



## Individualized School Health Care Plan For Children with Wolff Parkinson White Syndrome

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ School Year: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Diagnosis/Chronic Health Condition:** Wolff Parkinson White Syndrome (WPW) is a heart rhythm disorder (arrhythmia) caused by a conduction abnormality in the heart. WPW can lead to extremely rapid heart rates. These arrhythmias, or abnormal heart rhythms, can produce symptoms such as palpitations, light headedness, fainting, sometime shortness of breath or chest pain or even loss of consciousness. In very rare instances, WPW can lead 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.

- If the student should faint he should be laid flat and his/her vital signs should be immediately obtained. Specifically the heart rate should be determined.
- If a pulse is not present and the student is unconscious, one should call 911, start immediate CPR and utilize the AED if it determines that the rhythm is abnormal
- If the student is unconscious, but has a normal heart rate or blood pressure, one should call 911 and have the emergency technicians treat him appropriately.
- If the child should faint but regain consciousness, one should obtain her/his vital signs. The parents should be notified and they should call their physician.
- If the student is experiencing palpitations, feeling a rapid heart rate (in excess of 160 bpm), has chest pain (s/he may state that her/his "heart feels funny or hurts" or that her/his heart feels like it will explode) then the following actions should be taken: Have the student sit down and try to convert the fast rhythm by blowing on her/his thumb as if it were a trumpet while also holding her/his nose. S/He should repeat this maneuver every five minutes or so. S/He can also place her/his face in ice water trying to convert the rhythm. Parents should be notified.

### Other considerations:

If child becomes light-headed or dizzy, experiences chest pain or shortness of breath with exercise, s/he should be allowed to sit down, and be observed by school staff.

Because sudden cardiac arrest can occur at anytime, all school staff should be trained in CPR.

The AED should be no more than 3 minutes away and applied to the victim's body as soon as available. If indicated by the machine, a shock should be delivered. Immediate and constant attendance by first responders is paramount until EMS arrives, at which time parents should be notified.

Physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**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.

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\_\_\_\_\_  
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- ❖ 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:**

\_\_\_\_\_  
\_\_\_\_\_

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