



Individualized School Health Care Plan For a Student with a Pacemaker or Implanted Defibrillator (ICD)

Name of Student: _____ DOB: _____ School Year: _____
School: _____ Homeroom teacher: _____ Grade: _____

Medical Diagnosis/Chronic Health Condition: Both ICDs and pacemakers are devices that are implanted under the skin and connected to wires or leads that are placed in the heart. Both continuously monitor the heart to detect changes in its natural rhythm. A pacemaker is used to detect a heart rate that is too slow (bradycardia). When it senses a rhythm that is too slow, it sends an electrical signal to stimulate or pace the heart so it continues its normal electrical beat. This electrical signal is strong enough to stimulate the heart to beat, but not strong enough for the student to feel. An ICD, on the other hand, detects a too-rapid or chaotic heartbeat and delivers a stronger lifesaving electrical shock to restore the heart to its natural rhythm. Some ICDs also act as pacemakers. Sudden cardiac death (SCD) is the result of an “electrical problem” in the heart, causing the heart to stop pumping blood to the brain and vital organs. A student with a known risk of SCD is sometimes treated with medication, usually with beta-blockers. Sometimes an ICD is implanted to provide extra protection. Whenever someone becomes suddenly unresponsive, a sudden cardiac arrest should be suspected and rapid response with effective CPR and use of an AED is needed. (This would also be true if a student has an ICD, and becomes unresponsive.)

Special considerations and precautions (needs to be individualized for each student): There are some general things to know about that will apply to most students.

1. After surgery, discharge from the hospital is usually within 1-2 days. There may be some pain over the incision for 1-2 weeks. Instructions may be given to avoid raising the arm over the shoulder on the side of the implantation for several weeks. Contact sports, vigorous exercise (especially involving above the shoulder movements) and lifting over 5 pounds are also usually restricted for several weeks. There may be a need for two sets of books, a set each for school and home. Post-operative concerns requiring parental and/or physician supervision include: bleeding from the incision, increased pain over the incision, fever, swelling or discharge from the incision site, swelling of the arm on the side of the implantation, twitching of chest muscles, persistent hiccups, dizziness, fainting, chest pain or shortness of breath.
2. After initial recovery, most students can resume normal activities. The physician should prescribe any specific ongoing activity restrictions for each student. There will likely be PE and sports restrictions.
3. ICDs are well protected from most household electrical appliances in good condition, such as radios, televisions, stereos, microwaves, computers, etc. Cellular phones may interfere with ICDs, but can usually be held in the hand opposing the implant, and should not be kept in a chest pocket. The same precautions apply to carrying an MP3 player. Metal or theft detector gates can generate signals that interfere with the ICD. Walking through the gate should not cause a problem, but standing near the gate for extended periods of time should be avoided. Handheld metal detectors should not be used for more than 30 seconds over the chest area, or a hand search should be substituted. Students should stand at least two feet from welding equipment, high-voltage transformers or motor generating systems. This may be a consideration in Industrial Arts classes.

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Emergency Contacts:

Parent/Guardian	Relationship	Phone Number	Alternate phone/contact method (including email)

Daily Medications:

Drug Name	Dose	When/How to Use	Side effects to observe

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.

Emergency Plan (again, should be individualized):

The student will usually feel nothing when the pacemaker is stimulated. A shock from an ICD may feel like a sudden painful kick in the chest. It occurs in an instant, and then is gone. If the student becomes unresponsive first, the shock may not be felt. If the student receives a shock from the device and recovery is immediate, the family should be notified and directions for calling the device clinic should be followed:

Device Clinic: _____ **Phone Number:** _____

If one or more shock occurs without rapid recovery, emergency services should be called. If CPR and AED therapy are needed they should be started immediately. Remember to place the AED pad at least an inch away from the implanted unit.

Other accommodations:

Physician Name: _____ **Phone Number:** _____

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:** _____