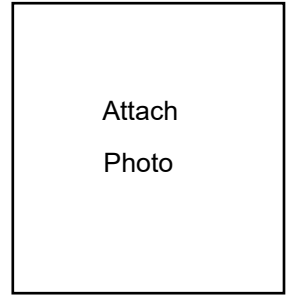


CARDIAC EMERGENCY CARE PLAN
San Angelo Independent School District



Student: _____ Date of Plan: _____

Date of Birth: ____/____/____ Grade: _____ Age: _____ Weight: _____ kg

Cardiac Disorder: _____

Cardiac Procedures/Operations: _____

This student has (circle): Pacemaker Implanted Cardiac Defibrillator (ICD)

Pacemaker dependent: Yes No Lowest pacemaker rate: _____

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) : _____

IMPORTANT REMINDER: IF FOUND UNCONSCIOUS/UNRESPONSIVE--call 911 first, perform CPR as needed.

If you see the following:	What to do:
Dizziness/ feeling faint	<ul style="list-style-type: none"> • Have student lie down and elevate legs • Attempt to check heart rate _____ • If symptoms persist (still dizzy lying/cannot sit up) – CALL 911 • If symptoms improve (no longer dizzy when sitting up) offer fluids and call parents
Palpitations (rapid/ irregular heart beat)	<ul style="list-style-type: none"> • Use calming approach • Reassure student • Attempt to check heart rate • If symptoms persist (palpitations continue despite above) call 911 • If symptoms improve call parents
Chest pain	<ul style="list-style-type: none"> • Use calming approach • Have patient lie down • If severe and having dizziness or shortness of breath associated with chest pain, call 911 • If moderate and persists longer than 10 minutes, call 911 • Notify parents
Bleeding/ severe bruising (for patients on anticoagulant therapy)	<ul style="list-style-type: none"> • Notify parents immediately • If patient experiences injury to head/abdomen, complaints of back/belly pain, or coughing, urinating, or vomiting blood: call 911 • For minor cuts/light bleeding, provide basic first aid

If you see the following:	What to do:
Pain or injury to pacemaker/ICD site	<ul style="list-style-type: none"> • Assess area and provide comfort measures • Call parents so they can decide if they need to send in a telephone check or be seen by a physician.
The student gets a shock from the ICD	<ul style="list-style-type: none"> • One shock: Assess, call parents so they can have the student evaluated in 24 hours • Two or more shocks: Call 911! Assess and provide supportive care until EMS arrive---CPR if needed. The ICD will not hurt you

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

The Student must adhere to the following guidelines at all times:

- Keep iPods, tablets (iPads), Bluetooth devices, stereo speakers, handheld gaming devices and cellular phones at least 6 inches from the pacemaker. Use the ear opposite the pacemaker to listen and talk into the phone.
- Avoid sports that involve hard hits, such as football, kick boxing, rugby, lacrosse and some forms of karate. Please ask if there is a question about a specific activity.
- Do not go on monkey bars.

Parent/Guardian Signature

Date

Physician/Healthcare Provider Signature

Date