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# Cardiac Emergency Care Plan

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 \_\_\_\_\_

### Physician and Hospital Information

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Cardiac Monitor  Yes  No Defibrillator or Pacemaker  Yes  No

Current Medications 

--

Rescue and Maintenance 

--

Cardiac History 

--

PE/Activity Guidelines 

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Special Precautions 

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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	<b>CALL 911</b> Notify Parent Notify School Nurse Notify School Principal <b>Do not leave the student unattended</b>

Emergency Contacts

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Parent/Guardian Signature _____	Date _____
School Nurse Signature _____	Date _____
Physician Signature _____	Date _____

***A copy of this plan will be kept in the school office and copies will be given to:***

- Para educator   
  Transportation   
  Teacher   
  PE Teacher   
  Student Services   
  Health Room   
  Secretary-Principal

Other \_\_\_\_\_

**CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING**