

Rule 59: EMERGENCY REPORT FORM

(July 2014)

Send copy within 14 days of incident to AIRE Nebraska - P.O. Box 194, Malcolm, NE 68402
Copy to others at school's discretion with authorization of parent/guardian.

School District/Building Name: _____ Elementary Middle School High School

School telephone: (____) _____ Patient age: _____ Male Female Staff

Date of emergency: _____ Time when symptoms developed: _____

Asthma Symptoms: (check all symptoms observed or described)

Chest tightness

Shortness of breath

Cyanosis (blue around lips)

Wheezing

Inability to speak

Anxious/restless

Coughing

Retractions

Anaphylaxis Symptoms: (check all symptoms observed or described)

Skin:

Warm

Itching

Flushed

Hives

Stomach:

Pain

Nausea

Vomiting

Diarrhea

Breathing:

Swelling of lips,

mouth, tongue,
throat

▪ Lump or
tightness in
throat

▪ Hoarseness

▪ Shortness of
breath

Difficulty inhaling

Mental status:

Apprehension

Anxiety

Irritability

Restlessness

Cardiovascular:

Headache

Fainting

Loss of

consciousness

Rapid heart rate

No pulse

CALL 911

Time EMS called: _____ Time EMS arrived: _____

Patient's prescribed medication administered (their action plan):

quick-relief inhaler nebulized albuterol auto-injectable epinephrine Time administered: _____

quick-relief inhaler nebulized albuterol auto-injectable epinephrine Time administered: _____

School's EpiPen® administered: EpiPen® EpiPen® Jr. Time administered: _____

Not administered – reason _____

School's nebulized albuterol administered: YES – Time: _____

NO - reason _____ Albuterol repeated? NO YES – Time: _____

CPR Initiated? NO YES – time: _____ By whom? Nurse Teacher Other _____

Time parent/emergency contact called: _____

Comments or further description of emergency: _____

Names and titles of individuals responding to emergency: _____

FOLLOW-UP AND ADDITIONAL INFORMATION

Location / activity when symptoms developed:

Classroom

Outside

Hallway

Meal/Snack

Cafeteria

Other: _____

Low exertion (standing,
walking, sitting)

High exertion (PE / recess)

Incident outcome:

Returned to school: _____

Stayed home remainder of day

Taken to emergency medical facility

Taken to physician's office by parent/guardian

Biphasic reaction (if known)

Death (date): _____

Trigger for this breathing emergency (if known): _____

Hospitalized (where and duration): _____

Who administered the EpiPen? _____

History:

Did this student have a history of asthma?

YES NO

Did this student have a history of anaphylaxis?

YES NO

Offending allergen(s): _____

Did this student have an action plan and medication(s) at school?

YES NO

If no, did the student return to school with a new or updated action plan?

YES NO

Did the student self-carry asthma/anaphylaxis medication?

YES NO

If yes, did the student have back-up medication at school?

YES NO

Has this student been administered the Rule 59 protocol previously?

YES NO

If yes, indicate when: _____

Does this building have a school nurse?

YES NO

If yes, Name: _____

Form completed by: _____

Date: _____

Email contact: _____ (for follow-up)