Print Form

Anxiety/Panic Disorder
Classroom Health Care Plan

Name:_____ **Effective Date:**_____
Parent(s): _____ **School:** _____
Home Phone:_____ **Bus: __ yes ___ no**
Emergency/Cell:_____ **School Nurse:**_____**Office#**_____
DOB:_____ **Doctor:** _____ **Office#**_____
Allergies:_____ **Preferred Hospital:**_____
Medications:_____

(_____) was diagnosed with Anxiety/Panic Disorder on _____. **Anxiety/Panic Disorder** is a disabling condition that impairs children's behavior by affecting school performance, social activities and can lead to problems such as substance abuse, loss of a job, and even suicide. Panic disorder is marked by recurrent panic attacks that are not accounted for by another mental disorder, direct effects of a substance such as drug abuse or medication, or a general medical condition.

Symptoms of a panic attack may be characterized by unexpected and repeated episodes of anxiety and physical symptoms such as chest pain, rapid heart beat, nausea, dizziness, shortness of breath, and others. In addition, intense fear, the feeling of being detached from reality, the feeling one's mental state has been altered, or the fear of dying may also be present.

As the frequency of attacks increases, a child may begin to avoid situations for fear another attack may occur. While 10% of children will have a panic attack, about 1-2% will develop panic disorder.

Through research, effective treatments continue to be developing to help people with panic disorder. Currently there is clinical research on medications to evaluate the treatment of panic disorder.

Problem: Panic attacks
Goal: To reduce anxiety
Action:

1. (_____)'s panic attacks are usually _____.
2. Observe for possible precipitating events.
3. Educate school staff about panic attacks and the importance for intervention if teasing or ridicule by students should occur.
4. _____

Problem: Medication
Goal: Early recognition and report of side effects
Action:

1. (_____) is medicated with _____ for panic attacks.
2. _____

_____ _____
Physician Signature Date Parent Signature Date

_____
School Nurse Signature Date