

CARDIAC**Individual Health / Emergency Care / 504 Plan****Never send student with signs & symptoms anywhere alone!!!!!!**

Student Name:	Grade:	DOB:
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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:	LISTEN FOR:	FEEL FOR:
<ul style="list-style-type: none"> Bluish appearance to skin, especially lips, inside lips/eyelids, face, neck Paleness Vomiting Weakness Sweating Holding chest, left arm, neck <p>Comments:</p> <p><small>CIRCLED/BOLDED are Student's usual symptoms</small></p>	<p>STATEMENTS ABOUT:</p> <ul style="list-style-type: none"> 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 <p><small>CIRCLED/BOLDED are Student's usual symptoms</small></p>	<ul style="list-style-type: none"> Weak, rapid, unusually slow, irregular pulse. Clammy, cold skin <p><small>CIRCLED/BOLDED are Student's usual symptoms</small></p>

IF YOU SEE THIS	DO THIS Never send student with signs or symptoms anywhere alone!!!!!!	TIME <i>Initial</i>
Signs or Symptoms listed Above	Have student sit down or lay down & rest for 15-30 minutes. Try to reassure them and keep them calm. Notify the Nurse.	
NO IMPROVEMENT WITHIN 15-30 MINUTES	Notify Parents to pick up student & Nurse if not in building.	
If Symptoms Become WORSE and/or BREATHING STOPS Absence of pulse Unconsciousness and Lack of Response to shaking or Calling Name.	CALL 911 An adult trained in CPR/Rescue Breathing stays with student until 911 arrives. BEGIN CPR	
Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.		

→ This Emergency Care Plan must be signed by the parent & reviewed by the school nurse yearly or earlier as needed.

→ I understand that if any changes are needed on the ECP, it is the parent's responsibility to contact the school nurse.

→ My signature below shows I have reviewed and agree with this Emergency Care Plan.

Registered Nurse Signature	Date	Student Signature	Date
Parent/Guardian Signature	Date	Primary Health Care Provider 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:

- | | | | |
|--|-------------|--------------------------------------|-------------|
| <input type="checkbox"/> Parent | Date: _____ | <input type="checkbox"/> Bus | Date: _____ |
| <input type="checkbox"/> ECP Notebook | Date: _____ | <input type="checkbox"/> Kitchen | Date: _____ |
| <input type="checkbox"/> Medication Book | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |
| <input type="checkbox"/> Teacher / Sub file | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |
| <input type="checkbox"/> Student Health File | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |