

Medical Management for Cardiac Transplant Student
Green River District School Health Program

Student: _____ **Date of Birth:** _____

School: _____

Physician(s): _____

Patient History:

Nursing Diagnosis: Risk for Cardiac Arrest related to heart transplant and possible rejection.

Procedure steps:

1. Student will be monitored by aid and nurse for potential distress.
2. Student will carry backpack containing breathing apparatus, walkie-talkie, and emergency response plan.
3. Student will be accompanied by aide at all times.
4. Student will utilize the restroom facilities in the front office next to the health room with the aid available for emergency assistance.
5. In the event of a medical emergency or the student collapses 911 will be contacted immediately.
6. 911 dispatcher will be informed that the student is a heart transplant recipient and has had chronic rejection.
7. _____ School with enact the emergency response plan.
8. Parent/Guardian has authorized that medical information be released to school health staff, school faculty and staff.
9. Parent/Guardian request that in the event of a medical emergency CPR, AED and rescue breathing be initiated until the arrival of the ambulance.
10. Emergency drug list given to EMS to be transported to the hospital with the student.

Contact Information:

Parent/Guardian

Name: _____

Telephone: _____

Additional Contact information:

Name: _____

Telephone: _____

The medical management plan for _____ has been approved by:

Physician Date

Acknowledge and received by:

Student's parent /guardian Date

School Health Nurse Date