

STANDARD HEALTH CARE PLAN (SHCP) ANAPHYLAXIS

Name:		Birth date:	
Community program name:		Grade (if applicable):	
MedicAlert™ identification worn ? ☐ YES	MHSC #:		
□ NO		PHIN #:	
Parent/guardian name:			
Home Ph#: Cell #:		Work #:	
Parent/guardian name:			
Home Ph#: Cell #:		Work #:	
Alternate emergency contact name:			
Home Ph#: Cell #:		Work #:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
List items(s) that your child has a life-threatening allergy to (e.g., peanuts, nuts, milk, eggs):			
Other allergies (non life-threatening):			
Adrenaline auto-injector It is recommended that the adrenaline auto-injector is with the child at all times while attending the community program (e.g., school, child care facility).			
Type Dosage ☐ EpiPen® ☐ 0.3 mg ☐ Twinject® ☐ 0.15 mg ☐ Allerject™	Location at community program Fanny pack or belt Backpack Purse Other	injector is available at the community program. NO YES – Describe location	
Antihistamines are NOT used in the management of life-threatening allergies in community program settings. This health care plan should accompany the child on excursions outside the facility.			



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IF YOU SEE THIS	DO THIS
If ANY combination of the following signs is present and there is reason to suspect anaphylaxis: When remembering the signs of anaphylaxis, think F.A.S.T (Face, Airway, Stomach, Total Body) Face • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue Airway • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing Itchiness • itchiness • itchiness • itchiness • sense of doom • change in behavior • pale or bluish skin • dizziness • fainting • loss of consciousness	 Give adrenaline auto-injector. Secure child's leg. Identify site on outer middle thigh. Grasp adrenaline auto-injector in fist and remove safety cap(s). Do not bend or twist it off. Firmly press tip into the thigh at a 90° angle until you hear a click. Hold in place for a slow count of 5. Activate 911/EMS. Notify parent/guardian. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes. Stay with child until EMS personnel arrive. Discard adrenaline auto-injector safely or give to EMS personnel. The Twinject® has a 2nd dose which community program personnel do NOT use as it is not a safety regulated needle.
Risk reduction strategies are the only way to preachieve complete avoidance of allergens in commexposure to life-threatening allergen(s). Please of questions about the risk reduction strategies that a policy can also be found on their website.	unity program settings, it is important to reduce ontact the community program if you have any
I have reviewed the above plan for my child and provide Parent/guardian signature:	•
I have reviewed the above plan and information providation provides appropriate response plan for this child.	
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