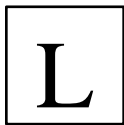


St. Theresa School Cardiac Action Plan (2018-2019)



Name (Last) _____ (First) _____ Birth Date _____

Parent / Guardian _____ Mother Phone _____

Parent / Guardian _____ Father Phone _____

Cardiac Disorder _____

Procedures/Operations /Year _____

Other health conditions/disabilities _____

Medication	Dosage	Purpose	Schedule

Mark restrictions (include interscholastic athletics and contact sports) below:

- No restrictions
- Moderate exercise; includes physical education classes and recreational sports but should avoid activities, which require maximum or sustained effort.
- Light exercise includes non-strenuous recreational games such as recess or jogging.
- Must be permitted to determine his/her own level of activity and stop to rest when needed.
- No physical education classes.

SIGNS & SYMPTOMS of a CARDIAC EMERGENCY		
LOOK FOR:	LISTEN FOR:	FEEL FOR:
<ul style="list-style-type: none"> ▪ Bluish appearance to skin, lips, eyelids, face and or neck ▪ Paleness ▪ Vomiting ▪ Weakness ▪ Sweating ▪ Holding chest, neck , and or left arm 	<p>Statements about:</p> <ul style="list-style-type: none"> ▪ Sudden pain – chest, behind breast bone, down left arm, up into neck, jaw. ▪ Pain is steady – not changed with movement or breathing. “Pressing”, “choking” , “Squeezing” ▪ Persistent feeling of indigestion, not relieved by positioning. ▪ Difficulty in breathing – worse when flat ▪ Weakness 	<ul style="list-style-type: none"> ▪ Weak, or rapid or unusually slow or irregular pulse rate. ▪ Clammy, cold skin

In case of a Cardiac Event:

- ❖ Check for pulse, respirations and level of consciousness, If decreased level of consciousness or absent pulse or absent respirations:
- ❖ Call 911 (or delegate someone to do so)
- ❖ CALL School Nurse at ext. 212 or Walkie Talkie
- ❖ BEGIN CPR and obtain the closest AED (located at church, gym and school)
- ❖ CONTACT PARENT / GUARDIAN
- ❖ HAVE SOMEONE OBTAIN MEDICAL PAPERWORK TO SEND WITH THE STUDENT

Parent/Guardian _____ Date _____