

Falls City Public School Asthma/Anaphylaxis Action Plan

This form must be completed annually

Student _____ School Year _____

1. Asthma: _____ YES- see Doctor to finish document _____ no

2. Anaphylaxis: _____ YES- see Doctor to finish document _____ no

If you checked **YES** to either Allergies and/or Asthma you **MUST** have a Physician's Signature. If both are **NO** just sign and return.
The school will initiate the adopted Asthma/Anaphylactic protocol in the case of a medical emergency.

Triggers of Asthma/Anaphylaxis: Food: _____ Other: _____
 _____ Weather _____ Smoke _____ Exercise _____ Odors/Fumes _____ Molds/Dust _____ Environmental _____ Animals

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

<p>Green Zone:</p> <p>1. _____</p> <p>2. _____</p>	<p>Green Zone:</p> <ul style="list-style-type: none"> Doing Well. No cough, wheeze, chest tightness or shortness of breath
<p>Yellow Zone: Medication Plan for Mild/Moderate Symptoms</p> <p>1. Give: _____ With spacer (must be provided) / without spacer</p> <p>2. If not better 15 min later give: _____ and call home.</p> <p>3. If not better 15 min later: go to red zone #2</p>	<p>Yellow Zone:</p> <ul style="list-style-type: none"> Slight cough or wheeze may be present Becomes short of breath with activity Mild chest tightness or congestion from cold or allergies may be present Cannot do all of your normal activities Breathing a little faster than normal Allergic reaction: rash, warm flushed feeling, stomach irritability
<p>Red Zone: Medication for severe symptoms</p> <p>1. Give: _____</p> <p>2. Call home and recommend an immediate Dr visit.</p> <p>3. If no improvement in 15 min or nail beds/lips blue and breathing is difficult: Call 911 and implement emergency epinephrine (asthma/anaphylactic) protocol.</p>	<p>Red Zone:</p> <ul style="list-style-type: none"> Persistent cough or wheeze Very short of breath Cannot do usual activities: difficulty talking, walking, eating, drinking Experiencing retractions (stomach sucked inward when breathing) Experiencing chest pain/tightness Worsening symptoms after previous treatments Allergic Reaction: swelling of lips/mouth. Lump or tightness in the throat. Hoarseness. Irritability/anxiety/restlessness.

Self-management of asthma/anaphylaxis at school must be 7th grade or above.

This student has the ability to self-manage *Student's Health Condition* in accordance with this plan.

This student may carry & self administer:

Inhaler

Epi Pen/Auto injector. If medication is self-administered, the school staff must be notified immediately.

Health Care Provider name: *(please print)* _____ Phone: _____

Health Care Provider signature: _____ Date: _____

Parent signature: _____ Date: _____

Reviewed by school nurse _____ Date: _____