



### Asthma/Anaphylaxis Protocol Required for Schools

All schools in Nebraska – public, parochial and private – are now prepared to respond to life-threatening asthma and anaphylaxis emergencies. The protocol *Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis)* – see page 2 – trains school staff members to identify signs and symptoms of a “breathing emergency” and respond by calling 911, and administering EpiPen® followed by nebulized albuterol. All emergency response team members must be trained in CPR.

In a partnership with the Nebraska Department of Education, AIRE Nebraska (Asthma/Allergy Intervention, Resources & Education Nebraska) is the non-profit organization assisting schools with education, training and procurement of medications and supplies.

#### What do pharmacy professionals need to know?

- Nebraska Department of Education requires schools to follow the protocol through *Rule 59, Regulations for School Health and Safety* (Title 92, NAC, Chapter 59).
- The protocol addresses life-threatening emergencies and is meant *to prevent asthma or anaphylaxis deaths at school*.
- The **school’s EpiPen® and Albuterol** are to be used **for life-threatening emergencies only**, and **do not replace a child’s own prescribed medications** for asthma/allergy control and management. Parents are expected to ensure their children continue to have personally prescribed MDI’s, EpiPen®, etc. at school and to have an Asthma/Allergy Action Plan or emergency medical plan on file with the school.
- Education and training developed by AIRE Nebraska includes general information on asthma and anaphylaxis to increase awareness among all school staff, so a child’s breathing problems are taken seriously and referred to a healthcare provider for proper diagnosis and treatment.
- Schools will seek at least one local physician signature on the protocol medical order (see pg 2).

Nebraska pharmacists may dispense both EpiPens® and albuterol for nebulizing under Nebraska law. NRS 38-2840 in the Pharmacy Practice Act defines “prescription” to mean “an order for a drug or device issued by a practitioner for a specific patient, for emergency use or for use in immunizations. Prescription does not include a chart order. The language about “for emergency use” was added to address this issue for schools. A practitioner can write a prescription for schools for emergency use (for EpiPens® and albuterol for nebulizing) and the pharmacy can legally dispense these medications to the school without them being labeled for a specific patient.

[http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-128.pdf](http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-128.pdf)

[http://www.sos.ne.gov/rule-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-175/Chapter-08.pdf](http://www.sos.ne.gov/rule-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-08.pdf)

Private donors, corporations and foundations are contributing ongoing philanthropic support. AIRE Nebraska is a 501(c)(3) organization to which contributions are fully tax-deductible as allowed by law. Please consider supporting this initiative!

For more information:

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**PROTOCOL MANDATED FOR ALL NEBRASKA SCHOOLS:  
Emergency Response To Life-Threatening Asthma Or Systemic Allergic Reactions (Anaphylaxis)**

**DEFINITION:** Life-threatening asthma consists of an *acute episode of worsening airflow obstruction*. *Immediate action and monitoring are necessary.*

A systemic allergic reaction (anaphylaxis) is a severe response resulting in cardiovascular collapse (shock) after the injection of an antigen (e.g. bee or other insect sting), ingestion of a food or *medication*, or exposure to other allergens, such as animal fur, chemical irritants, pollens or molds, among others. The blood pressure falls, the pulse becomes weak, **AND DEATH CAN OCCUR**. Immediate allergic reactions may require emergency treatment and medications.

**LIFE-THREATENING ASTHMA SYMPTOMS:** Any of these symptoms may occur:

- Chest tightness
- Wheezing
- Severe shortness of breath
- Retractions (chest or neck “sucked in”)
- Cyanosis (lips and nail beds exhibit a grayish or bluish color)
- Change in mental status, such as agitation, anxiety, or lethargy
- A hunched-over position
- Breathlessness causing speech in one-to-two word phrases or complete inability to speak

**ANAPHYLACTIC SYMPTOMS OF BODY SYSTEM:** Any of the symptoms may occur within seconds. The more immediate the reactions, the more severe the reaction may become. Any of the symptoms present requires several hours of monitoring.

- Skin: warmth, itching, and/or tingling of underarms/groin, flushing, hives
- Abdominal: pain, nausea and vomiting, diarrhea
- Oral/Respiratory: sneezing, swelling of face (lips, mouth, tongue, throat), lump or tightness in the throat, hoarseness, difficulty inhaling, shortness of breath, decrease in peak flow meter reading, wheezing reaction
- Cardiovascular: headache, low blood pressure (shock), lightheadedness, fainting, loss of consciousness, rapid heart rate, ventricular fibrillation (no pulse)
- Mental status: apprehension, anxiety, restlessness, irritability

**EMERGENCY PROTOCOL:**

1. **CALL 911**
2. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol
3. Check airway patency, breathing, respiratory rate, and pulse
4. Administer medications (EpiPen and albuterol) per standing order
5. Determine cause as quickly as possible
6. Monitor vital signs (pulse, respiration, etc.)
7. Contact parents immediately and physician as soon as possible
8. Any individual treated for symptoms with epinephrine at school will be transferred to medical facility

**STANDING ORDERS FOR RESPONSE TO LIFE-THREATENING ASTHMA OR ANAPHYLAXIS:**

- Administer an IM EpiPen-Jr. for a child less than 50 pounds or an adult EpiPen for any individual over 50 pounds
- Follow with nebulized albuterol (premixed) while awaiting EMS. If not better, may repeat times two, back-to-back
- Administer CPR, if indicated

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*Approved by Attack on Asthma Nebraska Board of Directors: August 1, 2002.  
Adopted by Nebraska State Board of Education: September 6, 2002; Mandated May 2, 2003, effective 10/1/03 by signature of Governor Mike Johanns.*