

CARDIAC - Individual Health Plan (IHP)

According to Washington State Lay RCW (28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact school if you have any questions.



Student Name: _____
 DOB: _____ Grade: _____
 School: _____ Year: _____
 Teacher: _____

Other ID: _____ Walker Bus Rider Bus Number: _____
 Bus Driver: _____ Bus Route: _____

Parent/Guardian: _____ Hm Phone: _____
 Address: _____

Guardian 1: Wk Phone: _____ Cell Phone: _____
 Guardian 2: Wk Phone: _____ Cell Phone: _____
 Physician/HCP: _____ Phone: _____
 Preferred Hospital: _____ Allergies: _____

Medication at Home: _____

Cardiac Monitor Yes No Please check the box that applies. (Please explain)

Defibrillator or Pacemaker Yes No

HEALTH CONCERN: (Enter Cardiac Diagnosis)	
Describe Cardiac History below (transplant, surgery, congenital vs. acquired condition).	
PE/Activity Guidelines	
Special Precautions	

EMERGENCY INTERVENTION															
Symptoms Observed	Immediate Response														
<table border="0"> <tr> <td></td> <td>Possible Symptoms</td> </tr> <tr> <td>Chest pain</td> <td>Palpitations</td> </tr> <tr> <td>Dizziness</td> <td>Dysrhythmia</td> </tr> <tr> <td>Sweating</td> <td>Clubbing of fingers</td> </tr> <tr> <td>Shortness of breath</td> <td>Irritability</td> </tr> <tr> <td>Rapid heart rate</td> <td>Cyanosis</td> </tr> <tr> <td>Fear and panic</td> <td>Fatigue</td> </tr> </table> <p><i>Depending on diagnosis, symptoms could be related to heart transplant rejection or cardiac medication levels rather than a congenital or acquired cardiac condition.</i></p>		Possible Symptoms	Chest pain	Palpitations	Dizziness	Dysrhythmia	Sweating	Clubbing of fingers	Shortness of breath	Irritability	Rapid heart rate	Cyanosis	Fear and panic	Fatigue	<ul style="list-style-type: none"> Because each student's needs are unique to their condition/diagnosis, the nurse must acquire directions from the student's licensed health care provide (LHP) in order to individualize the ECP. Nursing Assessment (ABC's) Vital signs
	Possible Symptoms														
Chest pain	Palpitations														
Dizziness	Dysrhythmia														
Sweating	Clubbing of fingers														
Shortness of breath	Irritability														
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Fear and panic	Fatigue														

Fainting or collapse with any known heart condition
Extreme chest pain
Tachycardia that does not resolve
Irregular heart rate
Difficulty breathing

Call 911

Call Parents

*** If your child requires medication(s) at school, their Physicians/HCP needs to fill out and sign an Authorization to Administer Medication form. This form can be found on the district website or in the school office. Medication must be brought to school by an adult. Students may not transport medication to or from school. If a half tablet is prescribed, the parent must split the pill prior to bringing it to school. ***

Contact School Nurse through the school office if you have any questions.

Parent: _____ Date: _____

School Nurse RN: _____ Date: _____

A copy of this plan will be kept in the health room and will be available to current staff in Skyward.

It is the teacher's responsibility to communicate medical concerns to their subs by placing a copy of each health plan in their sub file.

CONFIDENTIAL INFORMATION - SHRED PRIOR TO DISCARD