

**CARDIAC-SVT****Emergency Care Plan****Never send student with signs & symptoms anywhere alone!!!!**

<b>Student Name:</b>		<b>Grade:</b>	<b>DOB:</b>
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**

<b>LOOK FOR:</b>	<b>LISTEN FOR:</b>	<b>FEEL FOR:</b>
<ul style="list-style-type: none"> <li>Bluish appearance to skin, especially lips, inside lips/eyelids, face, neck</li> <li>Paleness</li> <li>Vomiting</li> <li>Weakness</li> <li>Sweating</li> <li>Holding chest, left arm, neck</li> <li><b>Comments:</b> <i>Typically will have feeling of heartbeat "in her throat"</i></li> <li><i>Heart rate will be &gt;200. &amp; stay elevated for 1-5 minutes.</i></li> <li><i>Can last up to 20 minutes Occurs with rest or activity</i></li> </ul>	<p><b>STATEMENTS ABOUT:</b></p> <ul style="list-style-type: none"> <li>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."</li> <li>Persistent feeling of indigestion, not relieved by positioning.</li> <li>Difficulty in breathing often aggravated by lying down.</li> <li>Weakness</li> <li>Feeling anxious</li> </ul>	<ul style="list-style-type: none"> <li>Weak, rapid, unusually slow, irregular pulse.</li> <li>Clammy, cold skin</li> </ul>
<small>CIRCLED/BOLDED are Student's usual symptoms</small>	<small>CIRCLED/BOLDED are Student's usual symptoms</small>	<small>CIRCLED/BOLDED are Student's usual symptoms</small>

<b>IF YOU SEE THIS</b>	<b>DO THIS</b> <b>Never send student with signs or symptoms anywhere alone!!!!</b>
<b>Signs or Symptoms listed Above</b>	<p><b>TIME heart rate for (1) minute</b>      <b>Initial Heart Rate: _____ BPM</b></p> <p><b>Continue to monitor every 5 minutes.</b></p> <p>Have her sit down or lay down &amp; rest.</p> <p>Try to reassure her and keep her calm (slow deep breathing)</p> <p><b>CALL PARENTS AND SCHOOL NURSE TO NOTIFY</b></p> <p><b><u>TECHNIQUES TO SLOW HEART RATE</u></b></p> <ol style="list-style-type: none"> <li>May place ice on the back of neck</li> <li>Vagal Maneuver (bearing down)</li> <li>"trumpet" playing</li> <li>Have student do a headstand (most effective technique)</li> </ol>
<p><b>NO IMPROVEMENT OR SYMPTOMS BECOME WORSE</b></p> <p><b>Heart Rate &gt; 200 beats per min.</b></p> <p><b>FOR 15 MINUTES or Longer</b></p>	<p>Notify Parents to pick up student &amp; Nurse if not in building.</p> <p><i>(this is not an emergent problem—Dr. Anderson stated this can go on for 4 hrs before emergent)—this timing is a parent discretion</i></p>
<p><b>If Symptoms Become WORSE and/or BREATHING STOPS</b></p> <p>Absence of pulse</p> <p>Unconsciousness &amp; Lack of Response.</p>	<p><b>CALL 911</b></p> <p>An adult trained in CPR/Rescue Breathing stays with student until <b>911</b> arrives.</p> <p><b>BEGIN CPR</b></p>

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:**

- |  |             |                                      |             |
|--|-------------|--------------------------------------|-------------|
| <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(s)/Subfile  | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |
| <input type="checkbox"/> Student Health File | Date: _____ | <input type="checkbox"/> Other _____ | Date: _____ |