



Anaphylaxis

Child:

Birth date:

URIS Group B Application Check List:

Date sent home to Parent/Guardian: _____

- | | |
|------------------------------------------|--------------------------|
| 1. Parent Letter | <input type="checkbox"/> |
| 2. URIS Group B Application | <input type="checkbox"/> |
| 3. Anaphylaxis Standard Health Care Plan | <input type="checkbox"/> |

Date received from Parent/Guardian: _____

- | | |
|-------------------------------------------------------------|--------------------------|
| 1. Signed & completed URIS Group B Application | <input type="checkbox"/> |
| 2. Signed & completed Anaphylaxis Standard Health Care Plan | <input type="checkbox"/> |

Date sent to Health Authority for approval: _____

Date health care plan received and implemented: _____



ANAPHYLAXIS STANDARD HEALTH CARE PLAN

Child name:		Birth date:	
Community program name:		Medic Alert™ identification worn? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Alternate emergency contact name:			
Home #:	Cell #:	Work #:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
Life-threatening allergens (e.g., milk, peanuts, nuts, fish, eggs, latex)			
Other allergies (non life-threatening):			
Adrenaline auto-injector prescribed for child	Type of device <input type="checkbox"/> EpiPen® <input type="checkbox"/> Allerject™	Dosage <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg	Location <input type="checkbox"/> Fanny pack or belt <input type="checkbox"/> Backpack <input type="checkbox"/> Purse <input type="checkbox"/> Other – Office/school
<p>It is recommended that the adrenaline auto-injector is with the child during attendance at the community program. Antihistamines are NOT used in the management of life-threatening allergies in community program settings.</p>			
Child has a back-up adrenaline auto-injector at the community program.		<input type="checkbox"/> YES Location _____ <input type="checkbox"/> NO	
OTHER INFORMATION ABOUT MY CHILD'S LIFE THREATENING ALLERGY THAT THE COMMUNITY PROGRAM SHOULD KNOW:			



The Health Care Plan should accompany the child on excursions outside the facility.

ANAPHYLAXIS HEALTH CARE PLAN

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; padding: 5px;"> <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; padding: 5px;"> <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). 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 10 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 		
<p><u>Risk reduction strategies</u> are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Please contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.</p>			

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 to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

DOCUMENTATION



Dear Parent/Guardian,

Please **complete and sign** the attached *URIS Group B Application* and *Anaphylaxis Standard Health Care Plan (SHCP)* for your child and **return it to the school**. This health care plan is reviewed every year so that staff has current health information about your child.

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 school, child care facility or other community programs. When a child is approved for URIS support, a registered nurse develops a health care plan and provides training to community program staff.

Your child's school has requested URIS support for his/her life threatening allergy (anaphylaxis). The attached Standard Health Care Plan (SHCP) has been established by URIS and was developed through consultation with clinical experts. It is the recommended practice for responding to an anaphylactic reaction in community program settings.

An important part of managing life-threatening allergies is the avoidance of allergens. Please contact the school if you would like more information on their anaphylaxis policy and risk reduction strategies. School division policies can be also found on their website.

It is important that we work together to support your child's health care needs and we appreciate the time and information that you have provided. Once you have returned the attached plan to the school, I will review it and call you if I have any questions. The plan will be used by the staff to guide their response if your child experiences difficulty with his/her life- threatening allergy.

URIS Direct Service Nurse - Public Health Nurse

Together leading the way for a healthier tomorrow.

Ensemble vers un avenir plus sain.