

SUPRAVENTRICULAR TACHYCARDIA (SVT) EMERGENCY PROTOCOL

Student Name: _____ Date: _____

Emergency Contact Information: School Nurse: _____ Phone: _____

Parent/Guardian 1: _____

Home Phone: _____

Cellphone: _____

Work Phone: _____

Parent/Guardian 2: _____

Home Phone: _____

Cellphone: _____

Work Phone: _____

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)

<input type="checkbox"/>	Heart rate > 160 beats/minute, at rest
<input type="checkbox"/>	Mild chest pain or pressure
<input type="checkbox"/>	Palpitations
<input type="checkbox"/>	Light headed or dizziness at onset
<input type="checkbox"/>	Pale
<input type="checkbox"/>	Lethargic
<input type="checkbox"/>	Clammy
<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Neck or chest pulsations due to rapid heart rate

Emergency Action Steps: (check those that apply)

<input type="checkbox"/>	1. Hold breath and bear down
<input type="checkbox"/>	2. Ice bag to face for 15-20 seconds
<input type="checkbox"/>	3. Other:

CALL PARENT IF: (check those that apply)

<input type="checkbox"/>	Any episode occurs
<input type="checkbox"/>	Other:

CALL 911 IF: (check those that apply)

<input type="checkbox"/>	Heart rate > 160 beats/minute, for ____ minutes
<input type="checkbox"/>	Change in level of consciousness or confusion
<input type="checkbox"/>	Cyanosis occurs (definite blue coloration to lips or nail beds) with or without lethargy
<input type="checkbox"/>	Other:

Health Care Provider: _____ Phone: _____

HEALTHCARE PROVIDER SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____