

Children's Heart Institute

To Whom It May Concer	rr	nce	Cor	lav	M	lt	hom	W	To
-----------------------	----	-----	-----	-----	---	----	-----	---	----

This letter is regarding my patient _______, with Postural Orthostatic Tachycardia Syndrome (POTS), a form of Dysautonomia. This condition affects the autonomic nervous system which controls heart rate and blood pressure. By affecting the circulation, it also affects the cerebral blood flow. On any given day he/she may experience the following symptoms that impede his/her ability to function like others his/her age:

- Orthostatic Intolerance (lightheadedness, dizziness)
 Extreme fatigue
- Chest pain
 Nausea
 Headaches
 Exercise Intolerance
- Gastrointestinal cramps
 Tremulousness
- Inability to focus and concentrate for long periods
 Appetite Disturbance
- Inability to read due to blurred vision
 Insomnia
- Difficulty with recall

My specific recommendations are as follows:

- 1. Allow for water, electrolyte drink, and snack during class.
- 2. Allow for bathroom breaks and a seat near the door to minimize disturbance to the class.
- 3. Allow for medication to be taken during class or exam times.
- 4. Allow to sit with feet elevated or sit on floor.
- 5. Allow to perform counter pressure maneuvers (leg crossing, arm tensing and squatting) every 30 to 45 minutes.

Additional recommendations can be found on the Dysautonomia Youth Network of America's website (http://www.dynainc.org/dysautonomia/educators).

Thank you very much for your understanding. Please feel free to contact me if you have any questions or concerns.

rnank you,		
Dadiatria Candiala m		
Pediatric Cardiology		
Mehta, MD, FAAP,FACC	or Thammineni,	, MD, MPH, FACC