# Individual Health Care Plan

Date IHCP was created:

Date of annual review:

Early Years

## Child / Young Person’s Information

### Personal Details

|  |  |  |
| --- | --- | --- |
| Child’s name: |  |  |
| Date of Birth: |  |
| Early Years setting: |  |
| Address: |  |
| Postcode: |  |

|  |  |
| --- | --- |
| Medical condition(s):  Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours. |  |
| Allergies: (update if any changes occur) |  |
| Date: |  |
| Document to be updated: |  |

### Parental responsibility contacts information (complete for each person with parental responsibility)

|  |  |
| --- | --- |
| Name: |  |
| Relationship to child or young person: |  |
| Address, if different to child or young person: |  |
| Home phone number: |  |
| Mobile phone number: |  |
| Work phone number: |  |
| Email |  |

### Emergency contact Information:

|  |  |
| --- | --- |
| Name: |  |
| Home phone number: |  |
| Mobile phone number: |  |
| Work phone number: |  |
| Email |  |

### Family Contact Information

|  |  |  |
| --- | --- | --- |
|  | Name | Contact details |
| Specialist nurse  (if applicable): |  |  |
| Consultant paediatrician  (if applicable): |  |  |
| GP: |  |  |
| Key person in setting: |  |  |
| SENCo in EY setting: |  |  |
| Health visitor: |  |  |
| SEN co-ordinator: |  |  |
| Person implementing plan (alternative plan if this person is absent): : |  |  |

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| --- |
| Information about child’s home life and family |
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| --- | --- | --- | --- | --- | --- | --- |
| This child has the following medical conditions… | | | | | | |
|  | | | | | | |
| …requiring the following medical treatments… | | | | | | |
|  | | | | | | |
| Medical condition | Drug | Dose | | Method of administration | Time  in setting or at home | Who is administering |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| Does treatment of the medical condition affect behaviour or concentration? | | |  | | | |
| Are there any side effects of the medication? | | |  | | | |
| Is there any ongoing treatment that is not be administered in setting?  What are the side effects? (if any) | | |  | | | |

## Routine Monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child’s condition. (e.g. needs to have drinks throughout the day, food to be given in small pieces/portions etc.)

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| --- | --- |
| What monitoring is required? |  |
| When does it need to be done? |  |
| Who does the monitoring? |  |
| Does it require any equipment? |  |
| How is it done? |  |
| Is there a target? |  |

## Emergency Situations

An emergency situation occurs whenever a child / young person needs urgent treatment to deal with their condition.

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| What is considered as a known emergency situation? |  |
| What are the symptoms? |  |
| What are the triggers? |  |
| What action must be taken and by who? |  |
| Are there any follow up actions (e.g. tests or rest) that are required? Professionals to be notified? |  |

Impact on child or young person’s learning

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| --- | --- |
| How does the child’s medical condition affect learning? i.e. memory, processing speed, co-ordination etc. |  |
| Does the child require any further assessment of their learning? |  |

## Care at meal times

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| --- | --- |
| Has a dietary requirement request form been completed (if required)? |  |
| What other care is needed? |  |
| When should this care be provided? |  |
| How is it given? |  |
| If it is medication, how much is needed? |  |
| Any other important information? |  |

## Toileting

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| --- | --- |
| Are there any present issues relating to toileting? |  |
| What support does the child need with toileting? |  |
| Any other important information? |  |

## Actions and reasonable adjustments to manage the day:

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| --- | --- | --- |
| Adjustments needed: | Within the room? |  |
| During group times? |  |
| Outside play? |  |
| During meal and snack times? |  |
| For self-care (e.g. toileting and dressing)? |  |
| To access common areas of the building and grounds? |  |

## Physical activity

|  |  |
| --- | --- |
| Are there any physical restrictions caused by the medical condition(s)? |  |
| Is any extra care needed for physical activity? |  |
| Actions before exercise |  |
| Actions during exercise |  |
| Actions after exercise |  |

## Trips and activities out of setting

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| --- | --- |
| What reasonable adjustments are needed for travelling? |  |
| What care needs to take place? When does it need to take place? |  |
| Adjustments on the trip for self-care (toileting and dressing), access to the site and access to the activities? |  |
| What equipment/medication is needed? Who will look after medicine and equipment? |  |
| Who will take overall responsibility for the child on the trip? |  |

## Setting environment

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| --- | --- |
| Does the setting environment affect the child’s medical condition?  (if so, provide details) |  |
| What changes can the setting make to deal with these issues? |  |

## Educational, social and emotional needs

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| --- | --- |
| Is the child likely to need time off because of their condition? |  |
| What is the process for catching up on missed experiences and settling back in caused by any absences? |  |
| Is there a situation where the child will need to leave the room? |  |
| Does the child require rest periods? |  |
| Does the child require any emotional support? |  |

## Staff training

|  |  |  |
| --- | --- | --- |
| What training is required? |  | |
| Who needs to be trained? |  | |
| Who will deliver the training and how will this be arranged? |  | |
| When does the training need to take place and how often does the training need updating? |  | |
| Dates for renewal of training: | Name of staff: | Date for renewal: |
|  |  |  |
|  |  |  |
|  |  |  |
| Provide details of courses attended? (with dates) |  | |

## Additional information

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## Are there any programmes to be carried out during the day or risk assessments

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| --- | --- |
| Professional | Programme/risk assessment (attach copy to IHCP) |
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|  |  |
|  |  |

## Sign off

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Parents / carer if under 16 |  |  |  |
| Young person over 16 |  |  |  |
| Healthcare professional |  |  |  |
| Setting contact |  |  |  |

## **Care navigators can be contacted to find out which professionals are involved, access reports, appointment times etc.:**

### **Health**

If you are concerned about any aspect of the health advice at setting, please speak to the health staff to find a quick solution or to call an early review of the IHCP, if there has been a significant change in need. If you do not feel that this resolves the difficulty, you can contact patient services and raise a formal complaint through them.

Leicestershire Partnership Trust patient advice and liaison service (PALS)

|  |  |
| --- | --- |
| **Email** | LPT.pals@nhs.net |
| **Phone** | 0116 295 0830 |

University Hospital Leicester patient information and liaison service (PILS)

|  |  |
| --- | --- |
| **Email** | pils.complaints.compliments@uhl-tr.nhs.uk |
| **Phone** | 08081 788337 |

### **Parliamentary and Healthcare ombudsman**

If you do not feel that your concern or complaint has been resolved by the NHS, after following the complaints procedures, you can ask the Parliamentary and healthcare ombudsman to consider the facts and make a final decision.

|  |  |
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| **Website** | www.ombudsman.org.uk |
| **Phone** | 0345 015 4033 |

### **POhWER – East Midlands**

For support and advice, POhWER offer free, confidential, independent information, advice and support for parents, carers and young people who have concerns about their experiences of health services.

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| **Website** | www.pohwer.net/east-midlands |
| **Phone** | 0300 456 2370 |

**Early Years SEND Inclusion service-** [**supporting children with physical and Medical needs**](https://resources.leicestershire.gov.uk/education-and-children/early-years/early-years-send-inclusion/practitioners/physical-and-medical-needs)