

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 Asthma Standard Health Care Plan (SHCP) for your child and return it to the school/child care facility.





The Asthma 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.

If your child is no longer prescribed a reliever medication for asthma, 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) ASTHMA

| | | |
|--|--|--|
| Name: | Gender: | Birth date: |
| Name of school/daycare: | | 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 #: |
| Known allergies: | | |
| <u>Triggers</u> - List items that most commonly trigger your child's asthma. | | |
| <u>Reliever medication</u> (or bronchodilators) provides fast temporary relief from asthma symptoms. It is recommended that reliever medication is carried with the child so it is available if an asthma episode occurs. | | |
| What reliever medication has been prescribed for your child? (CHECK ONE) | | <input type="checkbox"/> Salbutamol (e.g., Ventolin®, Novo-Salmol®) <input type="checkbox"/> Symbicort® |
| How many puffs of reliever medication are prescribed for an asthma episode? (CHECK ONE) | | <input type="checkbox"/> 1 puff <input type="checkbox"/> 1 or 2 puffs <input type="checkbox"/> 2 puffs <input type="checkbox"/> other _____ |
| Where does your child carry his/her reliever medication? (CHECK ONE) | | <input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> backpack <input type="checkbox"/> other _____ |
| Does your child need help when using reliever medication? | | <input type="checkbox"/> Yes What kind of help? _____ <input type="checkbox"/> No |
| CIRCLE the type of medication device your child uses for <u>reliever medication</u>. | | |
|  Metered dose inhaler (MDI) |  MDI with AeroChamber® |  MDI with AeroChamber® mask |
| | |  Turbuhaler® |
| | | _____ other |

This health care plan should accompany the child on excursions outside the facility.

STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

| | |
|--|--|
| Name: | Birth date: |
| IF YOU SEE THIS: |  |
| <u>Signs of asthma</u> <ul style="list-style-type: none"> • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing while at rest | DO THIS: <ol style="list-style-type: none"> 1. Remove the child from triggers of asthma (e.g., exercise, cold air, smoke). 2. Have child sit down. 3. Ensure the child takes reliever medication. 4. Encourage slow deep breathing. 5. Monitor child for improvement of asthma symptoms. |
| <u>Emergency situations</u> <ul style="list-style-type: none"> • Reliever medication has been given and there is no improvement of asthma symptoms in five minutes • Greyish/bluish color in lips and nail beds • Inability to speak in full sentences • Heaving of chest or chest sucking inward • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking | <ol style="list-style-type: none"> 1. Activate 911/EMS. 2. Give reliever medication every five minutes. 3. Notify parent/guardian. 4. Stay with child until EMS personnel arrives. |
| <u>Signs that asthma is not controlled</u> If staff become aware of any of the following situations, they should inform the child's parent/guardian. <ul style="list-style-type: none"> • Asthma symptoms prevent the child from performing normal activities. • The child is frequently coughing, short of breath or wheezing. • The child is using reliever medication more than 3 times per week for symptoms or with exercise. | |

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

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

I have reviewed the above plan and agree that it is appropriate for this child:

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

FOR OFFICE USE ONLY

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Instruction sheet for medication device attached