



STUDENT ASTHMA/ANAPHYLAXIS ACTION PLAN

STUDENT NAME: _____ DATE OF BIRTH _____ / _____ / _____
(MONTH) (DAY) (YEAR)

EXERCISE PRECAUTION: Administer inhaler (2 inhalations) 15-30 minutes before exercise (e.g., gym class, recess).

- Albuterol inhaler (Proventil, Ventolin)
- Levalbuterol (Xopenex HFA)
- Pirbuterol inhaler (Maxair)
- Use inhaler with spacer device: _____
- May carry and self-administer metered-dose inhaler
- Other: _____

ASTHMA TREATMENT

Give **quick relief medication** when student experiences asthma symptoms, such as coughing, wheezing or tight chest.

- Albuterol inhaler (Proventil, Ventolin) 2 inhalations.
- Levalbuterol (Xopenex HFA) 2 inhalations.
- Use inhaler with spacer device: _____
- Pirbuterol inhaler (Maxair) 2 inhalations.
- Albuterol inhaled by **nebulizer** (Proventil, Ventolin, AccuNeb).
 - 1.25 mg/3 mL 2.5 mg/3 mL
- Levalbuterol inhaled by **nebulizer** (Xopenex).
 - 0.31 mg/3 mL 0.63 mg/3 mL 1.25 mg/3 mL
- Other: _____
- May carry and self administer metered dose inhaler.

CLOSELY OBSERVE THE STUDENT AFTER GIVING QUICK RELIEF ASTHMA MEDICATIONS

If after 10 minutes:

- Symptoms are improved, student may return to classroom after notifying parent/guardian.
- No improvement in symptoms, repeat the treatment and notify parent/guardian immediately.
- If student continues to worsen, **CALL 911 and INITIATE the Nebraska Schools' Emergency Response to Life-threatening Asthma or Systemic Allergic Reactions (Anaphylaxis).**

ANAPHYLAXIS TREATMENT

Give **epinephrine** when student experiences allergy symptoms, such as hives, difficulty breathing (chest or neck "sucking in"), lips or fingernails turning blue, or trouble talking (shortness of breath).

- Epinephrine injection (please specify):
 - EpiPen 0.3 mg 2-Pak Twinject 0.3 mg
 - EpiPen Jr. 0.15 mg 2-Pak Twinject 0.15 mg
- Other: _____
- May carry and self-administer epinephrine injection.

CALL 911 AND CLOSELY OBSERVE THE STUDENT AFTER GIVING EPINEPHRINE

- Notify parent/guardian immediately.
- Even if student improves, the student should be observed for recurrent symptoms of anaphylaxis in an emergency medical facility.
- If student does not improve or continues to worsen, **INITIATE the Nebraska Schools' Emergency Response to Life-threatening Asthma or Systemic Allergic Reactions (Anaphylaxis).**

This student has a medical history of asthma and/or anaphylaxis and I have reviewed the use of the above-listed medication(s). If medications are self-administered, the school staff **MUST** be notified.

Additional information _____

Physician name (please print) _____ Phone _____

Physician signature _____ Date _____

Parent signature _____ Date _____

Reviewed by school nurse/ nurse designee _____ Date _____