**INDIVIDUAL HEALTHCARE PLAN**

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| Student’s name |  |
| Form |  |
| Date of birth |  |
| Child’s address |  |
| **Medical diagnosis or condition** | Juvenile Idiopathic Arthritis (JIA) |
| Date |  |
| Review date |  |
| **Family Contact Information** |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  | Mobile |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  | Mobile |  |
| **Clinic/Hospital Contact** |  |
| Name |  |
| Phone no. |  |
| Name |  |
| Phone no. |  |
| **G.P.**Name |  |
| Phone no. |  |

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| Who is responsible forProviding support in school | Add in others relevant to the schoolSenco, Head of Year, Form tutor, Class teacher  |

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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| Discuss what JIA is and how it affects your child, add in specific symptoms, triggers, environmental issues and signs for your child. Adapt and add/delete if necessary. *Child’s name* has Juvenile Idiopathic Arthritis (JIA). This is an inflammatory condition which mainly affects the joints but can, in rare cases, also affect the internal organs and the eyes. *Child’s name* ankles, knees, elbows and wrists *(add or delete joints affected)* are affected. These joints become swollen and painful. Due to the medication *child’s name* is on, his/her immune system is weakened, therefore it is very important that parents are aware of any infectious diseases going around school as these can cause serious problems for him/her. In addition to make sure the students’ parents of the school are fully aware of the 48 hour sickness procedure.It should be noted that most children know when they can and cannot do things and they should be able to easily speak to teachers about this.SYMPTOMS: swollen, painful joints, decreased mobility, and restricted movement. Fatigue and loss of attention. TRIGGERS: Illnesses e.g. cold and flu, infections and stressENVIRONMENTAL ISSUES: Illnesses and viruses spread by poor hygieneSIGNS: Limping, looking pale and tired, unable to write |

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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| Discuss the medication your child is on. Below are examples of a DMARD, biologic and NSAID (add/delete if necessary)*Child’s name* takes a drug called methotrexate. This is a disease modifying drug used to dampen the immune system, ease pain and swelling and to prevent long term joint damage. This medication is injected weekly at home on a (*name the day administered)*. The main side effects of this drug are fatigue and nausea. These generally occur at the weekend but may continue throughout the week. *Child’s name* takes a drug called Adalimumab. This is a biologic drug that blocks the TNF protein produced by the body which causes inflammation. It will help the condition and will ease swelling and prevent long term joint damage. This medication is injected fortnightly at home on a (*name the day administered*). The main side effects of this drug are swelling at point of injection. However, as the medicine suppresses the immune system *child’s name* is more likely to pick up infections. *Child’s name* also takes naproxen and paracetamol for when he/she is in severe pain. Again, these are administered at home. If medications are needed in school, an additional form ‘parental agreement for setting to administer medicine’ will need to be completed. This covers medicine name, dosage, whether it is self-administered, emergency contact details. |

Daily care requirements

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| Discuss issues like moving around the school, requirements at mealtimes, changing for PE, adapted pens/pencils, access to other equipment e.g. laptop, chair in assembly. Below are a few examples (Adapt and add/delete if necessary)It is very important for *child’s name* that if he/she is in pain, especially in his/her wrists, fingers, he/she is allowed to take a break from writing. Access to a laptop will help.Sitting in a chair for long periods of time can cause him/her to become stiff and may need to walk about for a few minutes. Sitting cross legged can also be very painful for him/her so she may need to sit on a chair if necessary. For PE if *child’s name* ankles/knees/feet are painful, he/she will need to take a break and slowly move their joints. If the joints are swollen he/she would not be allowed to take part in PE.  |

Specific support for the pupil’s educational, social and emotional needs

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| Discuss how you feel the school can support your child; do they need extra time for exams, who can your child talk to. Below are a few examples (Adapt and add/delete if necessary.)All teachers (including new teachers) need to be made aware of *child’s name* condition and have read this healthcare plan. When *child’s name* cannot attend school, material should be made available so that *child’s name* can keep up with their schoolwork. The emotional impact of a long-term health condition must not be underestimated, and the school should ensure that *child’s name* is supported.  |

Arrangements for school visits/trips etc.

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|  Each child is different and therefore it is important parents discuss with the school the arrangement of any school trip especially if the child is ‘flaring’ when the activity/trip is planned and who has responsibility of administering medication if it is necessary.  |

Other information

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| Add in additional information you feel as a parent the school needs to be aware of.  |

Describe what constitutes an emergency, and the action to take if this occurs

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| Add additional information relevant to the child An emergency would be if *child’s name* is in considerable amount of pain. If this occurs please contact parents/carers..  |

Who is responsible in an emergency *(state if different for off-site activities)*

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| In school – medical administrator. Out of school – trip leader.  |

Plan developed with

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| Parents, detail of teacher/medical lead |

Staff training needed/undertaken – who, what, when

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| To be filled in by the school |

Parent Signature / copied to: File. Form Tutor, Head of PE, Head of Year

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