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)

- □ Albuterol inhaler (Proventil, Ventolin)
- □ Levalbuterol (Xopenex HFA)
- □ Pirbuterol inhaler (Maxair)
- □ Use inhaler with spacer device:
- □ May carry and self-administer metered-dose inhaler
- □ Other:

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