



## Asthma

**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. Asthma 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 Asthma Standard Health Care Plan | <input type="checkbox"/> |

Date sent to Health Authority for approval: \_\_\_\_\_

Date health care plan received and implemented: \_\_\_\_\_



## ASTHMA STANDARD HEALTH CARE PLAN

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

*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 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**


**Instruction sheet for medication device attached**



Dear Parent/Guardian,

Please **complete and sign** the attached *URIS Group B Application* and *Asthma 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 community program has requested URIS support for his/her asthma. 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 asthma episode in community program settings.

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 asthma. **Please ensure that your child's puffer goes to school with them each day so it is available to staff or the child should the need arise.**

**If you have any questions about completing the plan, please feel free to contact me.**

URIS Direct Service Nurse - Public Health Nurse

*Together leading the way for a healthier tomorrow.*

*Ensemble vers un avenir plus sain.*