



Individualized School Health Care Plan

For Children with Wolff-Parkinson-White Syndrome (WPW)

Name of Student: _____ DOB: _____

School Year: _____

School: _____ Homeroom Teacher: _____

Grade: _____

Medical Diagnosis / Chronic Health Condition

Wolff-Parkinson-White Syndrome (WPW) is a heart rhythm disorder (arrhythmia) caused by a conduction abnormality in the heart. WPW can lead to extremely rapid heart rates. These arrhythmias, or abnormal heart rhythms, can produce symptoms such as palpitations, light-headedness, fainting, sometimes shortness of breath or chest pain, or even loss of consciousness. **In very rare instances, WPW can lead to sudden cardiac arrest.**

Emergency Plan

Since the child is at risk, however slight, of having a sudden cardiac arrest, it is essential that an emergency plan be in place. This plan should include the entire campus.

- If the student becomes unresponsive, look at their chest for abnormal, irregular breathing or only gasping. Call 911. There may also be some jerking movements that make you think of a seizure. Lay responders should not check a pulse.
- If the student is unresponsive and not breathing normally, begin CPR with chest compressions. As soon as an AED arrives, turn it on and follow the voice prompts. Time is critical – each minute of delay in response can mean a 7-10% decrease in survival rate. Effective CPR will give the student extra time until the AED arrives, protecting brain and heart cells. The plan should include the AED being on the way at the same time as the first responders.
- If the student is unconscious but breathing normally, call 911 and observe them closely.
- If the student faints but regains consciousness quickly, observe them closely. Parents/guardians should be called and advised to seek follow-up medical care.
- If the student experiences palpitations, a rapid heart rate, chest pain, or shortness of breath, the parents/guardians should be notified and advised to seek medical care.

Other Considerations

If the child becomes light-headed or dizzy, or experiences chest pain or shortness of breath with exercise, they should be allowed to sit down and be observed by the school nurse. Occurrences of dehydration, vomiting, and/or diarrhea should also be monitored.

Because sudden cardiac arrest can occur at any time, the school should have a designated first responder team of at least five staff members with current CPR and AED skills. All staff should have training in recognizing a sudden cardiac arrest, locating the AEDs, and activating the school's emergency response plan.

The AED should be no more than 3 minutes away and placed on the student as soon as it is available. CPR can continue while the pads are being placed and until the AED calls for no one to touch the student. Follow the voice prompts of the AED, and resume CPR when indicated. It will cycle and reevaluate the student every



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two minutes. Immediate and constant attendance by first responders is paramount until EMS arrives, and parents/guardians should be notified.

Emergency Contacts

Parent/Guardian	Relationship	Phone Number	Alternate Phone / Contact (incl. email)

Daily Medications

Drug Name	Dose	When/How to Use	Purpose	Side Effects to Observe For

Medications In Case of Emergency:

Special Considerations and Precautions:

Activity / PE Restrictions

Physical exercise may be allowed; however, this varies from child to child.

Additional comments: _____

- If the child becomes fatigued, dizzy, short of breath, or complains of chest pain, they must sit down, be allowed to rest, and be observed closely for becoming unresponsive. The school nurse should be notified.
- On field trips and other activities away from school, an AED and a trained CPR responder should be available.
- A cell phone or other emergency communication device should always be available.



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Other Accommodations:

Physician name: _____ **Phone number:** _____

I, this child's parent/guardian, hereby authorize the named healthcare provider who has attended my child to furnish to the School Health Services or School Clinic staff any medical information and/or copies of records about my child's chronic health condition, and for this information to be shared with pertinent school staff. I understand that HIPAA regulations limit disclosure of certain medical information; however, I expressly authorize disclosure of information so that my child's medical needs may be served while at school. This authorization expires as of the last day of this school year.

Parent/Guardian Signature: _____ **Date:** _____