Student Name _____ Grade_____

Date of Birth _____/_____/_____ Teacher_____

TO BE COMPLETED BY PARENT / GUARDIAN:

Describe Students Cardiac Disorder:_____

Is student currently under the care of a Physician for treatment of Cardiac Disorder? Yes No

Physician who manages Cardiac Disorder: Dr._____

Phone ( ) _____-_____ Fax ( ) ____-_____

Signs and Symptoms my child may experience due to his/her cardiac disease:

____Pain, pressure, or ache in chest
____Heart beating funny or fast
____Shortness of Breath
____Marked pallor or cyanosis of lips / mouth
____Dizziness
____Cool, clammy skin
____Confusion or changed level of consciousness
____Other associated signs / symptoms: _____

Any limitations / restrictions:_____

Note: Parent must provide any medication in original pharmacy-labeled container and is responsible for notifying school nurse for any change in student condition or change in treatment regimen. **Parent / Guardian signature serves as consent for information to be requested from or exchanged with the physician(s) listed above.**

Parent / Guardian signature: _____Date ___/___/___

Phone: _____

MANAGEMENT OF CARDIAC EPISODE

In absence of school nurse, call 911.
Nurse to check pulse, respirations, LOC.
Obtain O2 sat if pulse oximeter available..
If LOC, pulse, and respirations are normal:

- Contact parent / guardian.
- It is their responsibility to report problem to and seek treatment as needed from regular physician.

If decreased LOC or abnormal pulse, resps, or O2 sat

- Initiate CPR and notify EMS / 911
- Notify parent / guardian

TO BE COMPLETED BY PHYSICIAN:

Please review plan and provide any additional instructions below or attach orders.

_____
_____
_____
_____

MD Signature:_____

Date:____/____/____

FOR SCHOOL NURSE USE ONLY: Plan reviewed by _____ Date ____/___/___

_____Physician Orders Requested: ____/____/____. Received ____/____/____

_____Added to DD

_____Medical Alert notification to Grade level teachers, Cafeteria Mgr., PE Teacher, specialty area teachers

Medication Location : _____Other:_____