

## 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.**

## The Student Asthma/Allergy Action Plan has two pages:

- Page 1 is for the physician to complete and sign.  
**Health Care Providers**—please give your patients **BOTH pages!**
- Page 2 is for the parent/caregiver to complete and sign.
- **This action plan is only valid for students in K-12 grades.** If they are younger or older, please use a different action plan.

**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 their 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)
- Levalbuterol (Xopenex HFA)
- Pirbuterol inhaler (Maxair)

- 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
- Levalbuterol (Xopenex HFA) 2 inhalations
- Pirbuterol (Maxair) 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
- Adrenaclick® 0.3 mg
- Adrenaclick® 0.15 mg
- May carry & self-administer epinephrine 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 symptoms of anaphylaxis in an emergency room**
- **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 a medical history of asthma and/or anaphylaxis and the use of the above-listed medication(s) has been reviewed by the HCP. If medications are self-administered, the school staff **must** be notified.

**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)

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

Medicine Name	Amount/Dose	When does it need to 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: \_\_\_\_\_