**Individual healthcare plan (IHP) for food allergies/ FPIES**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s details**

|  |  |
| --- | --- |
| Name |  |
| Group/class/form |  |
| Date of birth |  |
| Address |  |

**Family contact information**

|  |  |
| --- | --- |
| 1. **Contact name** |  |
| Relationship to child |  |
| Phone number (work) |  |
| (mobile) |  |
| (home) |  |
| 2. **Contact name** |  |
| Relationship to child |  |
| Phone number (work) |  |
| (mobile) |  |
| (home) |  |

**Clinic/hospital contact**

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Phone number |  |

**GP**

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |

|  |  |
| --- | --- |
| Who is responsible for providing support at school? |  |

Details of immediate food allergies

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Details of delayed food allergies/ food protein induced enterocolitis syndrome (FPIES)

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Immediate (IgE) allergies – foods, what happens during a reaction

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Action to be taken if an immediate (IgE) allergic reaction is suspected

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Emergency procedure if reaction is progressing

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Details of delayed food allergies - food protein induced enterocolitis syndrome (FPIES)

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| *Food Protein-Induced Enterocolitis Syndrome (FPIES), sometimes referred to as a delayed food allergy, is a severe condition that causes vomiting and diarrhoea. In some cases, symptoms can progress to dehydration and shock brought on by low blood pressure and poor blood circulation.*  *Much like other food allergies, FPIES allergic reactions are triggered by ingesting a food allergen. The most common culprits include milk, soya and grains, but a child may have FPIES to ANY food.*  *Reactions can occur from ingestion of even small traces of the allergen. Symptoms typically appear 1-6 hours after ingestion of the food. Symptoms include: Bloating, tummy pain, behavioural changes, diarrhoea, pale or blue appearance and vomiting.* |

Delayed food allergies/ FPIES – foods, what typically happens to your child during a reaction

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Action to be taken if reaction is suspected

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Emergency procedure if reaction is progressing

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Emergency medication *(only to be administered by named and trained members of staff):*

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| --- | --- |
| Name and dose of medication |  |
| Named individual(s) who may give medication |  |

Other drug(s)

|  |  |
| --- | --- |
| Name: | Dose: |
| Name: | Dose: |
| Name: | Dose: |

Side-effects of medication

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Information about other treatments

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Other health problems (environmental allergies, toileting difficulties etc)

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Specific support or equipment required (for medical, educational, social, emotional needs)

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Activities that require special precautions, and how to manage

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Arrangement for school trips

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Other information

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This plan has been agreed by (pupil/parent/carer/doctor/school nurse/allergy specialist nurse):

|  |  |
| --- | --- |
| Name: | Signature: |
| Role: | Contact number: |

|  |  |
| --- | --- |
| Name: | Signature: |
| Role: | Contact number: |

|  |  |
| --- | --- |
| Name: | Signature: |
| Role: | Contact number: |

|  |  |
| --- | --- |
| Name: | Signature: |
| Role: | Contact number: |

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| --- | --- |
| Name: | Signature: |
| Role: | Contact number: |

Details of staff training required

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Notes

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