SUPRAVENTRICULAR TACHYCARDIA (SVT) EMERGENCY PROTOCOL

Student Name: _____ Date: _____

Emergency Contact Information: School Nurse: _____ Phone: _____

Parent/Guardian 1: _____
Home Phone: _____
Cellphone: _____
Work Phone: _____

Parent/Guardian 2: _____
Home Phone: _____
Cellphone: _____
Work Phone: _____

SVT Is a heart condition in which an 'extra' electrical pathway causes episodes of rapid heart rate, at rest. Symptoms may start and stop abruptly. Short episodes are usually tolerated without notable complaints and are not life-threatening.	
SYMPTOMS: (check those that apply)	
	Heart rate > 160 beats/minute, at rest
	Mild chest pain or pressure
	Palpitations
	Light headed or dizziness at onset
	Pale
	Lethargic
	Clammy
	Nausea
	Neck or chest pulsations due to rapid heart rate

Emergency Action Steps: (check those that apply)

	1. Hold breath and bear down
	2. Ice bag to face for 15-20 seconds
	3. Other:
CALL PARENT IF: (check those that apply)	
	Any episode occurs
	Other:

CALL 911 IF: (check those that apply)	
	Heart rate > 160 beats/minute, for ____ minutes
	Change in level of consciousness or confusion
	Cyanosis occurs (definite blue coloration to lips or nail beds) with or without lethargy
	Other:

Health Care Provider: _____ Phone: _____

HEALTHCARE PROVIDER SIGNATURE_____ **DATE**_____

PARENT SIGNATURE_____ **DATE**_____