RINGGOLD SCHOOL DISTRICT
CARDIAC CARE PLAN

Student Name: _____ DOB: _____ Grade: _____
School: _____ Year _____ Teacher: _____
Address:_____
Guardian 1: _____Wk. Phone: _____ Cell Phone: _____
Guardian 2: _____Wk. Phone: _____ Cell Phone: _____
Physician: _____ Phone:_____
Preferred Hospital: _____ Allergies: _____

Baseline VS.: Pulse_____ BP._____ O2 Saturations_____

HEALTH CONCERN: (Enter diagnosis here):	
Student's Symptoms:	
Other Health Conditions:	
EMERGENCY ASSESSMENT/ PLAN	
GOLDEN RULE: If found unconscious/ unresponsive, initiate CPR/ use Automated External Defibrillator (AED if available), and call 911	
If you see the following:	**What to do:**
Dizziness/ feeling faint	• 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 heartbeat)	• 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	• 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	• Notify parents immediately • If patient experiences injury to head/ abdomen, complaints of back/belly pain, or coughing/ urinating/ vomiting blood: call 911 • For minor cuts/ light bleeding, provide basic first aid

RINGGOLD SCHOOL DISTRICT
CARDIAC CARE PLAN

TYPE OF CARDIAC HEALTH ISSUE

Congenital Heart Defects

____ Aortic stenosis
____ Atrioventricular Septal Defect
____ Double Inlet Left Ventricle
____ Ebstein's Malformation
____ Mitral Stenosis/ Insufficiency
____ Pulmonary Atresia
____ Tetralogy of Fallot (TOF)
____ Transposition of the Great Arteries (TGA)
____ Truncus Arteriosus
____ Atrial Septal Defect (ASD)
____ Total/ Partial Anomalous Pulmonary
____ Double Outlet Right Ventricle
____ Hypoplastic Left Heart Syndrome (HLHS)
____ Patent Ductus Arteriosus (PDA)
____ Pulmonic Stenosis/ Insufficiency
____ Coarctation or the Aorta
____ Tricuspid Atresia
____ Ventricular Septal Defect (VSD)

Acquired Heart Conditions

____ Cardiomyopathy
____ Endocarditis
____ Rheumatic Heart Disease
_____ Congestive Heart Failure
_____ Kawasaki's
_____ Cardiac Transplant

Abnormal Heart Rhythms

____ Atrial Tachycardia
____ Long QT Syndrome (LQTS)
____ Supraventricular Tachycardia
____ Other: _____
_____ Atrial Flutter
_____ Wolff- Parkinson- White Syndrome (WPW)
_____ Ventricular Tachycardia (VT)

Cardiac Devices

____ Pacemaker
____ Prosthetic Heart Valve (Aortic, Mitral)
____ PDA Occlusion Device
____ Implantable Cardiac Defibrillator (ICD)
____ ASD/ VSD Occlusion Device
____ Other: _____

Date	Surgical/Interventional Procedures

Daily Medications:

Cardiac Medications	Dose	Frequency	Common Side Effects

RINGGOLD SCHOOL DISTRICT
CARDIAC CARE PLAN

RECOMMENDATIONS FOR PHYSICAL ACTIVITY

The following recommendations are guidelines for physical activity for:

Patient Name: _____
Date of Exam: _____

	ACTIVITY LEVEL	Initial
1	• May participate in the entire physical education program (PE class) without restriction, including all junior varsity (JV) and varsity competitive sports.	
2	• May participate in the entire PE program. • May not participate in the JV/ varsity competitive sports where there is strenuous training and prolonged physical exertion (e.g. football, hockey, wrestling, lacrosse, soccer, basketball). • Less strenuous sports such as baseball and golf are acceptable at the JV/ varsity level.	
3	• May participate in the PE class except for excessively stressful activities such as rope climbing, weightlifting, sustained running (e.g. laps) and fitness testing. • Must be allowed to rest when tired. • No JV/ varsity/ competitive sport participation.	
4	• May participate in mild PE class activities such as circle games, golf, and badminton • No recreational, JV or varsity sports.	
5	• • Restricted from entire PE class program and all recreational, JV, or varsity sports.	

Duration of recommendations: _____

Additional remarks:

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

School Nurse Signature:_____ Date:_____