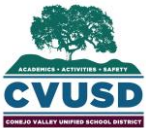


CONEJO VALLEY UNIFIED SCHOOL DISTRICT
Student Support Services
 1400 E. Janss Rd., Thousand Oaks CA 91362
 (805) 497-9511

Individualized Healthcare Plan (IHP) – CARDIAC
(HEART) CONDITION

Pupil:			
Grade:	DOB:	Educational Placement:	
School:			
District:			
School Nurse:		Cell #	
Parent/Guardian Consent Date:		Physician Authorization Date:	
Parent Signature:			
Mother	Primary Phone #	Secondary Phone #	
Father	Primary Phone #	Secondary Phone #	
Guardian	Primary Phone #	Secondary Phone #	
Home Address		City	Zip
Other Contact (Relationship):		Primary Phone #	Secondary Phone#
Physician		Phone #	Fax #
Physician Address		City	Zip
Healthcare Service Needed at School	Management of Cardiac Condition at School and School Sponsored Events:		
Purpose of an IHP	<ol style="list-style-type: none"> 1. The purpose of an Individualized Healthcare Plan (IHP) is to provide safe management of healthcare needs and services for pupils at school and during school-related activities. 2. The school nurse, in collaboration with the student and the student’s parent/guardian, healthcare providers, and school team, is responsible for: <ol style="list-style-type: none"> a) Development, implementation, and revisions of the IHP. b) The training and supervision of all designated personnel who will provide healthcare according to the ISHP and standard procedures. 3. IHP revisions, if and when revisions are needed to the IHP, parent/guardian will inform school nurse of any updates from the physician by providing a doctor’s note. 4. IHP review must occur annually and whenever necessary to ensure provision of safe care. 		



Pupil: _____ **DOB:** _____

Symptoms: **Chest Pain, Shortness of Breath, Loss of Consciousness**
 *Severity of symptoms can change quickly and rapidly progress to a life-threatening situation!!!!

IF YOU SEE THIS:	DO THIS: Never send student anywhere alone !!!!!	TIME <i>Initial</i>
Shortness of Breath	<ul style="list-style-type: none"> Encourage to lean slightly forward and breathe through pursed lips. If breathing is not normal in _____ minutes, contact parent. Adult stays with student and watches for any worsening of symptoms. 	
Chest Pain	<ul style="list-style-type: none"> <input type="checkbox"/> Allow to rest in whichever position is most comfortable. <input type="checkbox"/> If the school nurse is on site, vital signs should be checked. <input type="checkbox"/> If the pain lasts longer than _____ minutes or gets worse, contact parent. <input type="checkbox"/> Adult stays with student and watches for any worsening of symptoms. 	
<u>LIFE-THREATENING SYMPTOMS:</u> Sudden Severe Chest Pain Sudden Severe Shortness of Breath Loss of Consciousness	CALL 911	
BREATHING STOPS	Begin CPR/RESCUE BREATHING	
Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.		

The following **staff members** are trained to deal with an emergency and initiate the appropriate procedures:

1. _____ 2. _____ 3. _____

Registered Nurse's Signature Date

Parent/Guardian Signature Date _____
Health Care Provider's Signature (not required) Date