

Cardiac Care Plan: Postural Orthostatic Tachycardic Syndrome (POTS)

Date: _____

Name: _____

Date of Birth: _____ School: _____

Postural Orthostatic Tachycardic Syndrome (POTS) is an imbalance of the natural systems the body has in place to regulate blood pressure. It causes an excessive increase in heart rate when someone goes from sitting or lying down to standing up that can result in many different symptoms.

Daily Routine:

Student with POTS need to drink water throughout the day to regulate their blood pressure. Allow the student to carry a water bottle with them at all times and have unrestricted bathroom access.

If the student is found unconscious or unresponsive, start CPR, use AED, and call 911.

Symptom	What to do
Dizziness or feeling faint	<ul style="list-style-type: none"> •Have the student lie down •Offer fluids •Do not leave unaccompanied •Call the student’s parents •Have them sit up slowly once the dizziness has subsided (may take 20 minutes)
Fainting (syncopal episode without loss of consciousness)	<ul style="list-style-type: none"> •If there is a warning, help the student lie down and elevate their legs •If there is no warning, check the student’s heart rate and reassure them •Do not leave unaccompanied •Offer fluids (if conscious) •Call the student’s parents •Have them sit up slowly once the dizziness has subsided (may take 20 minutes) •Call 911 if heart rate is over _____ for _____ min.
<p><u>Other symptoms may include:</u></p> <ul style="list-style-type: none"> •Fatigue •Headache •Tunnel vision •Nausea •Abdominal pain •Temperature regulation problems •Anxiety •Heart palpitations 	<ul style="list-style-type: none"> •Have the student lie down and elevate their legs •Offer fluids •Call the student’s parents •Send the student home if: _____ _____ _____

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Who to contact:

1. Call the school nurse
2. Call the student's parents
3. If additional assistance is needed, call the M.D.

M.D. name: _____

M.D. phone number: _____

When to call 911:

- If the student is found unconscious or unresponsive
 - POTS episode with fainting, if it has never happened before
 - Severe chest pain
 - Heart rate that is over _____ for _____ minutes
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Additional Remarks:

Physician Signature: _____ Date: _____

Physician Office Address: _____

Parent Signature: _____ Date: _____