

Rule 59 Training for School Staff

Emergency Response to
Life Threatening Asthma & Anaphylaxis

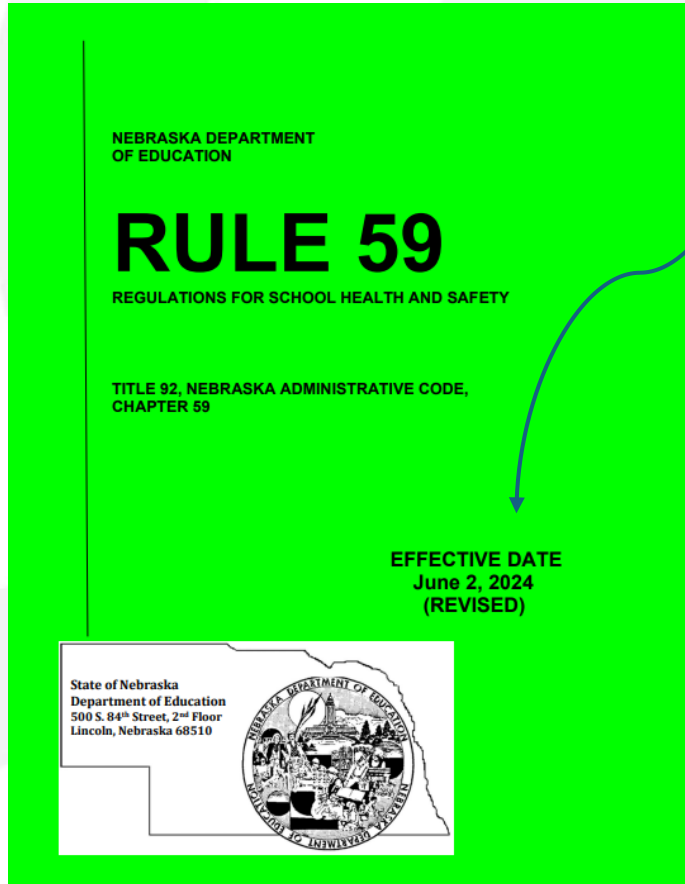
August 2025





**First, let's start with
updates to Rule 59**

What's New?



- Revision took effect in June 2024
- **Seizure Safe Schools Act** was added to Rule 59
- We will go over other important changes in the following slides

Rule 59 updates




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What's New?

School Day is defined:

- “School is in session means any period of time during which students are under the direction of school staff during the regular school day as defined by the school or school district
- ...and does not include any period of time during which an extracurricular activity is occurring outside of the regular school day.”



Rule 59 updates




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What's New?

14 Competencies (old)

- Had previously been a part of the text of Rule 59
 - Were used to train Unlicensed Assistive Personnel in medication training
- Were removed from text of Rule 59 (Medication Aide Act) in 2024 updates.

Minimum competency areas and standards (new):

- Part of Title 172 Ch. 95: Administration of Medications by Medication Aides and Medication Staff
- Very similar to the old 14 competencies
- School nurses training Unlicensed Assistive Personnel will need to use these competencies for Medication Administration training now. See [Competencies-for-Medication-Administration-Final.pdf](#)

Rule 59 updates



What's New?

“Other Routes” do not include IV medication

- Although this has always been true, it is now part of Rule 59 (Medication Aide Act) that unlicensed people may not give students IV medications or fluids.



Rule 59 updates



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What's New?

Physician has been changed to “Prescribing Health Care Practitioner”

- Now, Physician Assistants (PAs) or Nurse Practitioners can sign the bottom of the Rule 59 protocol.



Rule 59 updates

TITLE: 92
Appendix A
CHAPTER 59

EMERGENCY RESPONSE TO LIFE-THREATENING ASTHMA OR SYSTEMIC ALLERGIC REACTIONS (ANAPHYLAXIS)

Page 1 of 1

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 reaction, the more severe the reaction may become. Any of the symptoms present require 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 an emergency protocol.
3. Check airway patency, breathing, respiratory rate, and pulse.
4. Administer medications (epinephrine auto injector and nebulized albuterol) per standing order.
5. Determine cause as quickly as possible.
6. Monitor vital signs (pulse, respiration, etc.).
7. Contact parents immediately and prescribing health care practitioner as soon as possible.
8. Any individual treated for symptoms with epinephrine at a school will be transferred to a medical facility.

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

- Administer epinephrine auto injector junior for any child less than 60 pounds or adult epinephrine auto injector for any individual over 60 pounds into the muscle towards the front and outer side of the thigh.
- Follow with nebulized albuterol while awaiting EMS.
- If symptoms persist, repeat epinephrine auto injector followed by nebulized albuterol every fifteen minutes while awaiting EMS arrival.
- Administer CPR, if indicated.

Prescribing Health Care Practitioner

Date

When signed by a licensed prescribing health care practitioner, these orders shall serve as a prescription as defined in Neb. Rev. Stat. § 71-



What's New?

