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| **Childcare Setting/School Name** |  |
| **Childs Initials** |  |

**Complete by circling or highlighting the appropriate statement**

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| **Appendix G - Health Needs** |
| Universal Needs | Additional Needs | Complex Needs | Severe Needs |
| **EPILEPSY** |
| Infrequent seizures occurring on average less than once per month. | Seizures that occur on average more than once per month. | Seizures that occur on average more than once per week. | Seizures that occur on average more than once a day. |
| Seizures that are easily recognised.  | Seizures that can be recognised by staff having received generic epilepsy training. | Seizures that can be recognised by staff having received child specific training. | Seizures present in many different ways and are difficult to recognise, staff require ongoing child specific training and support. |
| Seizures that do not usually require rescue medication. | Seizures that have required rescue medication. | Rescue medication required on average monthly. | Rescue medication required on average weekly. |
| Seizures that do not usually have an impact on the CYP's airway. | Seizures that have a minor impact on the CYP's airway requiring first aid treatment (staff trained in first aid). | Seizures that have a major impact on the CYP's airway requiring emergency services (staff trained in first aid). | Seizures that affect the CYP's breathing to the extent that they require oxygen and or suction to maintain airway (staff trained in basic life support). |
| Seizures do not generally require immediate intervention. | CYP requires a low to moderate level of observation to manage seizures safely. | CYP requires a high level of observation to manage seizures safely. | CYP requires constant observation due to seizures that require immediate intervention such as positioning to maintain airway. |
| **AIRWAY MANAGEMENT TYPE A** |
| No identified risk of airway difficulties. | CYP requires medication to reduce secretions (hyoscine patches or oral medication). | CYP requires repositioning to be able to manage secretions effectively. | Pooling of secretions at the back of the throat and difficulty in swallowing requiring constant supervision and oral/naso pharyngeal suction.  |
| Normal lung function. | N/A | N/A | Chronic lung disease causing reduction in respiratory function and high risk of developing chest infections |
| No requirements for chest physiotherapy. | CYP may require chest physiotherapy at home if need identified by health professionals. | Requires regular chest physiotherapy at home. | Requires regular and as required chest physiotherapy in school to maximise respiratory function. |

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| **Appendix G - Health Needs**  |
| Universal Needs | Additional Needs | Complex Needs | Severe Needs |
| No requirements for oxygen therapy or availability of oxygen. | N/A | Requires oxygen when unwell at home/hospital. | Requires oxygen therapy or availability of oxygen at all times. |
| **AIRWAY MANAGEMENT TYPE B** |
| No tracheostomy. | N/A | N/A | CYP has a tracheostomy to maintain airway. Requires constant supervision to provide suction or potential emergency management at any time. |
| **AIRWAY MANAGEMENT TYPE C** |
| CYP has normal breathing. | N/A | CYP requires mechanical ventilation at night time only or when unwell at home. | CYP cannot breathe unaided for part or all of the 24 hour period and is reliant upon assisted mechanical ventilation. Requires trained supervision to assess whether mechanical ventilation required at any time. |
| **SUSTAINED DEBILITATING OR UNPREDICTABLE MEDICAL CONDITION** |
| May have a medical condition but does not require monitoring or extra support. | N/A | CYP has medical condition that requires monitoring and support from school staff trained by health professional. | Has a medical condition that involves dependence on a trained adult for most or all of the day to monitor and provide medical interventions when necessary. |