

Nebraska Rule 59 Response To Life Threatening Asthma & Anaphylaxis

EMERGENCY REPORTING FORM

The online form can be found here: www.education.ne.gov/csss/school-health-education-and-services

School District: _____

Building Level (circle one):

Contact: _____

Elementary

Middle

High

Date of Emergency: _____

Telephone: _____

1. Did the student have an Emergency Action Plan?

☐ Yes

☐ No

If yes, was it followed prior to implementing the Rule 59 protocol?

☐ Yes

☐ No

2. Medications given: _____

3. Who administered the epinephrine and nebulized albuterol?

Name: _____ Title: _____

4. If epinephrine and/or nebulized albuterol were not given, please explain why:

5. Was a school nurse present during the event?

☐ Yes

☐ No

ADDITIONAL INFORMATION

6. Does this student have a history of asthma?

☐ Yes

☐ No

7. Does this student have a history of anaphylaxis?

☐ Yes

☐ No

8. Offending allergen(s) if known: _____

9. Does 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

10. Does the student self-carry asthma/anaphylaxis medication?

☐ Yes

☐ No

If yes, did the child have medication at school?

☐ Yes

☐ No

11. Has Rule 59 protocol been administered for this student previously?

☐ Yes

☐ No

If yes, indicate when: _____

12. Does this building have a school nurse?

☐ Yes

☐ No

If yes, name: _____

Form completed by: _____ Date: _____

Email (for follow-up): _____

Please send completed forms to: NDE.HealthServices@nebraska.gov

For Office Use Only:

Reviewed by: _____ Date reviewed: _____

Education needed ☐ Yes ☐ No

