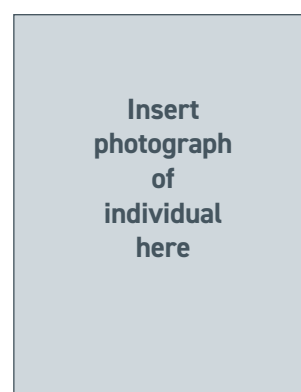


## APPENDIX 4: Individual Health Care Plan Template

### SECTION 1 OF IHCP *(info completed by establishment)*

#### Individual Health Care Plan (IHCP)

Name:	
Date of Birth:	
Reason for IHCP:	
Name of Establishment:	
Plan start date:	
Plan review date:	



Travel arrangements	<i>Delete as appropriate</i>
1. Walking: alone or in group	yes/no
2. Parent / carer transport	yes/no
3. SBC contract travel (e.g. bus, taxi etc)	yes/no
4. SBC escorted travel	yes/no
5. Other: please specify	yes/no
Additional information re travel arrangements:	

## SECTION 2 OF IHCP *(info provided by parent and inserted by establishment)*

**Name of medical condition and summary of help that individual needs and emergency contact details.**

**If the child or young person requires an adrenaline autoinjector, they must always carry this with them and a second adrenaline autoinjector should be provided for the school to hold in case of emergency. This is particularly important if outside of the school building e.g. PE lessons & break times.**

*(info provided by parent and inserted by establishment)*

### **Contact numbers**

Name		Relationship/role	Tel no.
1			
2			
3			
4			
5			

## SECTION 3 OF IHCP: FLOW CHARTS / EMERGENCY PROCEDURES

*To be completed by health professional*

### RECOGNITION OF SIGNS/SYMPTOMS AND MANAGEMENT OF SEVERE ALLERGIC REACTION (ANAPHYLAXIS)

Name: .....

DOB: ...../...../.....

Allergic to .....

Previous symptoms:

- 
- 
- 

Recognition of Anaphylaxis, i.e. following three criteria are fulfilled

1. Skin and or mucosal changes (flushing, urticaria, angioedema )
2. Sudden onset and rapid progression of symptoms
3. Life threatening Airway and /or Breathing and /or Circulation problems

#### AIRWAY

Hoarse  
Itchy or swollen throat  
Swollen tongue

#### BREATHING

Irregular  
Wheezy  
Noisy  
Can't speak

#### CIRCULATION

Hot and flushed  
Pale or clammy  
Decreased conscious level  
Blue round mouth

Do not administer adrenaline on the basis of an isolated skin rash.

**Prescribed Adrenaline Auto-Injector (specify dose)**

.....

#### Immediate Action

- Detect Symptoms – Alert appropriate staff member.....
- Administer Auto - injector into patients upper outer thigh
- Stay with patient at all times
- At the same time as above another staff member must phone 999 stating anaphylaxis
- May be more comfortable in an upright position to aid breathing
- If unresponsive place patient in the recovery position
- If no improvement after 5 minutes, give second Autoinjector if instructed by Scottish Ambulance Service staff to do so

