

Antelope Valley Union High School District

Individualized School Healthcare Plan – Cardiac Conditions

Student:	DOB:
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School employees with student assignments will recognize the signs of illness and initiate the following health plan.

Nursing Diagnosis:

- Risk for cardiac insufficiency, intermittent, related to activity intolerance, secondary to cardiac surgery.

Student Health Goals:

- Cardiac function will remain normal.
- Student will communicate signs of illness to adults who will obtain appropriate assistance.
- Student will participate in school activities, with accommodations, to the fullest extent possible.

Signs of illness	Interventions
<ul style="list-style-type: none"> • Activity intolerance, weakness and fatigue • Cold, clammy skin • Pale or bluish nails, lips, or skin • Dizziness, lightheadedness, fainting • Reports chest discomfort, pain, or pressure • Respiratory distress such as noisy, gasping breaths or change in respiratory rate • Sense of doom or anxiety • Reports numbness and tingling • Confusion, change in consciousness <p><i>*Italics are student specific</i></p>	<ul style="list-style-type: none"> • Stay with student and keep them calm • Stop all activity • Notify Security and Health Office to call 911 • Monitor ABCs and provide emergency care • Notify parent / guardian

Call 9-1-1 when:

- **Student reports signs of illness**
- **Severe and persistent pain**
- **Unconscious or unresponsive**

Schedule	Care Required	Location for Care	Care Given by	Training date
As needed	Emergency Care	Student Location	All adults with current CPR and first aid	Variable

Date / Copy of ISHP Given

Date: Student	Date: District Nurse	Date:
Student's Parents	Health Office Technician	

Parent Signature _____

Date _____

District Nurse Signature _____

Date _____