SUPRAVENTRICULAR TACHYCARDIA (SVT) EMERGENCY PROTOCOL

Student Name: __________________________________________________ Date: ______________

Emergency Contact Information: School Nurse: ______________________ Phone: _____________
Parent/Guardian 1: ____________________________________________
Home Phone: ________________________ Parent/Guardian 2: ______________________
Cellphone: ________________________ Home Phone: ______________________
Work Phone: ________________________ Cellphone: ______________________

SVT Is a heart condition in which an ‘extra’ electrical pathway causes episodes of rapid heart rate, at rest. Symptoms may start and stop abruptly. Short episodes are usually tolerated without notable complaints and are not life-threatening.

SYMPTOMS: (check those that apply)
- Heart rate > 160 beats/minute, at rest
- Mild chest pain or pressure
- Palpitations
- Light headed or dizziness at onset
- Pale
- Lethargic
- Clammy
- Nausea
- Neck or chest pulsations due to rapid heart rate

Emergency Action Steps: (check those that apply)
1. Hold breath and bear down
2. Ice bag to face for 15-20 seconds
3. Other:

CALL PARENT IF: (check those that apply)
- Any episode occurs
- Other:

CALL 911 IF: (check those that apply)
- Heart rate > 160 beats/minute, for ____ minutes
- Change in level of consciousness or confusion
- Cyanosis occurs (definite blue coloration to lips or nail beds) with or without lethargy
- Other:

Health Care Provider: __________________________ Phone: __________________________

HEALTHCARE PROVIDER SIGNATURE____________________ DATE_______________

PARENT SIGNATURE__________________________ DATE_______________