



Initial PAI
 Updated PAI
 Indefinite duration
 Valid for /

PAI - Individualised Support Plan CARDIAC DISEASE

- structural
 Heart rhythm disorder

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1. Input

Fields marked with an * are mandatory

Identity of the applicant

Photo	ONLY for School Medical Service:	<input type="text"/>
	Child's/Student's family name(s):*	<input type="text"/>
	Child's/Student's first name(s):*	<input type="text"/>
	Nat. identification number(matricule):* (or date of birth if no id number)	Cycle / class: <input type="text"/>
School/SEA:*	<input type="text"/>	
Place/Location:*	<input type="text"/>	
Name(s) of legal representative/parents:*	<input type="text"/>	
Address:*	<input type="text"/>	
Telephone:	<input type="text"/>	
Email address:	<input type="text"/>	

Child's/Student's family name(s):

Nat. identification number:



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Delegation of care

Fields marked with an * are mandatory

I,*

the undersigned, legal representative or adult student, request for my child or myself the implementing of an Individualised Support Plan (PAI) based on the medical prescription and emergency intervention protocol established by

Dr*

I authorise that this document be made known and applied by the people in charge of the student/child or myself : school, school health team, day care centre/SEA, SePAS.

It is my responsibility:

- to check the expiry date of medicines
- to replace them as soon as they reach the expiry date
- in the event of a change in the medical prescription, to inform the people responsible for the child/student and the school health team

Signature (mandatory)

Place:*

Date:*

Signature of legal representative or adult student:*

Prescribing physician

Name:*

Date:*

Signature:*

For the doctor at the National Health Directorate - Department for School Medicine and Health of Children and Young People

PAI received on:

forwarded to:

on:

Signature:



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2. Supervisory staff

School health team	Name	Job title	Tel. no.
Headteachers	Name	Job title	Tel. no.
Supervisory staff at day-care centre	Name	Job title	Tel. no.
SePAS/ESEB	Name	Job title	Tel. no.
Others	Name	Job title	Tel. no.

3. Doctors treating the child

Family doctor (GP)	Name	Address	Tel. no.
Specialists	Name	Address	Tel. no.

Child's/Student's family name(s):

Nat. identification number:



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4. Transmission of the PAI / Concertation meeting

Information session:

Date:

Attendance list - People who have knowledge of the PAI
(give names and job titles of all people who have knowledge of the PAI)

Job title	Family name/First name	Signature	Date
Head teacher			
Educator			
Person in charge of the day-care centre			
Staff at day-care centre			
SEPAS			
ESEB			
Others			
Others			
Others			

For the School Health Team

A copy of the PAI has been handed to:

Date:

IMPORTANT: Instructions for staff responsible for the child/student:

- Please inform the school principals in basic/secondary education establishments, the teachers, the supervisory staff and the supply teachers of the existence of this document.
- Send a copy of this page to *Division de la Médecine scolaire* (by post to: 20 Rue de Bitbourg, L-1273 Luxembourg-Hamm) after the people concerned have read the PAI and their signatures have been obtained.



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5. EMERGENCY ACTION PLAN - CARDIAC

IN THE EVENT OF A HEART ATTACK:

Symptoms:

- dyspnea on exertion and/or
- chest pain on exertion and/or
- change in skin colour (pale, blue, etc.) and/or
- acute prolonged palpitations (irregular, rapid abnormal heartbeat) and/or
- dizziness and/or
- acute malaise on exertion, with or without loss of consciousness

■ **What you should do: Call the SAMU emergency service 112**

■ **Loss of consciousness => TAKE ACTION IMMEDIATELY**



Appelle le 112

Alarmiere den 112

Dis ton nom, ton numéro de téléphone, précise le lieu et l'adresse ainsi que l'état de la victime devant toi. Alarmiere den 112. Sag deinen Namen, deine Telefonnummer, gib deinen genauen Standort an und beschreibe den Zustand des Opfers vor dir.



Masse le cœur

Massiere das Herz

Place les mains au milieu du thorax, les bras tendus enfonce le thorax de 5-6 cm, 120 pressions/minute, jusqu'à arrivée des secours. Massiere das Herz. Lege die gekreuzten Hände auf die Mitte des Brustkorbs und drücke das Brustbein 5-6 cm ein, 120 mal pro Minute, bis die Rettungskräfte eintreffen.



Défibrille le cœur

Defibrilliere das Herz

Demande à un autre témoin de t'apporter, si disponible, un défibrillateur. Suis les instructions de l'appareil. Defibrilliere das Herz. Frag eine anwesende Person, falls möglich, dir einen Defibrillator zu bringen. Folge den gesprochenen Anweisungen des Apparates.

Fais une formation! Une heure suffit pour apprendre à sauver une vie. Mach einen Kurs. Nur eine Stunde reicht aus um zu wissen wie man Leben rettet.
www.reagis.lu



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé

Inform the parents

Signature

Place:*

Date:*

Stamp of the doctor:*

Child's/Student's family name(s):

Nat. identification number:



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6. Instructions

1. Emergency kit

PLACE A COPY OF THIS DOCUMENT IN THE EMERGENCY KIT

Content / Medicines	Expiry date
Location	
School <input type="checkbox"/>	
Day-care centre/SEA <input type="checkbox"/>	
Other <input type="checkbox"/>	

- IF THE SAMU EMERGENCY SERVICE IS CALLED, INFORM THEM OF THE EXISTENCE OF THIS DOCUMENT
- INFORM THE PARENTS
- THE EMERGENCY KIT MUST FOLLOW THE CHILD ON ALL JOURNEYS OUTSIDE THE SCHOOL

2. Conditions for support

Physical activities	Excursions
<input type="checkbox"/> no restrictions	<input type="checkbox"/> no restrictions
<input type="checkbox"/> respect the child's own limits; must be able to stop at any time if necessary	<input type="checkbox"/> respect the child's own limits; must be able to stop at any time if necessary
<input type="checkbox"/> no contact sports	<input type="checkbox"/> altitude restriction
<input type="checkbox"/> no sports with risk of falling from a height	<input type="checkbox"/> limits in amusement parks
<input type="checkbox"/> not allowed	<input type="checkbox"/> others:

3. Any other arrangements:

- anticoagulant administered orally fitted with a pacemaker

Signature

Place:*

Date:*

Stamp of the doctor:*

Child's/Student's family name(s):

Nat. identification number: