**EXHIBIT 504.12E2**

**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)

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| * Albuterol inhaler (Proventil, Ventolin)
* Levalbuterol (Xopenex HFA)
* Pirbuterol inhaler (Maxair)
 | * Use inhaler with spacer device:
* May carry and self-administer metered-dose inhaler
* Other:
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| **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  2.25 mg/3 mL
* Levalbuterol inhaled by nebulizer (Xopenex)
* 1.25 mg/3 mL  2.25 mg/3 mL
* Other:
* May carry and self-administer metered dose inhaler.

**Known asthma triggers:**  | **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.
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| **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.

**Known anaphylaxis triggers:**  | **CALL 911 AND CLOSELY OBSERVE THE STUDENT AFTER GIVING EPINEPHRINE*** Notify parent/guardian immediately.
* Even if the student improves, the student should be observed for recurrent symptoms of anaphylaxis in an emergency medical facility.
* If the student does not improve or continues to worsen, **INITIATE** the Lewis Central Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis)
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Physician name (please print) Phone

Physician signature Date

Patient signature Date

Reviewed by school nurse/ nurse designee Date