



Individualized School Health Care Plan For Children with CPVT

Name of Student: _____ DOB: _____ School Year: _____

School: _____ Homeroom teacher: _____ Grade: _____

Medical Diagnosis/Chronic Health Condition: CPVT Syndrome, an abnormality of the heart's electrical system caused by dysfunction in cardiac ion channels, may result in disturbances of the heart's normal rhythm. These disturbances are due to a disorder of electrolyte flow (potassium, calcium, and sodium ions) through the ion channels. The child is being treated medically for this condition, but still may be at risk of a sudden fainting episode or heart arrhythmia leading 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 is unresponsive, look at the chest for abnormal, irregular breathing or only gasping. Call 911 and call for an AED. There may also be some jerking movements that look like seizure activity. 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 decreased survival rate of 7-10%. Effective CPR will give you extra time until the AED arrives, protecting brain and heart cells. Again, the plan should include *bringing the AED at the same time as first responders are called.*
- If the student is unconscious, but is breathing normally, call 911, and observe him closely.
- If the child faints but regains consciousness quickly, observe him closely. Parents 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 should be notified and advised to seek medical care.

Other considerations:

If child becomes light-headed or dizzy, experiences chest pain or shortness of breath with exercise, she/he 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 anytime, 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, location of the AEDs and activating the school's emergency response plan.

The AED should be no more than 3 minutes away and placed on the victim as soon as available. CPR can continue while the pads are being placed and until the AED calls for no one to touch the victim. Follow the voice prompts of the AED, and resume CPR when indicated. It will cycle and reevaluate the victim every two minutes. Immediate and constant attendance by first responders is paramount until EMS arrives, and parents should be notified.

This student may be on medications called beta blockers (such as Nadolol, Atenolol, etc.). These medications are quite protective, but do not prevent 100% of episodes of life-threatening arrhythmia. Beta blockers may, on occasion, lower blood sugar, and can aggravate reactive airway disease. These potential side effects should be kept in mind.

Emergency Contacts:

Parent/Guardian	Relationship	Phone number	Alternate phone/contact method (including email)

Daily Medications:

Drug name	Dose	When/How Use	Side effects to observe for

Medications In Case of Emergency: _____**Special Considerations and Precautions:**

Activity/PE restrictions: Self-limiting physical exercise may be allowed, however this varies from child to child. Competitive sports in many cases will be prohibited.

- ❖ If the child becomes fatigued, dizzy, short of breath or complains of chest pain, she/he must sit down, be allowed to rest, and 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.

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 pertaining to 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:** _____