

EMERGENCY CARE PLAN

CARDIAC CONDITION

Student: _____

D.O.B.: _____

Medical Condition:

SYMPTOMS OF AN EMERGENCY MAY INCLUDE ANY/ALL OF THESE:

- Fatigue or weakness,
- fainting,
- blackouts,
- dizziness,
- chest pain,
- shortness of breath,
- palpitations
- vomiting.

SIGNS OF AN EMERGENCY:

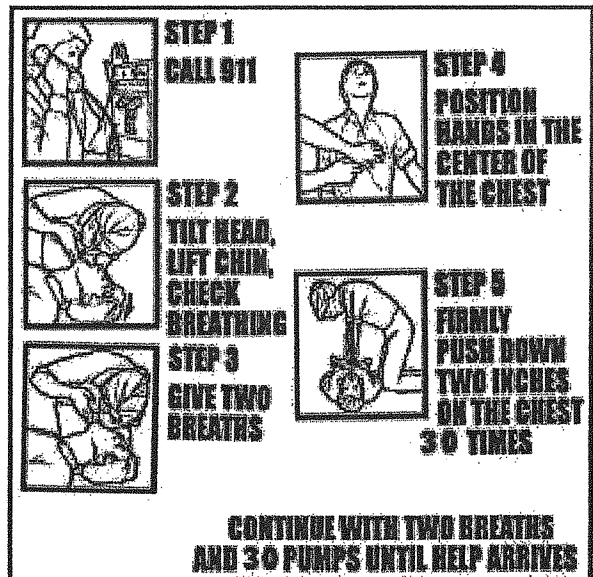
- Sudden collapse
- No pulse
- No breathing
- Loss of consciousness

ACTIVITY RESTRICTIONS:

TREATMENT: Monitor student for adverse symptoms and immediately suspend these activities if symptoms occur. Call school nurse and report episode.

STEPS TO FOLLOW FOR AN EMERGENCY:

1. If at school, activate the Emergency Medical Response Protocol, and if the child is not breathing, begin CPR.
2. On a field trip or during after school activities, where a nurse is not available, call 911. If the child is not breathing, begin CPR
3. If student is breathing, position student on side.
4. If student is not breathing, perform CPR and use a portable defibrillator if available. If you're not trained to use a portable defibrillator, a 911 or emergency medical help operator may be able to guide you in its use. Deliver one shock if advised by the device, and then immediately begin CPR starting with chest compressions, or give chest compressions only, for about two minutes. Using the defibrillator, check the person's heart rhythm. If necessary, the defibrillator will administer a shock. Repeat this cycle until the person recovers consciousness or emergency personnel take over.
5. Call parents/ emergency contact. Student information can be found on Emergency Contact Form.



Parent/Guardian Signature to share this plan with Provider and School Staff:

_____ Date: _____