

# Rule 59: EMERGENCY REPORT FORM

(June 2018)

Send copy within 14 days of incident to AIRE Nebraska - P.O. Box 194, Malcolm, NE 68402 or email to [andrea@airenebraska.org](mailto:andrea@airenebraska.org). 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)

<b><u>Skin:</u></b>	<b><u>Stomach:</u></b>	<b><u>Breathing:</u></b>	<b><u>Mental status:</u></b>	<b><u>Cardiovascular:</u></b>
Warm	Pain	Swelling of lips,	Apprehension	Headache
Itching	Nausea	mouth, tongue,	Anxiety	Fainting
Flushed	Vomiting	throat	Irritability	Loss of
Hives	Diarrhea	▪ Lump or	Restlessness	consciousness
		tightness in		Rapid heart rate
		throat		No pulse
		▪ Hoarseness		
		▪ Shortness of		
		breath		
		Difficulty inhaling		

**CALL 911** Time EMS called: \_\_\_\_\_ Time EMS arrived: \_\_\_\_\_ O2 Sat %: \_\_\_\_\_

## **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

Low exertion (standing,  
walking, sitting)

Hallway

Meal/Snack

High exertion (PE / recess)

Cafeteria

Other: \_\_\_\_\_

### Incident outcome:

Returned to school: \_\_\_\_\_

Trigger for this breathing emergency (if known):

Stayed home remainder of day

Taken to emergency medical facility

Taken to physician's office by parent/guardian

Hospitalized (where and duration):

Biphasic reaction (if known)

Death (date): \_\_\_\_\_

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)