

## Authorization for Administration of Reliever Medication & Asthma Standard Health Care Plan (SHCP) - (To be completed by parent)



School name:	School year:
Student information	
Name:	
Address:	Year Month Day
MHSC # (6 digit): PF	IIN # (9 digit):
Parent information	
Parent:	Daytime phone(s)
Parent:	Daytime phone(s)
Emergency contact:	Daytime phone(s)
<u>Medical information</u>	
Name	Dose Medication device
Salbutamol (e.g. Ventolin®, Airomir)	☐ 1 puff ☐ Metered dose inhaler (MDI)
Symbicort <sup>®</sup>	☐ 2 puffs ☐ MDI & spacer device with mouthpiece ◀ ☐
OtherSchool to contact URIS nurse if parent selected "other".	☐ 1 or 2 puffs ☐ MDI & spacer device with mask
	Turbuhaler 👨
	Other
Name of prescribing physician:	
Trigger(s) for asthma (if known):	·
Location of reliever medication:	
As per school policy, the student sh	all carry urgently required medication on their person.
Parent authorization	
I understand that:	
in medication.	tion is renewed annually with student registration or upon a change
The pharmacy label must be on the     The parent is responsible for replace	medication device.  ng expired medication as well as the removal and disposal of expired
medication.	ng expired medication as well as the removal and disposal of expired
I hereby request and authorize the school outlined in the attached Asthma Standa	ool to administer the medication named above to my child as ard Health Care Plan.
Parent signature:	Date:
School administrator signature:	Date:
School administrator signature:	Date:



## **Asthma Standard Health Care Plan**

The Asthma SHCP is based on the clinical practice guidelines developed by the Unified Referral and Intake System (URIS) in consultation with Children's Allergy and Asthma Education Centre (CAAEC) at Health Sciences Centre. These clinical practice guidelines are available on the URIS website. <a href="Unified Referral and Intake System">Unified Referral and Intake System</a> (URIS) | Manitoba Education and Early Childhood Learning (gov.mb.ca)

IF YOU SEE THIS:	DO THIS:
<ul> <li>Symptoms of asthma</li> <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>	<ol> <li>Remove the child from triggers of asthma.</li> <li>Have the child sit down.</li> <li>Ensure the child takes reliever medication (usually blue cap or bottom).</li> <li>Encourage slow deep breathing.</li> <li>Monitor the child for improvement of asthma symptoms.</li> <li>If reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian.         <ul> <li>Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.</li> </ul> </li> <li>If any of the emergency situations occur (see list below), call 911/EMS.</li> </ol>
<ul> <li>Emergency situations</li> <li>Skin pulling in under the ribs</li> <li>Skin being sucked in at the ribs or throat</li> <li>Greyish/bluish color in lips and nail beds</li> <li>Inability to speak in full sentences</li> <li>Shoulders held high, tight neck muscles</li> <li>Cannot stop coughing</li> <li>Difficulty walking</li> </ul>	<ol> <li>Activate 911/EMS.         <ul> <li>Delegate this task to another person. Do not leave the child alone.</li> </ul> </li> <li>Continue to give reliever medication as prescribed every five minutes.</li> <li>Notify the parent/guardian.</li> <li>Stay with the child until EMS personnel arrive.</li> </ol>