POTS (Postural Orthostatic Tachycardia Syndrome)
EMERGENCY ACTION PLAN

NAME OF STUDENT_____ **SCHOOL**_____

GRADE/TEACHER_____ **YEAR**_____

PARENT/GUARDIAN_____ **PHONE**_____

_____ **PHONE**_____

HEALTH CARE PROVIDER_____ **PHONE**_____

SYMPTOMS: Student may become dizzy or lose consciousness if pulse increases or blood pressure drops during position changes, dehydration, or if overheated.

USUAL TREATMENT: Keep hydrated, avoid overheating, slowly change from sitting to standing, etc. Have student lie down, elevate feet.

INTERVENTIONS:

1. Allow for water bottle in school and/or classroom.
2. If student states does not feel well or has symptoms above, allow student to lie on back on floor with feet elevated or knees bent. Until condition improves – usually a few minutes.
3. DO NOT RAISE STUDENTS HEAD! KEEP HEAD FLAT!

ADDITIONAL INFORMAION:

In order to make sure my child's special health needs are met, I understand and agree that the information will be shared with school staff/other personnel on a need to know basis in order to provide appropriate care. I understand and agree that the school nurse may contact my child's doctor about this condition.

PARENT/GUARDIAN SIGNATURE_____ DATE_____

NURSE_____ DATE_____