



INDIVIDUAL HEALTHCARE PLAN

Name of Child:				<i>photo</i>
Class:				
DOB:				
Reason for Individual Healthcare Plan:				
Emergency contact numbers:	1. 2. 3.			
Created by:			Date Received:	
Background information/ area of Concern:	Background:			
History of allergic reactions: (if applicable)	Date of most recent reaction			
	Previous episodes of anaphylaxis			
	Known hospital admissions			
	Previous use of adrenaline auto-Injector			
Specific allergen information: (if applicable)	Allergen	Suspected/ confirmed	Severe/ mild	Typical reaction

Allergy Action Plan				
	Current Allergy Action Plan attached ☐			
	Date of Allergy Action Plan:			
In cases of anaphylaxis, I consent for an adrenaline auto injector held by the academy to be administered in an emergency (i.e. when the child's individual adrenaline auto injector does not function):				Yes ☐ No ☐
Other Medical Conditions:	Asthma* ☐	For Asthma, please complete the relevant section of the form below.		
	Eczema ☐			
	Hay Fever ☐	Details:		
	Other ☐			
	Symptoms of condition:			
	Known triggers:			
History of significant reactions/incidents				
Day-to-Day Care (including risk reduction measures)				
Action during an Episode:				

Asthma symptoms:
(if applicable)

I wheeze, cough, my chest hurts or it's hard to breathe

I'm having an attack if...

My reliever inhaler isn't helping or I need it more than every four hours

or

I can't talk, walk or eat easily

or

I'm finding it hard to breathe

or I'm coughing or wheezing a lot or my chest is tight/hurts.

My asthma is getting worse if I need my reliever inhaler 3 or more times a week or I need it more than 4- hourly. Then I need to see a doctor or nurse.

Asthma triggers:

These are the things that make my asthma worse so I try to avoid or treat them:

Day-to-Day Care
(including risk reduction measures)

I take puff/s of my preventer (**BROWN**) inhaler in the morning and puffs at night. I do this every day even if my asthma's OK.

I KEEP MY PREVENTER INHALER AT HOME.

Action during an Episode:

Give Inhaler as below.

In the event of an Asthma attack:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately

Date of next asthma review with nursing team:

Personalised Asthma Action Plan

Current Personalised Asthma Action Plan attached ☐

Date of Personalised Asthma Action Plan:

In cases of asthma, I consent for an inhaler held by the academy to be administered in an emergency (i.e. when the child's individual inhaler does not function):

Yes

☐

No

☐

Medication
(if applicable):

Medication

Dose

Administration method
(i.e. oral)

Location of medication
(i.e. with pupil, classroom, office)

Expiry date

I consent for trained school staff to administer the medication detailed within this healthcare plan in accordance with the instructions provided by healthcare professionals and this plan.

Yes

☐

No

☐

Pupil voice/
understanding

What does the pupil know about their allergy/medical need? Can they recognise symptoms?
Do they carry/manage their medication independently?

Staff Involved:

Review Date:

To be shared with all staff (copy to be kept in classroom, staffroom and in office; copy to be given with verbal briefing to all adults with responsibility for the child)

Signed: _____
Parent/Guardian

Date: _____

Signed: _____
Academy Head Teacher

Date: _____

The Individual Healthcare Plan will be reviewed earlier if: medication changes, there is a new diagnosis, there is a reaction requiring medical treatment or the Allergy Action Plan is updated.