

Linn-Mar Community Schools Cardiac Condition Health Plan

Student: _____ Date: _____

Parent/Guardian _____ Home Phone: _____

Physician: _____ Hospital: _____

Diagnosis:

Symptoms to watch for: (color change, shortness of breath, respiratory difficulty, irritability, and tachycardia)

Medications:

Activity restrictions:

Any precautions/additional information:

Emergency Care:

1. **Keep student lying flat or in upright sitting position** (circle one position).
2. **Stay with student and try to keep student calm.**
3. **Call school nurse and parents.**
4. **Follow any special instructions for student:**

5. **If loss of consciousness or worsening respiratory distress, call 911 for emergency assistance.**
6. **Be prepared to initiate CPR if breathing ceases. Maintain airway.**

I have read and approve of the above plan for school health care:

Parent/Guardian Signature

Date

School Nurse Signature

Date