LONG QT SYNDROME (LQTS)
HEALTH MANAGEMENT PLAN
SCHOOL YEAR: _____

STUDENT NAME:	**DOB:**
SCHOOL:	**STUDENT ID:**

CONTACTS	
MOTHER:	**FATHER:**
HOME:	**HOME:**
WORK:	**WORK:**
CELL:	**CELL:**
If parents cannot be reached call:	
Name:	**Phone:**
Name:	**Phone:**
Physician:	**Phone:**
Hospital Preference:	

BASIC INFORMATION: "Long QT Syndrome is a disorder of the electrical system of the heart, either genetic or acquired. Electrical defects predispose affected persons, typically children and young adults, to a very fast heart rhythm. Because the rhythm is too fast for the heart to beat effectively, the blood flow to the brain falls rapidly, causing a sudden loss of consciousness – even death. In most instances, there is no warning." *Information from Sibley Heart Center*

STUDENT HISTORY:

MEDICATIONS: (include name, dose and frequency of **all medications**)

1.

2.

RESTRICTIONS: (In most cases, activity needs to be restricted or lessened. Typically, those with LQTS should not participate in competitive sports, since symptoms are triggered after physical exertion and/or emotion upset. Once properly treated, many may participate in recreational sports.) Specific restrictions for this student:

GUIDELINES FOR SCHOOL:

1. **Student should be accompanied when navigating school grounds.**
2. **Caution: Do not give any medications to student unless instructed by parents.**
3. **Staff members working with this student must have access to this plan.**

EMERGENCY INTERVENTION IF STUDENT FAINTS AT SCHOOL:

- **CALL 911**
- **ACCESS AED (AED LOCATION: _____)**
- **CPR trained staff to assess student and take appropriate action**
- **Notify Parents**

School Clinic: Copy of this plan should be provided to Transportation Supervisor

PARENT SIGNATURE DATE COUNTY SCHOOL NURSE SIGNATURE DATE

Confidentiality must be upheld when talking to other parents or outside persons. Information about students and family is strictly confidential.
Revised 5/10, 3/2013, 4/2016