

Dear Parent/Guardian

The Unified Referral and Intake System (URIS) is a joint initiative of the provincial government departments of Health, Education and Family Services. URIS provides support for children with specific health care needs (e.g., asthma, life-threatening allergies, diabetes, seizures) when they are attending a school, child care facility and/or receiving respite service. URIS supports includes the development of a health care plan and training of school/child care facility/respite staff by a registered nurse.

Please complete and sign the attached Anaphylaxis Standard Health Care Plan (SHCP) for your child and return it to the school/child care facility.

The Anaphylaxis SHCP will be reviewed by a nurse who will contact you if any additional information is required. It will then be provided to the school/child care facility. Health care plans are completed every year so that school/child care facility staff has current health information about your child.

An important part of managing life-threatening allergies is the avoidance of allergens. Please contact the school/child care facility if you would like more information on the avoidance strategies implemented in their facility. School division policies can be also found on their website.

If your child is no longer prescribed an adrenaline auto-injector (e.g., EpiPen®, Allerject™) for anaphylaxis, please contact me to update our records.

Please call me if you have any questions.

Angela Klassen, R.N.
URIS Direct Service Nurse
Winnipeg Regional Health Authority
975 Henderson Highway
Winnipeg, MB R2K 4L7
Phone: 204-938-5879
Fax: 204-938-5119
Email: aklassen4@wrha.mb.ca

STANDARD HEALTH CARE PLAN (SHCP) ANAPHYLAXIS

Name:	Gender:	Birth date:
School/child care facility:		Grade (if applicable):
		MHSC #:
MedicAlert™ identification worn ? <input type="checkbox"/> YES <input type="checkbox"/> 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 school/ child care facility.		
Type <input type="checkbox"/> EpiPen® Junior (0.15 mg) <input type="checkbox"/> EpiPen® Regular (0.3 mg) <input type="checkbox"/> Allerject™ 0.15 mg <input type="checkbox"/> Allerject™ 0.3 mg	Location at school/child care facility <input type="checkbox"/> Fanny pack or belt <input type="checkbox"/> Backpack <input type="checkbox"/> Purse <input type="checkbox"/> Other _____	Back-up adrenaline auto-injector is available at the school/child care facility. <input type="checkbox"/> NO <input type="checkbox"/> YES – Describe location _____
Antihistamines are NOT used in the management of life-threatening allergies in schools/child care facilities.		
This health care plan should accompany the child on excursions outside the facility.		

STANDARD HEALTH CARE PLAN (SHCP) ANAPHYLAXIS

Name:	Birth date:		
IF YOU SEE THIS	DO THIS		
<p><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></p> <p><i>When remembering the signs of anaphylaxis, think F.A.S.T (Face, Airway, Stomach, Total Body)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Face</p> <ul style="list-style-type: none"> • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue <p>Airway</p> <ul style="list-style-type: none"> • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing </td> <td style="width: 50%; vertical-align: top;"> <p>Stomach</p> <ul style="list-style-type: none"> • vomiting • diarrhea • cramps <p>Total body</p> <ul style="list-style-type: none"> • swelling • hives • itchiness • sense of doom • change in behavior • pale or bluish skin • dizziness • fainting • loss of consciousness </td> </tr> </table>	<p>Face</p> <ul style="list-style-type: none"> • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue <p>Airway</p> <ul style="list-style-type: none"> • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing 	<p>Stomach</p> <ul style="list-style-type: none"> • vomiting • diarrhea • cramps <p>Total body</p> <ul style="list-style-type: none"> • swelling • hives • itchiness • sense of doom • change in behavior • pale or bluish skin • dizziness • fainting • loss of consciousness 	<ol style="list-style-type: none"> 1. Give adrenaline auto-injector. <ol style="list-style-type: none"> i. Secure child's leg. ii. Identify site on outer middle thigh. iii. Grasp adrenaline auto-injector in fist and remove safety cap(s). Do <u>not</u> bend or twist it off. iv. Firmly press tip into the thigh at a 90° angle until you hear a click. v. Hold in place for a slow count of 5. 2. Activate 911/EMS. 3. Notify parent/guardian. 4. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes. 5. Stay with child until EMS personnel arrive. 6. Discard adrenaline auto-injector safely or give to EMS personnel.
<p>Face</p> <ul style="list-style-type: none"> • red watering eyes • runny nose • itchiness • redness, swelling of face, lips & tongue <p>Airway</p> <ul style="list-style-type: none"> • throat tightness • change of voice • difficulty swallowing • difficulty breathing • coughing • wheezing 	<p>Stomach</p> <ul style="list-style-type: none"> • vomiting • diarrhea • cramps <p>Total body</p> <ul style="list-style-type: none"> • swelling • hives • itchiness • sense of doom • change in behavior • pale or bluish skin • dizziness • fainting • loss of consciousness 		

Risk reduction strategies are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in school/child care facilities, it is important to reduce exposure to life-threatening allergen(s). Please contact the school/child care facility if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy can also be found on their website.

I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.

Parent/guardian signature: _____ **Date:** _____

I have reviewed the above plan and information provided to me, and in my opinion, this is an appropriate response plan for this child.

Nurse name & signature: _____ **Date:** _____

FOR OFFICE USE ONLY
