Cardiac Care Plan

Student Name: _____________________________________________________________

Diagnosis / Surgeries: ______________________________________________________

**Signs and Symptoms of cardiac distress:**

- Decreased level of consciousness
- Chest pain or discomfort
- Shortness of Breath
- Weakness
- Abnormal and/or irregular heart rate (normal usually 60-100)
- Clammy, cool skin; Pale (washed out look) or bluish skin
- Fainting or dizziness
- Trembling or seizures
- Swelling of abdomen, legs, and feet

**Emergency Procedure:**

1. Call School Nurse if available
2. Call Parent and 911 if in distress
3. Have student take slow, deep breaths and relax by sitting down or lying down
4. Seizure precautions if having seizures – turn them on their side, don’t hold them down, protect their head with a soft object under head, loosen any tight clothing, and note time seizure began and length of seizure.
5. Administer CPR if necessary

Special Accommodations:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Parent Signature: ___________________________________________________________

School Nurse Signature: ______________________________________________________