



Individual Healthcare Plan
Severe Allergy



Photo of Pupil

Name Of Pupil

Date of Birth

Name and Contact Details of Parent/Guardian

GP Name:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian

Date

Print Name

Health Care Plan Review Date:

Pupil's Name

DIAGNOSIS: Severe Allergy

What Triggers My Allergy?

What Are My Usual Symptoms?

Health Care Needs In School

If symptoms are mild to moderate, such as a rash around the mouth and a stomach ache,
Administer oral antihistamine medication:

(Other healthcare needs can be added)

Medication

Name of prescribed oral antihistamine medication:

Name of prescribed emergency medication:

Carries own emergency medication: No

Location of medication: In the nursery office on the high self near the desk.

Health Care Plan Completed By:

Designation:

Date:

Treatment For Severe Allergic Reactions

REMEMBER: Never leave someone with severe allergic symptoms.

Mild To Moderate Symptoms

Swollen lips, face or eyes
Itchy or tingling mouth

Worsening symptoms may include vomiting and abdominal pain with some breathing difficulties.

Action

- Sit child down
- Give antihistamine medication
- Give inhaler
- Reassure them

Worsening Symptoms

Difficulty or noisy breathing
Swelling of tongue/tightness of throat
Difficulty talking/hoarse voice
Pale and floppy (young children)



Action

- Lay or sit child on floor with knees raised (don't move them to another area)
- Give adrenaline auto-injector
- Call "999" for an ambulance Note: Tell them it is a child in an "**anaphylaxis emergency**".
- If no improvement in 5-10 minutes give a second adrenaline auto-injector.
- Contact parent

Additional Treatment

May be given asthma reliever inhaler, through a spacer, to help relieve breathing difficulties.