Newburyport Public Schools

Cardiac Individual Health Care Plan

Attach student picture here

Student's Name: ________________________ **School Year:** _______

DOB: _______ **Teacher:** ______________ **Grade:** _______

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 ____

Student has the following other health conditions/disabilities:

Student Limitations or Special Considerations:

Emergency Contacts:

Parent/Guardians:

1. **Name:** ___________________________________

   Home # _________________ Work# ___________________ Cell#________________

2. **Name:** ___________________________________

   Home # _________________ Work# ___________________ Cell#________________

Other Emergency Contact if parent/guardian is unavailable:

Name ___________________ Relationship ____________ Tel. #________________

Primary Care Provider: ________________________**Telephone#** _________________

Cardiologist: ________________________________ **Telephone#** _________________

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

1. Check for pulse, respirations, O2Saturation, 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

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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

All Current Medications:

Name	Dose	Purpose	Schedule

I consent to have the school nurse or school personnel designated by the school nurse carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as she determines appropriate for my child's health and safety.

Parent Signature: ______________________________ Date: ______________________

Physician Signature: ______________________________ Date: ______________________

Nurse Signature: ______________________________ Date: ______________________

Final 1/2011

Notice: Newburyport Public Schools is concerned with the safety and well being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after school personnel cannot deliver medical procedures or obtain or administer medications. Students with special health needs are encouraged to carry necessary items (e.g., inhalers, EpiPens) during these times. If your child requires specific assistance during an after school event please contact your child's school nurse for guidance.