



**Health Services Division
Cardiac Emergency Care Plan**

Students Name: _____ Date of Birth: _____

A cardiac emergency requires immediate action. Cardiac emergencies may arise as a result of a Sudden Cardiac Arrest (SCA) or a heart attack, but can have other causes.

If you see this . . .	Do this . . .
<ul style="list-style-type: none"> • Complain of pain, pressure or discomfort in chest or upper abdomen. • Respiratory difficulties; shortness of breath • Anxiety; a feeling of impending doom • Sweating • Numbness or tingling in arms • Nausea or vomiting • Extreme fatigue • Jaw or neck pain • Unresponsive/Loss of consciousness or a sudden collapse 	<p><u>Stay with student, keep student calm/quiet</u> *Allow student to sit or lie in a comfortable position</p> <ol style="list-style-type: none"> 1. Call 911 immediately If the student has any of the following symptoms: <ul style="list-style-type: none"> • Severe or crushing/squeezing pain in chest. May be described as a crushing or squeezing pain • Respiratory difficulties; shortness of breath • Unresponsive/Loss of consciousness • Stay with student and begin steps of First Aid/CPR if certified as necessary. 2. Call School Nurse at EXT _____ and state student's name 3. Call Parent/Guardian 4. Notify Administration

Emergency Medication Name	Amount	In Clinic or On Student
1. _____	_____	_____
2. _____	_____	_____

Comments or special instructions:

Parent/Guardian Name: _____ Phone: _____

	Student's Grade / Date / Nurse's Initials			
_____ School Nurse/Licensure/Initials				
_____ School Nurse/Licensure/Initials				
_____ School Nurse/Licensure/Initials				