If student has ANY of these symptoms:

**LUNG**
unrelenting cough, wheezing (noisy breathing), shortness of breath, rapid or shallow breathing, nostrils open wide, chest tight or hurts, chest/neck sucked in, trouble walking or talking

**MOUTH**
itching, swelling of lips and/or tongue

**THROAT**
difficulty swallowing, itching, tightness/closure, hoarseness

**SKIN**
itching, hives, skin rash, redness, swelling, blue or gray lips and nails

**GUT**
vomiting, nausea, diarrhea, cramps

**HEART**
weak pulse, dizziness, passing out, confusion

**AND/OR**
drop in peak flow, unusually tired or lethargic, feeling anxious or panicky, been exposed to known or suspected allergic trigger (e.g., food, bee sting)

Only a few symptoms of an asthma attack or anaphylaxis (severe allergic reaction) may be present. Symptoms can get worse quickly.

Some symptoms can be life-threatening! ACT FAST!

1. **STOP ACTIVITY**
   - Help student to an UPRIGHT position; remain calm.
   - NEVER LEAVE STUDENT ALONE!

2. **TAKE ACTION**
   - Follow student’s Asthma Action Plan, Anaphylaxis Action Plan, or emergency plan, if available.
     - For ASTHMA, use RESCUE INHALER IMMEDIATELY (usually albuterol) equal to 2 puffs (15–30 seconds between puffs) with spacer (if available). May repeat every 10–15 minutes for up to 3 treatments.
     - For ANAPHYLAXIS, use EpiPen® or Twinject® Auto-Injector to INJECT EPINEPHRINE IMMEDIATELY INTO THIGH and HOLD FOR 10 SECONDS.

3. **GET HELP**
   - Call School Nurse, if available, and resume treatment.
   - CALL 911 IMMEDIATELY if epinephrine used or life-threatening allergic reaction suspected.
   - CALL 911 IMMEDIATELY if:
     - Medications unavailable or don’t work
     - Student has LATE WARNING SIGNS of an asthma emergency:
       - struggling to breathe · chest/neck muscles are pulled in or sucked in with each breath · trouble walking or talking · nostrils open wide · lips or fingertips are gray or blue · rapidly deteriorating condition

Always notify Parent/Guardian and document in health record.