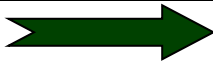


STANDARD HEALTH CARE PLAN (SHCP) ANAPHYLAXIS



Name:		Birth date:	
Community program name:		Grade (if applicable):	
MedicAlert identification worn ? <input type="checkbox"/> YES <input type="checkbox"/> NO		MHSC #:	
		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 <input type="checkbox"/> EpiPen® <input type="checkbox"/> Twinject® <input type="checkbox"/> Allerject™	Dosage <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg	Location at community program <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 community program. <input type="checkbox"/> NO <input type="checkbox"/> 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.			

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>The Twinject® has a 2nd dose which community program personnel do NOT use as it is not a safety regulated needle.</p>
<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 can also 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 and information provided to me, and in my opinion, this is an appropriate response plan for this child.

Nurse signature: _____ **Date:** _____

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