Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

ANAPHYLAXIS STANDARD HEALTH CARE PLAN (SHCP)

Child name:	**Gender:**	**Birth date:**
School/child care facility:		**Grade (if applicable):**
Parent/guardian name:		**MHSC:**
Primary Phone #:	**Secondary Phone #:**	**PHIN:**
Parent/guardian name:		
Primary Phone #:	**Secondary Phone #:**	
Alternate emergency contact name:		
Primary Phone #:	**Secondary Phone #:**	
Allergist:	**Phone #:**	
Pediatrician/Family doctor:	**Phone #:**	

Life-threatening allergies (i.e. allergies that epinephrine auto-injector is prescribed for):

Other allergies (non life-threatening):

Does child wear MedicAlert™ identification for life-threatening allergy(s)? ☐ **YES** ☐ **NO**

<u>Epinephrine auto-injector information</u>

Type

- ☐ EpiPen® 0.15 mg (green)
- ☐ EpiPen® 0.3 mg (yellow)
- ☐ Allerject® 0.15 mg (blue)
- ☐ Allerject® 0.3 mg (orange)

Location - It is recommended that the child carries the epinephrine auto-injector at all times.

- ☐ Fanny pack
- ☐ Back pack
- ☐ Purse
- ☐ Other – Describe _____

Child has a 2nd (back-up) auto-injector available at the community program.

- ☐ YES Location _____
- ☐ NO

Other information about my child's life threatening allergy that community program should know.

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

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Child name:	**Birth date:**
IF YOU SEE THIS →	**DO THIS**

<u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u>

Face
- Red, watering eyes
- Runny nose
- Redness and swelling of face, lips and tongue
- Hives (red, raised & itchy rash)

Airway
- A sensation of throat tightness
- Hoarseness or other change of voice
- Difficulty swallowing
- Difficulty breathing
- Coughing
- Wheezing
- Drooling

Stomach
- Severe vomiting
- Severe diarrhea
- Severe cramps

Total body
- Hives (red, raised & itchy rash)
- Feeling a "sense of doom"
- Change in behavior
- Pale or bluish skin
- Dizziness
- Fainting
- Loss of consciousness

1. Inject the epinephrine auto-injector in the outer middle thigh.
   a) Secure the child`s leg. The child should be sitting or lying down in a position of comfort.
   b) Identify the injection area on the outer middle thigh.
   c) Hold the epinephrine auto-injector correctly.
   d) Remove the safety cap by pulling it straight off.
   e) Firmly press the tip into the outer middle thigh at a 90º angle until you hear or feel a click. Hold in place to ensure all the medication is injected.
   f) Discard the used epinephrine auto-injector following the community program's policy for disposal of sharps or give to EMS personnel.
2. Activate 911/EMS.
   Activating 911/EMS should be done simultaneously with injecting the epinephrine auto-injector by delegating the task to a responsible person.
3. Notify parent/guardian.
4. A second dose of epinephrine may be administered within 5-15 minutes after the first dose is given IF symptoms have not improved.
5. Stay with child until EMS personnel arrive.
   Prevent the child from sitting up or standing quickly as this may cause a dangerous drop in blood pressure.

Antihistamines are <u>NOT</u> used in managing life-threatening allergies in community program settings.

<u>Risk reduction strategies</u>

Avoidance of allergens is the only way to prevent an anaphylactic reaction. 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). 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.

I have reviewed this health care plan and provide consent to this plan on behalf of my child.

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

I have reviewed this health care plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

Documentation
