

**Westford Public Schools**  
**Cardiovascular Individual Health Care Plan**

**Student's Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Attach student picture here.

**Diagnosis:** \_\_\_\_\_

**Cardiovascular Procedures/Operations:** \_\_\_\_\_

**Allergies**  Yes  No If yes, describe: \_\_\_\_\_ **Asthma?**  Yes  No

**Baseline: Pulse** \_\_\_\_\_ **B/P** \_\_\_\_\_ **O<sub>2</sub> Saturation** \_\_\_\_\_ **% Other** \_\_\_\_\_

**My student may experience the following symptoms (please check)**

- "Feels like heart is beating too fast"
- Shortness of breath
- Changes in color, mouth, lips, or nails.
- Dizziness

**The following may indicate a worsening of symptoms (please check)**

- Decreased level of consciousness
- Clammy, cool skin
- Dizziness
- Shortness of breath
- A marked change in color: pale or blue
- Chest pain
- Other—Describe: \_\_\_\_\_

**Student has the following other health concerns:** \_\_\_\_\_

**Any other special considerations?** \_\_\_ Yes \_\_\_ No *If yes, describe:* \_\_\_\_\_

**Emergency Contacts:**

**Parent/Guardian:**

**1. Name:** \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**2. Name:** \_\_\_\_\_  
Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

*Other emergency contact if parent/guardian is not available:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. # \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Cardiologist:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

# Westford Public Schools

## Cardiovascular Individual Health Care Plan

**The steps that should be taken for a cardiac event are:**

1. Check for pulse, respirations, O<sub>2</sub> Saturation, and level of consciousness.
2. \_\_\_\_\_

**If there is a decreased level of consciousness or absent pulse or respirations**

1. Call 911
2. Begin CPR and obtain AED
3. Contact parent/guardian

**The following recommendations are based on the student’s cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of the general medical evaluation. Our recommendations are as follows (please check):**

- No restrictions ( includes interscholastic athletics and contact sports)
- 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 swimming, jogging, or golf.
- Must be permitted to determine his/her own level of activity and stop to rest as needed
- No physical education classes

**All Current Medications:**

<u>Name</u>	<u>Dose</u>	<u>Purpose</u>	<u>Schedule</u>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent to have the school nurse or school personnel designated by the school nurse carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as determined appropriately for my student’s health and safety.

**Notice:** Westford Public Schools are concerned with the safety and well being of all its students.. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after-school personnel cannot deliver medical procedures or obtain or administer medications.