



Cardiac Health Care Plan

Student: _____ Birth Date: _____ School Year: _____

School: _____ Homeroom Teacher: _____ Grade/Team: _____

EMERGENCY CONTACTS:

Parent/Guardian/Contact	Relationship	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary Healthcare Provider: _____ Phone Number: _____

Cardiologist: _____ Phone Number: _____

Cardiac Disorder: _____

Cardiac Procedures/Operations: _____

Allergies Yes No If yes, describe: _____ Asthmatic? Yes No

Baseline: Pulse: _____ B/P _____ O2 Saturations _____ Other _____

My child may experience the following symptoms (please check)

- "feels like heart is beating too fast"
- Short of Breath
- Changes in color around mouth or lips or nail beds
- Dizziness

The following may indicate a worsening of this child's cardiac disease (please check)

- Decreased level of consciousness
- Clammy, cool skin
- Dizziness
- Shortness of breath
- A marked change in color: pale or blue
- Chest pain
- Other - Describe: _____



Medications (including daily and emergency medications):

Medication Name	Dosage (amount/Time)	When to Use	Given at School
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL CONSIDERATIONS AND PRECAUTIONS (including school activities, sports, and trips):

The following recommendations are based on the student’s cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of the general medical evaluation. Our recommendations are as follows (please check):

- No restrictions (includes interscholastic athletics and contact sports)
- Moderate exercise: Includes physical education classes and recreational sports but should Avoid activities, which require maximum or sustained effort
- light exercise: Includes non-strenuous recreational games such as swimming, jogging, or golf.
- Must be permitted to determine his/her own level of activity and stop to rest as needed
- No physical education classes
- Other: _____

CARDIAC EMERGENCY

The steps that should be taken for a cardiac event are:

1. Check for pulse, respirations, O2 Saturation, and level of consciousness.
2. _____

If there is a decreased level of consciousness or absent pulse or respirations

1. Call 911 or delegate
2. Begin CPR and obtain AED if available
3. Contact parent/guardian
4. Have someone obtain paperwork with personal information to go with student

Physician’s Signature: _____ Date: _____

Print Physicians Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____