

IHCP1

Individual Health Care Plan Allergies / Anaphylaxis

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child's full name: _____
Child's date of birth: _____
Child's class: _____

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis Campaign

Emergency Contact details:

Contact 1

Name:

Relationship to child:

Contact numbers:

Contact 2

Name:

Relationship to child:

Contact numbers:

Possible symptoms of allergic reactions

A life-threatening reaction	
Airway	- Tightness or a lump in the throat, hoarse voice, hacking cough.
Breathing	- Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing.
Conscious level	- Feeling faint, weakness or floppiness, glazed expression, unconscious.
Deterioration	- Symptoms getting steadily worse.

If a child is having a life threatening reaction

1. Give Autoinjector in the outer thigh muscle.
2. Once the Autoinjector has been given, Dial 999 for the ambulance. even if the child is making a good recovery
3. If the child is conscious and having breathing difficulties, help them to sit up. If they are faint or floppy, they are better lying flat with their legs raised up.
4. Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew

A non life-threatening reaction

Eyes	- itchy, runny, swollen
Nose	- Itchy, runny, congested
Mouth	- itchy or swollen lips or mouth
Skin	- itchy hives or nettle rash, redness, swelling of the face or other parts of the body
Gut	- nausea, stomach cramps, vomiting, diarrhoea

If the child is having a non life-threatening reaction:

1. Give Antihistamine syrup or tablet
2. The child should Rest and <ul style="list-style-type: none">• Not do strenuous exercise• Not eat a heavy meal.• Not have any form of fizzy drink.• Not have a hot bath or shower
3. Contact the parents or guardian
4. Do not leave the child alone as the severity of symptoms can change quickly

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their allergy.

Name and strength of medication

When should medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

What action should be taken if medication is not effective?

Signed: _____ Name: _____

Date: _____

Non Emergency Allergic Reactions in your child at school

What causes the allergy/ what is your child allergic to?

Any other health conditions:

Early warning signs/Symptoms of child's allergic reaction,

What action should be taken if the child has an allergic reaction?

What can be done to help prevent or minimise allergic reaction?

Medications given at home (please include all medication)

Name of medicine	Is this prescribed for allergy?	Strength/Amount given	Times given

Medication to be given in school

Name of medicine	Is this prescribed for allergy?	Strength/Amount given	Times to be given

Heath care plan agreed by:

Parent/carer: _____

Date: _____

Healthcare professional (if applicable): _____

Date: _____

Member of school staff: _____

Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary. This care plan will be reviewed yearly or more often if required; it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____