

# Student Cardiac Action Plan and Health Information



Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Class/Teacher (as at plan date): \_\_\_\_\_

Cardiac diagnosis: \_\_\_\_\_

Doctor/Cardiologist details: \_\_\_\_\_

Plan date: \_\_\_\_\_ Review date: \_\_\_\_\_

## Emergency Contact 1

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contact 2

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### SYMPTOM

### ACTION




#### Student is well when

- Can do all regular activities
- Appears comfortable

No specific actions required. Refer to Daily Management guide overleaf.



Student photo (optional)

#### Student needs support when


-  **STOP** any physical activity immediately.
-  **ADMINISTER** any medication as outlined in medication plan.
-  **MONITOR** symptoms for 15 minutes.

If symptoms improve, rest and return to normal activities slowly. If symptoms don't improve, phone student's emergency contact and advise of situation.





#### Student's emergency contact should be advised when

-  **STOP** any physical activity immediately.
-  **ADMINISTER** medication if prescribed:

Name/Dose: \_\_\_\_\_

-  **PHONE** student's emergency contact and advise of situation.

#### Emergency – student requires emergency medical care

-  **CALL an ambulance immediately** (Triple Zero – 000)
  -  **ADMINISTER** emergency medication if prescribed:
- Name/Dose: \_\_\_\_\_
-  **CONTACT** child's emergency contacts and advise of situation
  -  **STAY** with the child until emergency help arrives.

## QUICK INFO

**Paramedic teams** Include child specific detail here for example: history of rhythm abnormalities, child has pacemaker, child has artificial valve, any allergies, anticoagulation medication taken, risk of stroke, abnormal blood flow notes, shunt details.

Medications:

Regular hospital/doctor information:

### Information for emergency teams:

Usual resting heart rate:

Usual respiratory rate:

Usual blood pressure:

Usual temperature:

Typical haemoglobin/hematocrit:

Typical O2 saturation at rest:

## Daily Management

**Medication, medical devices and monitoring** (include detail of any medications or devices the student relies on and details of any devices which need monitoring):

Recent surgeries/interventions past 12 months:

Other/coexisting medical conditions :

### Participation and physical limitation notes

**Full Active Participation** – student is able to participate in games or activities requiring moderate exercise.

**Partial Active Participation** – student is able to participate in games or activities requiring minimal physical effort and may need occasional rest periods.

**Limited Active Participation** – student is able to participate in sedentary activities only requiring no physical effort and must rest frequently.

Parent/physician notes eg. comfort level of child self-regulating participation, necessity for breaks/bathroom visits and any other adjustments needed:

### Triggers and symptoms to monitor

Known triggers:

Symptoms to monitor:

Parents request to be contacted/receive communications when:

## Additional Instructions

- Always have any medication and this action plan accessible.
- Ensure teachers and school staff are aware of this plan and understand the steps.
- Regularly review and update the plan with the child's doctor.

Parent/Guardian Signature

Doctor's Signature

Date