



# Individual Health Plan Heart Condition

Student Photo

Name:

Birth Date:

## Name of Condition:

### Symptoms:

- **Mental:** Feels “scared”; something bad is going to happen
- **Respiratory:** Short of breath/difficulty breathing
- **Skin:** gray/blue color, sweating, clammy
- **Heart:** Chest pain Irregular pulse rapid pulse fainting

## Health Care Provider to Complete

- No**, this condition is not life threatening. No intervention is needed at this time.
- No**, this condition is not life threatening. Accommodations needed (see below).
- Yes**, this is a life threatening condition. An action plan is needed (see below).

## Action Plan: If sending student anywhere, send with an escort

Call 911 if:	Then do:
<ul style="list-style-type: none"> <li>• Sudden severe chest pain</li> <li>• Sudden onset of severe shortness of breath</li> <li>• Loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Stay with student</li> <li>• Begin CPR if the need arises</li> <li>• Have another school employee contact parents</li> </ul>

**Further instructions from HCP:** (*classroom, school bus, field trips, disaster, Weight limits, PE restrictions, etc.*)

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

### Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature