

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

<p><u>ASTHMA TREATMENT</u></p> <p>Give quick relief medication when student experiences asthma symptoms, such as coughing, wheezing or tight chest.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Albuterol inhaler (Proventil, Ventolin) 2 inhalations <input type="checkbox"/> Levalbuterol (Xopenex HFA) 2 inhalations <input type="checkbox"/> Use inhaler with spacer device: <input type="checkbox"/> Pirbuterol inhaler (Maxair) 2 inhalations <input type="checkbox"/> Albuterol inhaled by nebulizer (Proventil, Ventolin, AccuNeb) <ul style="list-style-type: none"> <input type="checkbox"/> 1.25 mg/3 mL ➤ 2.25 mg/3 mL <input type="checkbox"/> Levalbuterol inhaled by nebulizer (Xopenex) <ul style="list-style-type: none"> <input type="checkbox"/> 1.25 mg/3 mL ➤ 2.25 mg/3 mL <input type="checkbox"/> Other: <input type="checkbox"/> May carry and self-administer metered dose inhaler. <p>Known asthma triggers:</p>	<p>CLOSELY OBSERVE THE STUDENT AFTER GIVING QUICK RELIEF ASTHMA MEDICATIONS</p> <p>If after 10 minutes:</p> <ul style="list-style-type: none"> ● Symptoms are improved, student may return to classroom after notifying parent/guardian. ● No improvement in symptoms, repeat the treatment and notify parent/guardian immediately.
<p><u>ANAPHYLAXIS TREATMENT</u></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> <ul style="list-style-type: none"> <input type="checkbox"/> Epinephrine injection (please specify) <ul style="list-style-type: none"> <input type="checkbox"/> EpiPen 0.3 mg 2-Pak ➤ Twinject 0.3 mg <input type="checkbox"/> EpiPen Jr. 0.15 mg 2-Pak ➤ Twinject 0.15 mg <input type="checkbox"/> Other: <input type="checkbox"/> May carry and self-administer epinephrine injection. <p>Known anaphylaxis triggers:</p>	<p>CALL 911 AND CLOSELY OBSERVE THE STUDENT AFTER GIVING EPINEPHRINE</p> <ul style="list-style-type: none"> ● 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