



Individualized School Health Care Plan For Children with Long QT Syndrome

Name of Student: _____ DOB: _____ School Year: _____

School: _____ Homeroom teacher: _____ Grade: _____

Medical Diagnosis/Chronic Health Condition: Long QT Syndrome, an abnormality of the heart's electrical system caused by dysfunction in cardiac ion channels, may result in disturbances of the heart's normal rhythm. These disturbances are due to a disorder of electrolyte flow (potassium, calcium, and sodium ions) through the ion channels. The child is being treated medically for this condition, but still may be at risk of a sudden fainting episode or heart arrhythmia leading 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/she 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/her appropriately.
- If the child should faint but regain consciousness, one should obtain his/her vital signs. The parents should be notified and they should call their physician.
- If the student is experiencing palpitations, feeling a rapid heart rate, has chest pain but has normal vital signs, and normal mentation, the parents should be notified and advised to seek medical care.

Other considerations:

If child becomes light-headed or dizzy, experiences chest pain or shortness of breath with exercise, she/he should be allowed to sit down, and be observed by the school nurse. Occurrences of dehydration, vomiting, and/or diarrhea should also be monitored.

Because sudden cardiac arrest can occur at anytime, all teachers 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.

This student may be on medications called beta blockers (such as Nadolol, Atenolol, etc.). These medications are quite protective, but do not prevent 100% of episodes of life-threatening arrhythmia. Beta blockers may, on occasion, lower blood sugar, and can aggravate reactive airway disease. These potential side effects should be kept in mind.

Physician name: _____ Phone number: _____

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.

- ❖ 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:** _____

For a list of medications to avoid that have been found to overly stimulate the heart or to prolong the QT interval in patients with LQTS, please consult our website www.stopsads.org or www.qtdrugs.org.