



# ST. JOHNS CLASSICAL ACADEMY

SCHOOL HEALTH SERVICES

SCHOOL YEAR \_\_\_\_\_

## POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS) MEDICAL MANAGEMENT PLAN / EMERGENCY ACTION PLAN

(Must be filled out completely by Physician/Health Care Provider)

Scholar Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician / Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

### SYMPTOMS OF POTS

- Dizziness on standing
- Fast heart rate/Palpitations
- Sweating
- Headache/Fatigue
- Nausea
- Complains of chest pain or pressure
- Chest or abdominal discomfort
- Shortness of breath
- Diminished mental capacity or "brain fog"
- Anxiety; a sense of impending doom
- Unresponsive
- Unconsciousness or sudden collapse

POTS is a condition where there is an imbalance of the natural systems the body has in place to regulate blood pressure. It causes an excessive increase in heart rate when someone goes from lying down or sitting to standing up that can result in many different symptoms. Activities that may bring about POTS symptoms include prolonged periods of sitting, standing, stress and menstruation, eating, and heat exposure.

### DAILY ROUTINE

A scholar with POTS needs to drink water throughout the day to regulate their blood pressure. The scholar should be allowed to carry a water bottle with them at all times and have unrestricted access to the restroom.

**Call 911 immediately if the scholar is found unconscious or unresponsive.**

**Start cardiopulmonary resuscitation (CPR) and/or use the Automated External Defibrillator (AED).**

| Symptom                                                                                                                                                                                                                                                             | What to Do                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Feeling dizzy or faint                                                                                                                                                                                                                                              | <ul style="list-style-type: none"><li>• Remain with the scholar</li><li>• Assist the scholar to lie down and elevate his/her legs</li><li>• Offer fluids</li><li>• Call the scholar's parents/guardian</li><li>• Once the dizziness subsides (which may take 20 minutes), have the scholar sit up slowly</li></ul>                                                                                                                |
| Fainting (syncopal episode without loss of consciousness)                                                                                                                                                                                                           | <ul style="list-style-type: none"><li>• Remain with the scholar</li><li>• If there is warning, assist the scholar to lie down and elevate his/her legs</li><li>• If there is <i>no warning</i>, check the scholar's heart rate and reassure them</li><li>• Offer fluids</li><li>• Call the scholar's parents/guardian</li><li>• Once the dizziness subsides (which may take 20 minutes), have the scholar sit up slowly</li></ul> |
| Other symptoms may include: <ul style="list-style-type: none"><li>• Fatigue</li><li>• Headache</li><li>• Tunnel vision</li><li>• Nausea</li><li>• Abdominal pain</li><li>• Temperature regulation problems</li><li>• Anxiety</li><li>• Heart palpitations</li></ul> | <ul style="list-style-type: none"><li>• Remain with the scholar</li><li>• Assist the scholar to lie down and elevate his/her legs</li><li>• Offer fluids</li><li>• Call the scholar's parents/guardian</li></ul>                                                                                                                                                                                                                  |

## POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS) MEDICAL MANAGEMENT PLAN / EMERGENCY ACTION PLAN

This document serves as both the POTS Medical Management Plan and POTS Emergency Action Plan if completed and signed by the Health Care Provider.



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**MANAGEMENT OF POTS**

- Call 911 if:
  - The scholar is found unconscious or unresponsive
  - First POTS episode with fainting occurs
  - Reports severe or crushing/squeezing chest pain
  - Respiratory difficulties/shortness of breath
  - Heart rate that is over \_\_\_\_\_ bpm for \_\_\_\_\_ minutes
- Notify the following individuals:
  - School nurse at \_\_\_\_\_
  - School Headmaster at \_\_\_\_\_
  - Scholar's parents/guardians at \_\_\_\_\_
- Call the scholar's health care provider if additional assistance is needed:
  - Health care provider name \_\_\_\_\_
  - Health care provider phone number \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS/COMMENTS**

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\_\_\_\_\_  
Physician/Health Care Provider Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature (Required)

\_\_\_\_\_  
Date

OFFICE STAMP

**Copies Given to:**

- |                                      |                                    |                                          |                                          |                                          |                                          |                                          |                                          |                                             |
|--------------------------------------|------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Teacher   | <input type="checkbox"/> 1 <sup>st</sup> | <input type="checkbox"/> 2 <sup>nd</sup> | <input type="checkbox"/> 3 <sup>rd</sup> | <input type="checkbox"/> 4 <sup>th</sup> | <input type="checkbox"/> 5 <sup>th</sup> | <input type="checkbox"/> 6 <sup>th</sup> | <input type="checkbox"/> 7 <sup>th</sup>    |
| <input type="checkbox"/> PE          | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Spanish         | <input type="checkbox"/> Latin           | <input type="checkbox"/> Music           | <input type="checkbox"/> Art             | <input type="checkbox"/> Coach           | <input type="checkbox"/> ESE             | <input type="checkbox"/> 8-12 <sup>th</sup> |
| <input type="checkbox"/> Other _____ |                                    |                                          |                                          |                                          |                                          |                                          |                                          |                                             |

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