

**SUMTER COUNTY SCHOOLS
INDIVIDUALIZED HEALTH CARE PLAN - CARDIAC**

Student Name: _____ DOB: _____ School: _____ Grade: _____
 Parent/Guardian: _____ Phone: Home _____ Cell _____ Work _____
 Emergency Contacts: _____ Phone: Home _____ Cell _____ Work _____
 Healthcare Provider: _____ Phone: _____ Fax: _____
 Medical Diagnosis: _____ Allergies: _____
 Medications/Home: _____ At School: _____

ESE: Yes No IEP: Yes No 504: Yes No

Parent Signature: _____ Date: _____ Preferred Hospital: _____

| NURSING DIAGNOSIS | GOALS | INTERVENTIONS | EVALUATION | DATE |
|--|---|--|--|---|
| <input type="checkbox"/> Risk for decreased cardiac output at school. Nursing Assessment Information: <input type="checkbox"/> Per Healthcare provider <input type="checkbox"/> Per Parent/Guardian | <input type="checkbox"/> Student will notify teacher/nurse when experiencing symptoms. <input type="checkbox"/> Emergency action place in place. | <input type="checkbox"/> Instruct staff/teacher on signs/symptoms to refer to school nurse: <input type="checkbox"/> Change in activity tolerance <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Chest pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Blue lips <input type="checkbox"/> Restlessness/Crying <input type="checkbox"/> Lethargy | <input type="checkbox"/> Student will report episodes/symptoms to parent, teacher, or staff, or nurse. | Date Initiated: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Discontinued: _____ |
| <input type="checkbox"/> Potential for activity intolerance | <input type="checkbox"/> Student will maintain optimal activity level at school. | 1. Student has the following restrictions per health care provider orders: <input type="checkbox"/> No restrictions <input type="checkbox"/> Restrictions: _____ _____ _____ 2. Student will self-monitor activity tolerance as age appropriate. 3. Allow for rest periods during the school day, as needed. 4. Help parent, student, and teacher to determine appropriate physical activity. Assist teacher to monitor and make adjustments to schedule as needed. | <input type="checkbox"/> Student will participate in P.E., with modified activities. <input type="checkbox"/> Student will go outside with peers of P.E/recess. <input type="checkbox"/> Student will notify teacher when experiencing shortness of breath. Student will identify and describe symptoms. <input type="checkbox"/> Student will identify when to let the teacher or nurse know when that he/she is having difficulty breathing, excessive fatigue or other symptoms. | Date Initiated: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Discontinued: _____ |

| | | | | |
|--|---|--|--|--|
| <p>____ Potential for change in medical status</p> | <p>____ Student/family will collaborate with school staff and health care team to facilitate optimum health necessary for learning.</p> | <p>____ Parent will provide school with current medical information at the beginning of the school year/upon initial diagnosis, of condition, and as changes occur. ____ The school nurse will call health care provider to obtain current information when necessary to safely manage student's condition at school. ____ If needed, trained school personnel will accompany student on field trips/other off campus school related activities.</p> | <p>____ Student/Parent will report any changes in student condition or any changes in medical management of student's chronic condition.</p> | <p>Date Initiated: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Discontinued: _____</p> |
| <p>____ Knowledge deficit and low self-esteem R/T cardiac condition.</p> | <p>____ Student will maintain/increase positive self-concept and effective cardiac management at school.</p> | <p>____ The school nurse will provide information and training to school staff as needed to support student's needs. ____ The school nurse will provide a copy of EAP to appropriate school personnel. ____ Encourage student to verbalize feelings. ____ Allow student to participate with peers even when there are physical limitations, when appropriate.</p> | <p>____ Student will verbalize feelings in relation to self-esteem due to cardiac condition.</p> | <p>Date Initiated: _____ Date Reviewed: _____ Date Reviewed: _____ Date Reviewed: _____ Date Discontinued: _____</p> |

Nurse Signature: _____

Date: _____

Nurse Signature: _____

Date: _____

Nurse Signature: _____

Date: _____

Nurse Signature: _____

Date: _____