

# Student Asthma/Allergy Action Plan

(This Page To Be Completed By Health Care Provider)

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Student Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

- ☐ **Exercise Pre-Treatment:** Administer inhaler (2 inhalations) 15-30 minutes prior to exercise. ☐ PE ☐ Recess
- ☐ Albuterol /Levalbuterol HFA inhaler (Proventil, Ventolin, ProAir, Xopenex) ☐ Use inhaler with valved holding chamber
- ☐ Albuterol DPI (ProAir RespiClick) ☐ May carry & self-administer quick relief medication

## Asthma Treatment

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

- ☐ Albuterol /Levalbuterol HFA - 2-4 inhalations  
(Proventil, Ventolin, ProAir, Xopenex)
- ☐ Use inhaler with valved holding chamber
- ☐ Albuterol DPI (ProAir RespiClick) - 2 inhalations
- ☐ Albuterol inhaled **by nebulizer** (Proventil, Ventolin, AccuNeb)  
☐ .63 mg/3 mL ☐ 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
- ☐ May carry & self-administer quick relief medication

If symptoms do not improve, quick relief medication can be repeated after 10 minutes

**Closely Watch the Student after Giving Quick Relief Medication**

**If, after 10 minutes:**

- Symptoms are better, student may return to classroom **after** notifying parent/guardian

If student continues to get worse, CALL 911 & use the Nebraska Schools' Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol

## Anaphylaxis Treatment

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

- ☐ EpiPen® 0.3 mg ☐ EpiPen® Jr 0.15 mg
- ☐ AUVI-Q® 0.3 mg ☐ AUVI-Q® Jr. 0.15 mg
- ☐ AUVI-q® 0.1 mg

☐ Other: \_\_\_\_\_

*Lay person flat on back and raise legs. If vomiting or difficulty breathing, let them lie on their side.*

- ☐ **Use epinephrine auto-injector immediately upon exposure to known allergen**
- ☐ **If symptoms do not improve or they return, epinephrine can be repeated after 5 minutes or more**
- ☐ May carry & self-administer epi auto-injector

**CALL 911 After Giving Epinephrine & Closely Watch the Student**

- Notify parent/guardian immediately
- **Even if student gets better, the student should be watched for more signs & symptoms of anaphylaxis in an emergency facility**

If student does not get better or continues to get worse, use the Nebraska Schools' Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol

☐ This Student has the ability to self-manage Student's Health Condition and I authorize Student to self-manage in accordance with this Plan. If medications are self-administered, the school staff must be notified immediately.

**Additional information:** (i.e. asthma triggers, allergens) \_\_\_\_\_

**Health Care Provider name:** (please print) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Care Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by school nurse/nurse designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_