Student Asthma/Allergy Action Plan

(to be completed by medical provider)

Student Name: _____ DOB: _____

☐ **Exercise Pre-Treatment:** Administer inhaler **(2 inhalations)** 15-30 minutes prior to exercise. ☐ PE ☐ Recess ☐ PRN

☐ Albuterol /Levalbuterol HFA inhaler (Proventil, Ventolin, ProAir. Xopenex) ☐ Albuterol DPI (ProAir RespiClick)

☐ Use inhaler with valved holding chamber ☐ May carry & self-administer quick relief medication

Asthma Treatment

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

□ Albuterol/Levalbuterol HFA - 2-4 inhalations

□ Albuterol DPI (ProAir RespiClick) - 2 inhalations

□ 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

□ Use inhaler with valved holding chamber

□ May carry & self-administer quick relief medication

□ Asthma triggers: _____

Closely Monitor the Student after Giving Quick Relief Medication

- **If symptoms do not improve, medication can be repeated after 10 minutes.**
- **If symptoms improve after 10 minutes,** student may return to the classroom after notifying parent/guardian.

If student symptoms continue to get worse, CALL 911 & activate the Nebraska Schools' Emergency Response Protocol (Rule 59)

Anaphylaxis Treatment

Give **epinephrine** when student has allergy symptoms, such as hives, difficulty breathing, lips/fingernails turning blue, trouble talking, vomiting, or loss of consciousness.

□ 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 quick relief medication

Use epinephrine immediately upon exposure to known allergen.

Call 911 AFTER Giving Epinephrine & Closely Monitor the Student.

- Lay the student flat on back and raise legs. If vomiting or difficulty breathing, student may sit up or lie on their side.
- Alert parent/guardian.
- Even if symptoms resolve, student should be monitored for more signs & symptoms of anaphylaxis in an emergency facility.

If symptoms do not improve or symptoms return, epinephrine can be repeated 5 minutes or more after the last dose.

If student symptoms do not improve or continue to get worse, activate the Nebraska Schools' Emergency Response Protocol (Rule 59)

Name of Medical Provider: _____ Phone: _____

Medical Provider Signature: _____ Date: _____

Parent signature: _____ Date: _____

ADAPTED FROM AIRENEBRASKA 03/25

Student Asthma/Allergy Action Plan

(to be completed by parent/guardian)

Student Name: _____ DOB: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Known Triggers: Please check those that can cause a reaction for your child.

☐ Exercise ☐ Respiratory/viral illness ☐ Odors/fumes/smoke ☐ Mold/mildew ☐ Animals/pet dander

☐ Pollens ☐ Temperature/weather ☐ Grasses/tress ☐ Dust/dust mites

☐ Food – please list below

☐ 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: _____

☐ Tree Nuts: _____

☐ Fish/shellfish: _____

☐ Eggs: _____

☐ Soy: _____

☐ Wheat: _____

☐ Corn: _____

☐ Milk: _____

☐ Medication: _____

☐ Latex: _____

☐ Insect stings: _____

☐ Other: _____

Notice: If your child has been prescribed an emergency medication (such as an EpiPen or Albuterol), the medication as well as provider documentation, must be provided at school. If your student needs a special diet to limit or avoid foods, please fill out the Request for Meal Accommodation form.

Medications: Please list daily medication(s) used at home and/or to be given at school.

Medication	Dose	Time

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

Parent/guardian signature: _____ Date: _____

ADAPTED FROM AIRENEBRASKA 03/25