



Cardiac Individual Health Care Plan

Diagnosed Condition

School year

Student legal last name

First name

MI

Birth date

School

Grade

Other ID#

Transportation:

Walker

Self Transported

Bus Rider

Bus Route Number

Parent/Guardian Information

Parent/Guardian

Primary phone

-

-

Work phone

-

-

Cell phone

-

-

Parent/Guardian

Primary phone

-

-

Work phone

-

-

Cell Phone

-

-

Healthcare Provider and Hospital Information

Healthcare Provider Name

Phone

-

-

Preferred Hospital

Phone

-

-

Medical Information

Cardiac Monitor

Yes

No

Defibrillator or Pacemaker

Yes

No

Current Medications

Cardiac History

Special Precautions

Emergency Medication Orders

Medication Name

Dose

When

No medication at school needed

-

-

-

-

Healthcare Provider's Name *(Printed)*

Phone

Fax

Healthcare Provider's Signature

Date

Emergency Intervention

Possible Symptoms Observed		Immediate Response
Chest pain Dizziness Sweating Shortness of breath Rapid heart rate Fear and panic	Palpitations Dysrhythmia Clubbing of fingers Irritability Cyanosis Fatigue	Nursing assessment (ABC's) Vital signs

Depending on diagnosis, symptoms could be related to heart transplant rejections or cardiac medication levels rather than congenital or acquired cardiac condition. Because each student's needs are unique to their condition/diagnosis, the nurse must acquire directions from the student's licensed health care provider (LHP) in order to individualize the ECP.

Severe Symptoms	Immediate Response
Fainting or collapse with any known heart condition Extreme chest pain Tachycardia that does not resolve Irregular heart rate Difficulty breathing	CALL 911 Notify Parent Notify School Nurse Notify School Principal Do not leave the student unattended

Emergency Contacts

Name	Phone	-	-	Relationship
Name	Phone	-	-	Relationship
Name	Phone	-	-	Relationship

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

Healthcare Provider's Signature _____ Date _____

A copy of this plan will be kept in the school health room and the information will be shared with others who will need to know to maintain child's health and safety.

CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING