

**Colville School District****Cardiac Care Plan /ECP**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Year 20\_\_\_\_-20\_\_\_\_

504 Plan \_\_\_\_\_ IEP \_\_\_\_\_ Bus \_\_\_\_\_

Parent /Guardian \_\_\_\_\_ Hm Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_

HEALTH CONCERN/Diagnosis \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Emergency Assessment/Plan**

If found unconscious/unresponsive, initiate CPR/ use AED if available , and call 911

If you see:	What to do:
Dizziness/feeling Faint	<ul style="list-style-type: none"><li>• Have student lie down and elevate legs</li><li>• Attempt to check heart rate _____</li><li>• If symptoms persist (still dizzy/cannot sit up )-CALL 911</li><li>• If symptoms improve (no longer dizzy when sitting up) offer fluids and call parents</li></ul>
Palpitations (rapid/irregular heart beat)	<ul style="list-style-type: none"><li>• Use calming approach</li><li>• Reassure student</li><li>• Attempt to check heart rate</li><li>• If symptoms persist (palpitations persist despite above) call 911</li><li>• If symptoms improve call parents</li></ul>
Chest Pain	<ul style="list-style-type: none"><li>• Use calming approach</li><li>• Have patient lie down</li><li>• If severe and having dizziness or shortness of breath associated with chest pain call 911</li><li>• If moderate/persists longer than ____ minutes, call 911</li><li>• Notify parents</li></ul>
Bleeding/severe bruising ( <i>for patients on anticoagulation therapy</i> )	<ul style="list-style-type: none"><li>• Notify parents immediately</li><li>• If patient experiences head trauma/abdomen, complains of back/belly pain, or coughing/urinating/vomiting blood : call 911</li><li>• For minor cuts/light bleeding , provide basic first aid.</li></ul>

Parent \_\_\_\_\_ Nurse \_\_\_\_\_ Date \_\_\_\_\_

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**CONGENITAL HEART DEFECTS**

\_\_\_ Aortic Stenosis \_\_\_ Atrial Septal Defect (ASD) \_\_\_ Atrioventricular Defect(AVSD/AV canal)  
\_\_\_ Double Inlet Left Ventricle \_\_\_ Double Outlet Right Ventricle \_\_\_ Ebstein's Malformation  
\_\_\_ Hypoplastic Left Heart Syndrome(HLHS) \_\_\_ Mitral Stenosis/Insufficiency \_\_\_  
\_\_\_ Patent Ductus Arteriosus(PDA) \_\_\_ Pulmonary Atresia \_\_\_ Pulmonic Stenosis/Insufficiency  
\_\_\_ Tetralogy of Fallot(TOF) \_\_\_ Coarction of the Aorta \_\_\_ Transposition of Great Arteries(TGA)  
\_\_\_ Tricuspid Atresia \_\_\_ Truncus Arteriosus \_\_\_ Ventricular Septal Defect (VSD)  
\_\_\_ Bicuspid Aortic Valve \_\_\_ Total/Partial Anomalous Pulmonary Venous Return (TAPVR/PAPVR)

**Acquired Heart Conditions**

\_\_\_ Cardiomyopathy \_\_\_ Congestive Heart Failure \_\_\_ Endocarditis \_\_\_ Kawasaki's  
\_\_\_ Rheumatic Heart Disease \_\_\_ Cardiac Transplant \_\_\_ Other: \_\_\_\_\_

**Abnormal Heart Rhythms**

\_\_\_ Atrial Tachycardia \_\_\_ Atrial Flutter \_\_\_ Long QT Syndrome(LQTS)  
\_\_\_ Wolff-Parkinson White Syndrome (WPWS) \_\_\_ Supraventricular Tachycardia \_\_\_ Ventricular  
Tachycardia (VT) \_\_\_ Other: \_\_\_\_\_

**Cardiac Devices**

\_\_\_ Pacemaker \_\_\_ Implantable Cardiac Defibrillator (ICD) \_\_\_ Prosthetic Heart Valve  
(Aortic/Mitral) \_\_\_ ASD/VSD Occlusion Device \_\_\_ PDA Closure Occlusion Device  
\_\_\_ Other: \_\_\_\_\_

Date	Surgical/Interventions Procedures

Cardiac Medications	Dose	Frequency	Common side effects

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**RECOMMENDATIONS FOR PHYSICAL ACTIVITY**

The following recommendations are guidelines for physical activity for:

Patient Name \_\_\_\_\_ Date of Exam; \_\_\_\_\_

ACTIVITY LEVEL		Initial
1	<ul style="list-style-type: none"><li>May participate in the entire physical education program (PE class) without restriction, including all junior varsity (JV) and varsity competitive sports.</li></ul>	
2	<ul style="list-style-type: none"><li>May participate in the entire PE program</li><li>May not participate in the JV/varsity competitive sports where there is strenuous training and prolonged physical exertion (e.g. football, wrestling, soccer, basketball).</li></ul>	
3	<ul style="list-style-type: none"><li>May participate in the PE class except for excessively stressful activities such as rope climbing, weightlifting, sustained running (e.g. laps) and fitness testing.</li><li>Must be allowed to rest when tired</li><li>No JV or varsity sports</li></ul>	
4	<ul style="list-style-type: none"><li>May participate in mild PE class activities such as circle games, golf, and badminton, yoga, bowling</li><li>No recreational, JV or varsity sports</li></ul>	
5	<ul style="list-style-type: none"><li>Restricted from the entire PE class program and all recreational, JV or varsity sports</li></ul>	

Duration of recommendations: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Physician Signature; \_\_\_\_\_ Date: \_\_\_\_\_

Physician Stamp:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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