**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. |
| **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) |

Physician name (please print) Phone

Physician signature Date

Patient signature Date

Reviewed by school nurse/ nurse designee Date