

**This Action Plan is for students in Nebraska schools and Early Childhood Education Programs established by school boards or ESU's where the Emergency Response protocol is required.**

## The Student Asthma/Allergy Action Plan has some important updates:

- ⇒ There have been some updates to the language in the interest of health literacy as our understanding and knowledge continues to grow.
- ⇒ Medications have been updated to reflect what is currently on the market.
- ⇒ There is a **new** check box and line for health care providers to check which instructs administration of epinephrine immediately upon ingestion of a known allergen.
- ⇒ The check box stating that you have reviewed the use of medications in order for a student to self-manage at school **MUST NOW BE CHECKED.**

**Health Care Providers**—please provide **BOTH pages!**

**Page 1** is for the Health Care Provider to complete and sign.

**Page 2** is for the parent/caregiver to complete and sign.

The student will need a separate or different action plan for home, college, work or other childcare setting where the Emergency Response protocol is NOT available.

**EMPHASIZE THE FOLLOWING TO YOUR FAMILIES AND PATIENTS!**

*In order for the school to have all the information needed, **BOTH** pages should be completed and presented to the school, **ALONG** with the prescribed medications.*

# Student Asthma/Allergy Action Plan

*(This Page To Be Completed By Health Care Provider)*

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

**Exercise Pre-Treatment:** Administer inhaler (**2 inhalations**) 15-30 minutes prior to exercise. (e.g., PE, recess, etc).

- Albuterol HFA inhaler (Proventil, Ventolin, ProAir)
- Albuterol DPI (ProAir RespiClick)
- Levalbuterol (Xopenex HFA)

- Use inhaler with valved holding chamber
- Other: \_\_\_\_\_

## Asthma Treatment

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

- Albuterol HFA (Proventil, Ventolin, ProAir) 2 inhalations
- Albuterol DPI (ProAir RespiClick) 2 inhalations
- Levalbuterol (Xopenex HFA) 2 inhalations
- Use inhaler with valved holding chamber
- 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 inhaler (MDI)
- Other: \_\_\_\_\_

### **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
- Symptoms are not better, give the treatment again and notify parent/guardian right away
- **If student continues to get worse, CALL 911 and 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, hard to breathe (chest or neck "sucking in"), lips or fingernails turning blue, or trouble talking (shortness of breath).

- EpiPen® 0.3 mg
- EpiPen® Jr 0.15 mg
- AUVI-Q® 0.3 mg
- AUVI-Q® Jr. 0.15 mg
- Other: \_\_\_\_\_
- May carry & self-administer epi auto-injector
- 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**

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

### **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: \_\_\_\_\_

# Student Asthma/Allergy Action Plan

*(This Page To Be Completed By Parent/Guardian)*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Parent//Guardian: \_\_\_\_\_ Phone( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Known Asthma Triggers:** Please check the boxes to identify what can cause an asthma episode for your student.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Exercise                                     | <input type="checkbox"/> Respiratory/viral infections | <input type="checkbox"/> Odors/fumes/smoke      | <input type="checkbox"/> Mold/mildew   |
| <input type="checkbox"/> Pollens                                      | <input type="checkbox"/> Animals/dander               | <input type="checkbox"/> Dust/dust mites        | <input type="checkbox"/> Grasses/trees |
| <input type="checkbox"/> Temperature/weather—humidity, cold air, etc. | <input type="checkbox"/> Pesticides                   | <input type="checkbox"/> Food—please list below |  |
| <input type="checkbox"/> Other—please list: _____                     |   |   |  |

**Known Allergy/Intolerance:** Please check those which apply and describe what happens when your child eats or comes into contact with the allergen..

- |                |                          |       |
|----------------|--------------------------|-------|
| Peanuts        | <input type="checkbox"/> | _____ |
| Tree Nuts      | <input type="checkbox"/> | _____ |
| Fish/shellfish | <input type="checkbox"/> | _____ |
| Eggs           | <input type="checkbox"/> | _____ |
| Soy            | <input type="checkbox"/> | _____ |
| Wheat          | <input type="checkbox"/> | _____ |
| Milk           | <input type="checkbox"/> | _____ |
| Medication     | <input type="checkbox"/> | _____ |
| Latex          | <input type="checkbox"/> | _____ |
| Insect stings  | <input type="checkbox"/> | _____ |
| Other          | <input type="checkbox"/> | _____ |

**Notice:** If your child has been prescribed epinephrine (such as an EpiPen®) for an allergy, you must provide epinephrine at school. If your student needs a special diet to limit or avoid foods, your doctor will need to complete the form "Medical Statement Form to Request Special Meals and/or Accommodations" which can be found on the website—[www.airenebraska.org](http://www.airenebraska.org)

**Medicines:** Please list medicines used at home and/or to be given at school.

Medicine Name	Amount/Dose	When does it need to be given

I understand that all medicines to be given at school must be provided by the parent/guardian.

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

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