



Gretna Public Schools

Student Asthma/Anaphylaxis Action Plan

Child Legal Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Exercise Precaution: Administer inhaler (**2 inhalations**) 15-30 minutes before exercise (e.g., gym 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: _____

<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). ___ 1.25mg/3mL ___ 2.5mg/3mL <input type="checkbox"/> Levalbuterol inhaled by nebulizer (Xopenex). ___ 0.31 mg/3mL ___ 0.63 mg/3mL ___ 1.25mg/3mL <input type="checkbox"/> Other: _____ <input type="checkbox"/> May carry and self-administer metered-dose inhaler. 	<p style="text-align: center;">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. • If student continues to worsen, CALL 911 and INITIATE the Gretna Public Schools' Emergency Response to Life-threatening Asthma or Systemic Allergic Reactions (Anaphylaxis).
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This student has a medical history of asthma and/or anaphylaxis and I have reviewed the use of the above-listed

<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): ___ EpiPen 0.3 mg 2 -Pak ___ Twinject 0.3 mg ___ EpiPen Jr. 0.15 mg 2 -Pak ___ Twinject 0.15 mg <input type="checkbox"/> Other: _____ <input type="checkbox"/> May carry and self-administer metered-dose inhaler. 	<p style="text-align: center;">CALL 911 and Closely Observe the Student After Giving Epinephrine</p> <ul style="list-style-type: none"> • Notify parent/guardian immediately. • Even if student improves, the student should be observed for recurrent symptoms of anaphylaxis in an emergency medical facility. • If student does not improve or continues to worsen, INITIATE the Gretna Public Schools' Emergency Response to Life-threatening Asthma or Systemic Allergic Reactions (Anaphylaxis).
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medication(s). If medications are self-administered, the school staff **MUST** be notified.

Additional information _____

Physician name (please print): _____ Phone #: _____

Physician signature _____ Date: _____

Parent signature _____ Date: _____

Reviewed by school nurse/nurse designee _____ Date: _____

Please update front and back of form.



Gretna Public Schools Student Asthma/Anaphylaxis Action Plan

Child Legal Name: _____ Date of Birth: _____

Identify the things which start an asthma episode: (check all that apply)

- Exercise
- Cold Air
- Perfume
- Dust
- Strong Odors or fumes
- Carpets in rooms
- Respiratory Infection
- Humidity
- Aerosol Sprays
- Mowed Grass
- Chalk Dust
- Tobacco Smoke
- Change in temperature
- Pollens _____
- Molds _____
- Animals _____
- Food _____
- Other _____

Control of environment: (list any environmental control measures, pre-meds and/or dietary restrictions which the student needs to prevent an asthma episode) _____

