Date Plan Was Developed: _____ **SCHOOL DISTRICT** **Call School Nurse!**

CARDIAC-SVT

Emergency Care Plan

Never send student with signs & symptoms anywhere alone!!!!!!

Student Name:	**Grade:**	**DOB:**

Parent/ Guardian:	Home Phone:	Work Phone:	Cell Phone:
Physician:	Phone:	Fax:	Preferred Hospital:
Current Medications:			
Allergies:			
Brief Medical History:			

SYMPTOMS and SIGNS of a CARDIAC EMERGENCY

LOOK FOR:

- Bluish appearance to skin, especially lips, inside lips/eyelids, face, neck
- Paleness
- Vomiting
- Weakness
- Sweating
- Holding chest, left arm, neck
- **Comments:** *Typically will have feeling of heartbeat "in her throat"*
- *Heart rate will be >200. & stay elevated for 1-5 minutes.*
- *Can last up to 20 minutes*

Occurs with rest or activity

CIRCLED/BOLDED are Student's usual symptoms

LISTEN FOR:

STATEMENTS ABOUT:

- Sudden pain—in chest, behind breast bone, down left arm, up into neck, jaw. Pain is steady—not changed by movement or breathing. Pain often described as "pressing," "choking," "squeezing."
- Persistent feeling of indigestion, not relieved by positioning.
- Difficulty in breathing often aggravated by lying down.
- Weakness
- Feeling anxious

CIRCLED/BOLDED are Student's usual symptoms

FEEL FOR:

- Weak, rapid, unusually slow, irregular pulse.
- Clammy, cold skin

CIRCLED/BOLDED are Student's usual symptoms

IF YOU SEE THIS	DO THIS Never send student with signs or symptoms anywhere alone!!!!!
Signs or Symptoms listed Above	**TIME heart rate for (1) minute** **Initial Heart Rate:_____BPM** **Continue to monitor every 5 minutes.** Have her sit down or lay down & rest. Try to reassure her and keep her calm (slow deep breathing) CALL PARENTS AND SCHOOL NURSE TO NOTIFY **TECHNIQUES TO SLOW HEART RATE** 1. May place ice on the back of neck 2. Vagal Maneuver (bearing down) 3. "trumpet" playing 4. Have student do a headstand (most effective technique)
NO IMPROVEMENT OR SYMPTOMS BECOME WORSE **Heart Rate > 200 beats per min.** **FOR 15 MINUTES or Longer**	Notify Parents to pick up student & Nurse if not in building. (this is not an emergent problem—Dr. Anderson stated this can go on for 4 hrs before emergent)—this timing is a parent discretion
If Symptoms Become WORSE and/or BREATHING STOPS Absence of pulse Unconsciousness & Lack of Response.	**CALL 911** An adult trained in CPR/Rescue Breathing stays with student until **911** arrives. **BEGIN CPR**

Registered Nurse's Signature _____ Date _____ Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Primary Health Care Provider's Signature _____ Date _____

Attention Bus Drivers: To Activate Emergency Procedures-Pull Over, Call Dispatch to Call 911

See Reverse for Emergency Contacts!

Parent to fill out Emergency Contacts:

Emergency Contacts

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

School Nurse Section:

Trained Staff Members

The following **staff members** are trained to deal with an emergency, and initiate the appropriate procedures:

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Name: _____ Room: _____ EXT: _____

Plan Distributed To:

☐ Parent	Date:_____	☐ Bus	Date:_____
☐ ECP Notebook	Date:_____	☐ Kitchen	Date:_____
☐ Medication Book	Date:_____	☐ Other_____	Date:_____
☐ Teacher(s)/Subfile	Date:_____	☐ Other_____	Date:_____
☐ Student Health File	Date:_____	☐ Other_____	Date:_____