

SPECTRUM ACADEMY

Health Care Plan

ARTIFICIAL PACEMAKER

Student Name: _____

Date: _____

An "artificial pacemaker" is a small, battery-operated device that helps the heart beat in a regular rhythm. Some are permanent (internal) and some are temporary (external). They can replace a defective natural pacemaker or blocked pathway.

A pacemaker uses batteries to send electrical impulses to the heart to help it pump properly. An electrode is placed next to the heart wall and small electrical charges travel through the wire to the heart.

Most pacemakers are demand pacemakers. They have a sensing device. It turns the signal off when the heartbeat is above a certain level. It turns the signal back on when the heartbeat is too slow.

1. Health Concern: Artificial Pacemaker
 - A. Student has a small battery-powered device that is surgically implanted in the student's abdomen.
 - B. It is connected to the outside of the heart by small wires.
 - C. If pacemaker stops working, student would faint.
 - D. Call 911 and perform CPR if needed

2. Would your student verbalize he/she is having difficulty at school related to health concern?

3. Do you think your student holds back from participating in activities at school because of health concern and why?

4. Does student need special considerations related to health concern while at school?
 - A. Modified PE class and recess
 - B. No contact sports - Blows to the body could damage the pacemaker generator.
 - Call parent if blows occur
 - C. Lunchroom considerations (parent to notify nutrition services)
 - D. Modified outside activities
 - E. Field Trips
 - F. Seasonal changes
 - G. Emotional or behavioral

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H. Other

5. Things to avoid:

- A. Strong Magnets- Keep all magnets away from pacemaker
- B. MP3 player headphones - Most contain a magnetic substance and research has documented that placing headphones too close to the pacemaker caused interference.
- C. Cell Phones - There is a possibility that the frequencies used may interfere with pacemakers
- D. Metal Detectors - Don't stay near the metal detector longer than is necessary.
- E. Anti-theft Systems - Don't stay in entrances or exits of businesses longer than necessary.

6. Does student require medications while at school?

A. Medications:

- B. If your student needs assistance with medication in the school, parent and health care provider must complete Davis School District Authorization of School Personnel to Administer Medication Form. This form must be on file in school office with medication.

7. Additional Information:

AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE

1. I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:

- A. To benefit the student in terms of health maintenance and academic progress.
- B. When necessary to accommodate the safety and well-being of student and staff.
- C. With the discretion of the school nurse to determine what is shared and who should know.

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2. I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

3. I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

Parent Signature

Date

School Personnel Signature

Date

School Nurse Signature

Date

I, _____ agree with and approve the above care plan.
Healthcare Provider - printed name

Healthcare Provider Signature

Date