGNATURE: ______________________________ **DATE:** __________

SCHOOL NURSE SIGNATURE: ______________________________ **DATE:** __________