

# Lewis Central Community Schools

## STUDENT ASTHMA/ANAPHYLAXIS ACTION PLAN

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm      dd      yyyy

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

- |  |   |
|--|---|
| <input type="checkbox"/> Albuterol inhaler (Proventil, Ventolin) | <input type="checkbox"/> Use inhaler with spacer device: _____              |
| <input type="checkbox"/> Levalbuterol (Xopenex HFA)              | <input type="checkbox"/> May carry and self-administer metered-dose inhaler |
| <input type="checkbox"/> Pirbuterol inhaler (Maxair)             | <input type="checkbox"/> Other: _____                                       |

<p><b><u>ASTHMA TREATMENT</u></b></p> <p>Give quick relief medication when student experiences asthma symptoms, such as coughing, wheezing or tight chest.</p> <p><input type="checkbox"/> Albuterol inhaler (Proventil, Ventolin) 2 inhalations</p> <p><input type="checkbox"/> Levalbuterol (Xopenex HFA) 2 inhalations</p> <p><input type="checkbox"/> Use inhaler with spacer device: _____</p> <p><input type="checkbox"/> Pirbuterol inhaler (Maxair) 2 inhalations</p> <p><input type="checkbox"/> Albuterol inhaled by nebulizer (Proventil, Ventolin, AccuNeb)</p> <p style="margin-left: 20px;"><input type="checkbox"/> 1.25 mg/3 mL    <input type="checkbox"/> 2.25 mg/3 mL</p> <p><input type="checkbox"/> Levalbuterol inhaled by nebulizer (Xopenex)</p> <p style="margin-left: 20px;"><input type="checkbox"/> 1.25 mg/3 mL    <input type="checkbox"/> 2.25 mg/3 mL</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> May carry and self-administer metered dose inhaler.</p> <p><b>Known asthma triggers:</b></p> <p>_____</p>	<p><b>CLOSELY OBSERVE THE STUDENT AFTER GIVING QUICK RELIEF ASTHMA MEDICATIONS</b></p> <p>If after 10 minutes:</p> <ul style="list-style-type: none"> <li>Symptoms are improved, student may return to classroom after notifying parent/guardian.</li> <li>No improvement in symptoms, repeat the treatment and notify parent/guardian immediately.</li> </ul>
<p><b><u>ANAPHYLAXIS TREATMENT</u></b></p> <p>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).</p> <p><input type="checkbox"/> Epinephrine injection (please specify)</p> <p style="margin-left: 20px;"><input type="checkbox"/> EpiPen 0.3 mg 2-Pak      <input type="checkbox"/> Twinject 0.3 mg</p> <p style="margin-left: 20px;"><input type="checkbox"/> EpiPen Jr. 0.15 mg 2-Pak    <input type="checkbox"/> Twinject 0.15 mg</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> May carry and self-administer epinephrine injection.</p> <p><b>Known anaphylaxis triggers:</b></p> <p>_____</p>	<p><b>CALL 911 AND CLOSELY OBSERVE THE STUDENT AFTER GIVING EPINEPHRINE</b></p> <ul style="list-style-type: none"> <li>Notify parent/guardian immediately.</li> <li>Even if the student improves, the student should be observed for recurrent symptoms of anaphylaxis in an emergency medical facility.</li> <li>If the student does not improve or continues to worsen, <b>INITIATE</b> the Lewis Central Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis)</li> </ul>

Physician name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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