

Student Name: _____

DOB: _____

**CHILDREN'S HEART CENTER(CHC) STANDARD ORDER/PROTOCOL
FOR IMPLANTED CARDIAC DEVICES (ICD'S AND PACEMAKERS)
(702) 732-1290**

EVENT/SYMPTOM

ACTION

Student is not breathing and not moving/no pulse

Call 911 and begin CPR, use External Defibrillator (AED) if available. All CHC patients to go to Sunrise Hospital

Experiences twitching of chest muscles or hiccups that won't stop.

Call parent, Call School Nurse to notify CHC

Develops palpitations, shortness of breath, chest pain, fainting or near fainting spells.

Call 911, and then call parent and School Nurse

Develop any loss of consciousness for more than a minute or a life threatening cardiac event

Call 911, and then call parent and School Nurse

If ICD (Implanted Cardiac Defibrillator) is beeping/alarming

Call parent, Call School Nurse to notify CHC

Received ICD shock and feels fine

Call parent, Call School Nurse to notify CHC

Received ICD shock and is NOT feeling well i.e., has chest pressure/pain, dizziness, rapid heart rate, or short of breath

Call 911, and then call parent and School Nurse

Received more the one ICD shock – regardless of symptoms

Call 911, and then call parent and School Nurse

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General Activity Guidelines

Objects that should remain 12 inches away from implanted device

Use battery powered, cordless power tools, generators and arc welders with caution. Devices have built-in features that help protect them from interference produced by most electrical devices.

Do not stand/sit directly in front of very large stereo speakers.

Objects that should remain 6 inches away from implanted device

Cell phones, MP3/iPods
Most new pacemakers and ICD's are not affected by cell phone usage, however cell phones and other devices should be held/used on opposite side of implanted device.

Objects/Activities to AVOID

Avoid leaning over the alternator of running vehicles as the magnetic field may interfere with the pacemaker or ICD function.

If parent requests participation in AUTO Shop or Woodshop Class, please sign the informed consent portion on page 3 of this document.

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1. This procedure is necessary for my child to attend school and cannot be provided before or after school hours.
2. I request that the treatment be administered in accordance with the above licensed health care provider's orders. I will notify the school if the health status of my child changes, the licensed health care provider changes, or the procedure is changed or canceled.
3. I agree to provide clearly-labeled, functional equipment and supplies. I also agree to provide verbal or written directions for use.
4. The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed necessary.
5. I hereby give my permission for exchange of confidential information contained in the record of my child between _____ (Name of licensed health care provider) and the CCSD Health Services Department.

PROVIDER AND PARENT/GUARDIAN MUST COMPLETE THIS FORM YEARLY – order is valid one year from physician signature date.

Parent/Guardian Signature: _____ Date: _____

Student may participate in PE and recess. No Contact Sports, including football and hockey.

Additional restrictions or PE modification: _____

CHC Physician Signature: _____ Date: _____

Informed Consent: I have reviewed this document with Clark County School District, Health Services personnel and have discussed the safety considerations in participating in Auto or Woodshop class. I am requesting my student be enrolled in Auto/Woodshop class at this time.

Parent/Guardian Signature: _____ Date: _____