

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 or other community program. When a child is approved for URIS support, a registered nurse develops a health care plan and provides training to community program staff. The Winnipeg Regional Health Authority (WRHA) provides URIS support in your child's school/child care facility.

The school/child care facility has requested URIS support for your child's asthma. The attached Standard Health Care Plan (SHCP) has been developed in consultation with clinical experts and is the recommended practice for responding to an asthma episode in community program settings.

Please complete and sign the attached Asthma Standard Health Care Plan (SHCP) for your child and return it 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.

I will review the completed health care plan and call you if I have any questions. The plan will be used by the school/child care facility staff to guide their response if your child experiences difficulty with his/her asthma.


If you have any questions about completing the plan, please call me. If your child is no longer prescribed a reliever medication for asthma or does not bring it to school/child care facility, please contact me.

Jacqueline Thompson RN
URIS Direct Service Nurse
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**I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*.*

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA. If you have any questions or concerns about the collection of this information, contact the Access and Privacy Officer at the St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, telephone (204) 888-7951.

STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

Name:	Birth date:
IF YOU SEE THIS: 	DO THIS:
<u>Signs of an asthma episode</u> <ul style="list-style-type: none"> • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing 	<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 (blue cap). 4. Encourage slow deep breathing. 5. Monitor child for improvement.
<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 <p>If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze.</p>	<ol style="list-style-type: none"> 1. Activate 911/EMS. 2. Give reliever medication every five minutes. An exception to this is Symbicort® which should only be given twice. 3. Notify parent/guardian. 4. Stay with child until EMS personnel arrives.
<u>Signs that asthma is not controlled</u> <p>If staff become aware of any of the following situations, they should inform the child's parent/guardian.</p> <ul style="list-style-type: none"> • Asthma symptoms prevent child from performing normal activities • Child appears to be experiencing more frequent coughing, shortness of breath or wheezing. • Child is using reliever medication more than 3 times per week to relieve asthma symptoms. An exception to this includes the use of reliever medication before exercise to prevent exercise induced asthma symptoms, which then may be used up to once a day. 	

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