- **Epi-pen** changed to **epinephrine auto injector**:
 - Schools are not required to use brand-name Epi-pens.
 - They may choose to stock any kind of epinephrine pen, name brand (such as Auvi-Q) or generic.
 - Remember to re-train staff if changing to a new type of epinephrine autoinjector



Rule 59 updates



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What's New?

Weight change!

- **Weight for epinephrine junior version changed from 50 to 60 pounds.**
- **New text under Standing Orders**

“Administer epinephrine auto injector **junior** for any child less than 60 pounds or



epinephrine auto injector for any individual over 60 pounds”



Rule 59 updates



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What's New?

You can repeat epinephrine + albuterol after 15 minutes!

- The new text states “If symptoms persist, *repeat epinephrine auto injector followed by nebulized albuterol every 15 minutes while awaiting EMS arrival*”.



Rule 59 updates



What's New?

Find a summary document of the 2024 Rule 59 changes here:

[Rule-59-Changes-Summary-for-School-Nurses-dated.pdf](#)

Find a summary of the updated competencies here:

[Competencies-for-Medication-Administration-Final.pdf](#)

Rule 59 updates





**Now, on to the Emergency
Response training!**

Learning Objectives

- Understand Rule 59 regulations and protocol
- Identify asthma triggers, symptoms and medications
- Understand how to use an inhaler
- Identify allergy triggers, symptoms and medications
- Identify anaphylaxis triggers and symptoms
- Understand how to activate the Emergency Response Team (ERT)

FOR ERT ONLY:

- List the protocol to be followed in an emergency, as outlined in the Nebraska Department of Education – Rule 59
- Demonstrate how to administer epinephrine (EpiPen) and a nebulized albuterol treatment



On any given day at school...



Marcus, a high school junior, tells the PE teacher he took his inhaler, but his chest feels very tight.



Ella tells her 3rd grade teacher her **mouth feels itchy**, and she is having a hard time breathing.

**Are you prepared
To handle situations like these?**



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Rule 59: Regulations for School Health & Safety

TITLE 92, NEBRASKA ADMINISTRATIVE CODE, CHAPTER 59, SECTION 06

*006.01 Emergency Protocol. All Accredited Schools, Approved Schools, and Early Childhood Education Programs shall adopt and implement the Emergency Response to Life Threatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol contained in Appendix A of this Chapter. In addition to adopting the protocol, Accredited Schools, Approved Schools and Early Childhood Education Programs shall procure and maintain the equipment and medication necessary to implement the protocol in each school building while school is in session **in the case of any student and/or school staff emergency.***



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

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- Abdominal: pain, nausea and vomiting, diarrhea
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- 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:

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8. Any individual treated for symptoms with epinephrine at a school will be transferred to a medical facility.

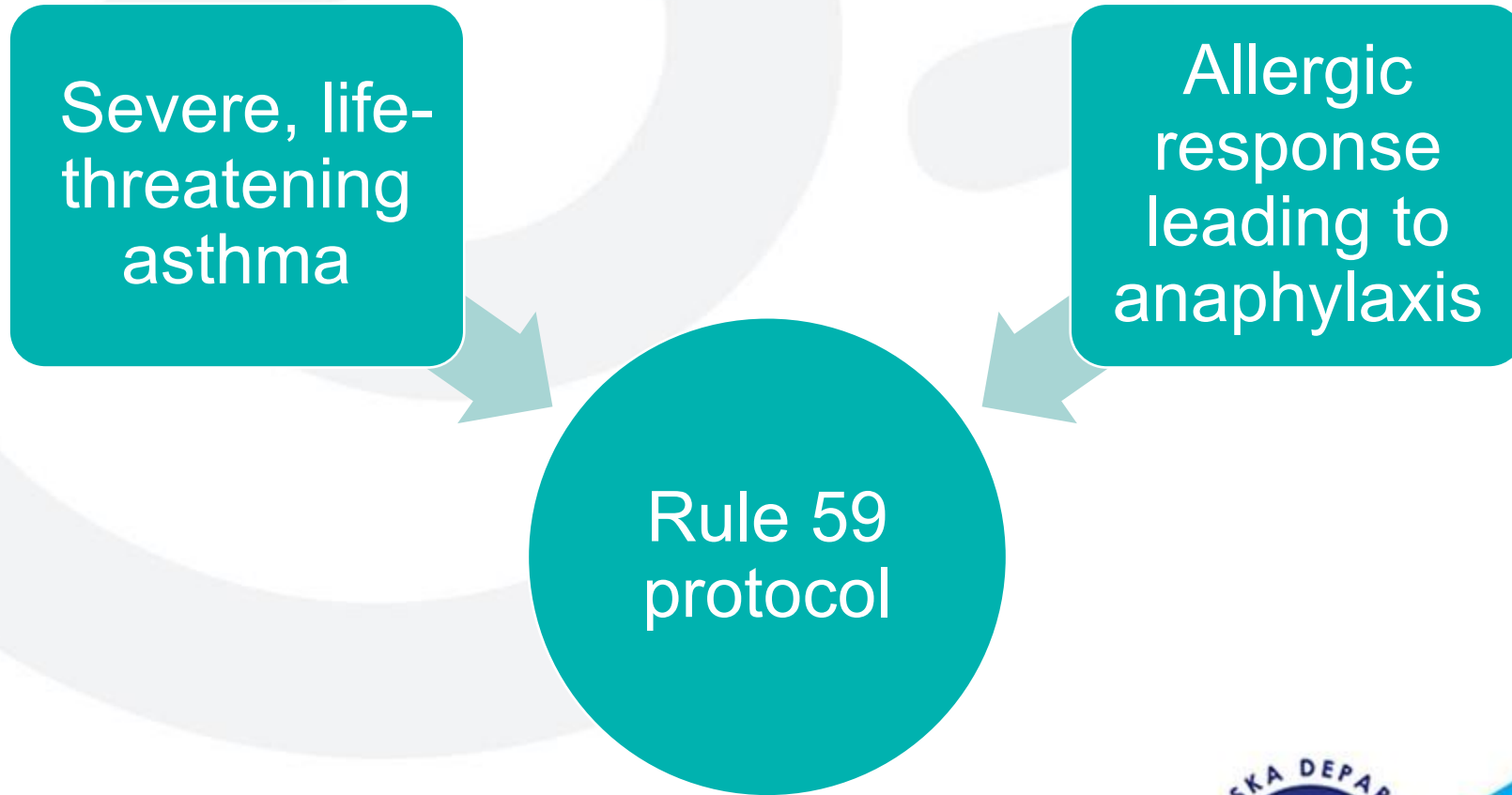
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- If symptoms persist, repeat epinephrine auto injector followed by nebulized albuterol every fifteen minutes while awaiting EMS arrival.
- Administer CPR, if indicated.