At the same time as above another staff member must phone 999 Ambulance

**Secondary Action:** Parents should be phoned ASAP.

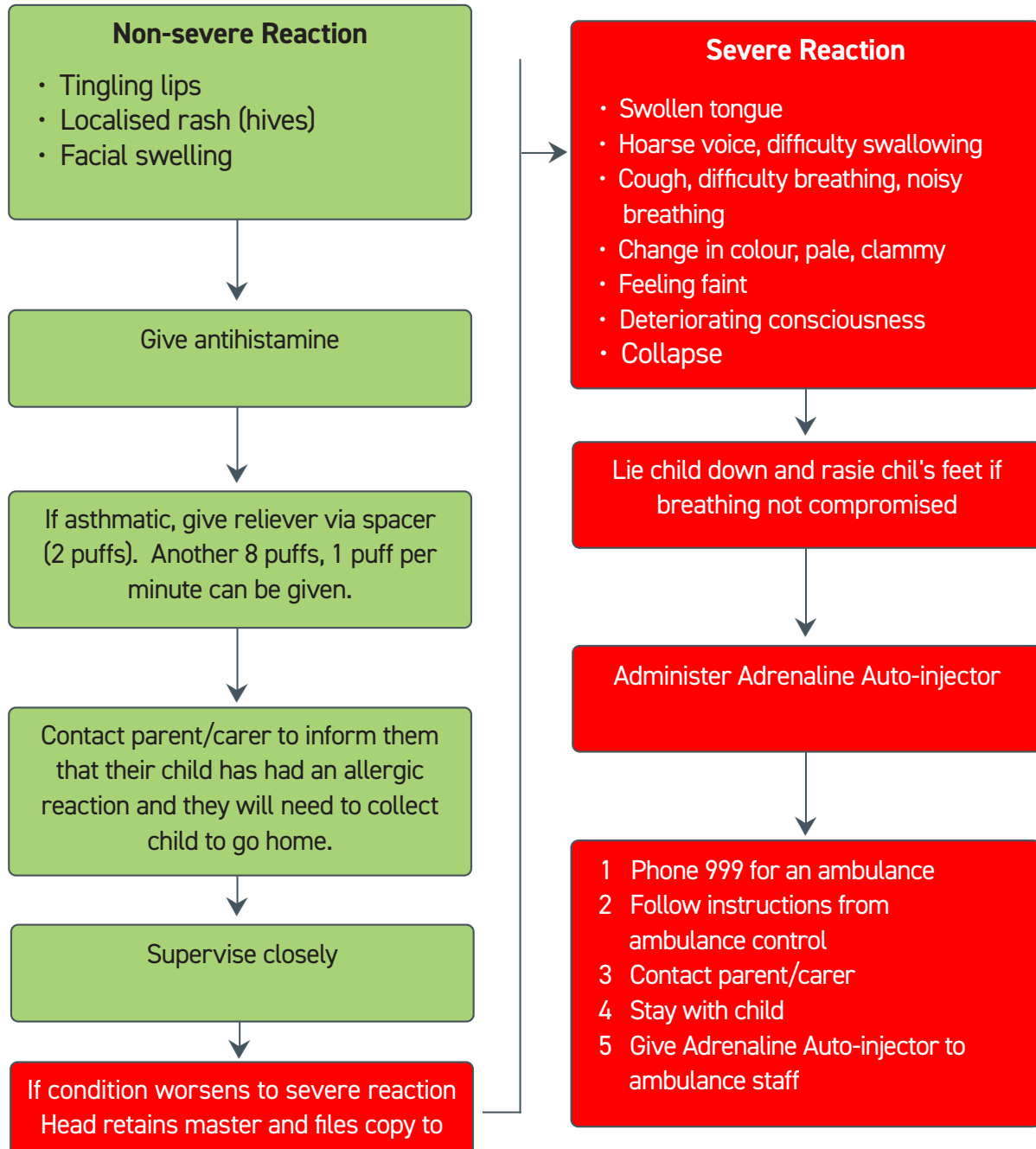
**Parents Number**

Home  
Work  
Mobile

**Emergency contact (if parent unavailable)**

Home  
Work  
Mobile

**ACTION PLAN:**



## SECTION 4 OF IHCP: CONTACT NUMBERS AND FURTHER INFORMATION ABOUT ANAPHYLAXIS

### General Practitioner:

Name: ..... Tel:-.....

Parents / carers number:..... Home.....

Work .....

Other/ Mobile/s .....

Emergency Contact \*(alternative) .....

\*If parent / carer unavailable.

### School Nurse / other health professionals:

Name/title ..... Tel:-.....

Name/title ..... Tel:-.....

### Useful websites

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

[www.allergyfoundation.com](http://www.allergyfoundation.com) (British Allergy Foundation)

[www.allergyuk.org](http://www.allergyuk.org)

[www.allergyinschools.org.uk](http://www.allergyinschools.org.uk)

[www.epipen.co.uk](http://www.epipen.co.uk)

## SECTION 5 OF IHCP: ADDITIONAL INFORMATION

It is the responsibility of parents / carers to maintain in date medication

Include following information if relevant on an individual basis

The establishment should take all reasonable steps to ensure that the child/young person does not eat any foods other than those approved by the parents.

Parents/carers will provide suitable food to meet the child or young person's needs on a daily basis (including mid-morning snack, packed lunch and suitable sweets).

Parents/carers must remind their child regularly of the need to refuse any food items which might be offered by other children.

Parent/carers should remind their child/young person to always carry their adrenaline autoinjector with them.

## SECTION 6 OF IHCP: RECORD OF TRAINING FORM

Please enter name of procedure and details of the training provided to carry out the procedure.*

\* To be completed by the trainer

The persons listed below have received training in the above procedure(s) to detect, recognise and competently respond to the symptoms that require administration of medication or health care procedure to be carried out.

Name (print)	Signature	Date of training

**Training delivered by:**

Name (print)	Signature	Date
1		
2		

**Training designation** (E.g. school nurse; diabetes specialist nurse etc)

1	
2	

The trained persons shown above have been accepted to carry out the above named procedure	
<b>Head</b> Signed:	(print name)
<b>Establishment:</b>	
	<b>Date:</b>

## SECTION 7 OF IHCP: Signatures / Agreement to Individual Health Care Plan

Individual's Name: \_\_\_\_\_ (Print)

Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

Establishment: \_\_\_\_\_

Plan start date: \_\_\_\_\_ (dd/mm/yyyy)

Plan review date: \_\_\_\_\_ (dd/mm/yyyy)

The content of this Individual Health Care Plan has been agreed by the undersigned

Signatory	Name / Role (please print)	Signature	Date
Head			
Health Professional(s) (minimum of one signature required)	Name: _____		
	Role: _____		
	Name: _____		
	Role: _____		
	Name: _____		
	Role: _____		
Parent / Carer			
Young Person (optional if appropriate)			

Original document to be retained by Head

Copies:

- Parents/Carers
- Health Professional(s)
- Other professionals (e.g. Integrated Children's Services, Named Person, Lead Professional)
- Senior Education Office (SBC only)

*Note to health staff: copy of plan should also be kept in child/young person's BGH record*