This is the protocol in the regulations. It is *suggested* you have it signed by a provider on a **YEARLY** basis.



Understand the Difference



Rule 59 Highlights

Rule 59 includes both medication administration and this emergency response to life threatening asthma and anaphylaxis

It is NOT optional to follow the regulation...ALL schools and early childhood education programs must do it!

Both epinephrine AND nebulized albuterol must be given if the protocol is initiated.

It is YOUR responsibility to make sure you know and understand the regulation.

Let's start with a basic understanding of what leads to life-threatening asthma & anaphylaxis.....





Asthma

What is Asthma?

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening.

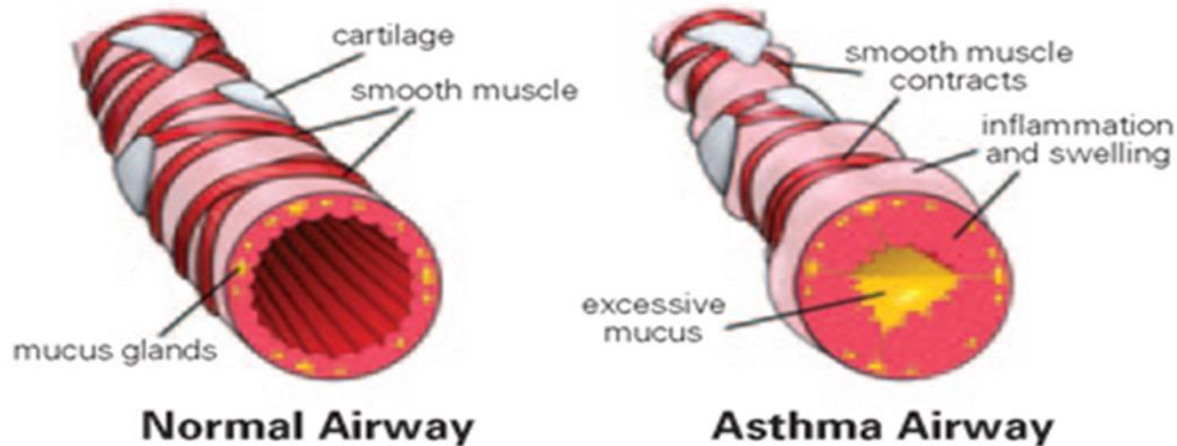
Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

Source: HealthyPeople.gov



What is an Asthma Attack?

- Airways can become swollen
- The muscles around the airways tighten
- Air passages get smaller and irritated
- Mucus fills the air sacs
- It can become **SEVERE** and **LIFE THREATENING**



Source: Asthma Foundations Australia




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Asthma Triggers

- Exercise
- Stress
- Breathing cold air
- Diffusers & essential oils
- Vehicle (& bus) exhaust
- Cockroach & mouse droppings
- Illness
- Extreme weather
- Perfume
- Cleaning chemicals
- Burning wood or grass
- Tobacco smoke



Asthma Signs & Symptoms

- Wheezing
- Shortness of breath
- Breathlessness – speaking 1-to-2-word phrases or unable to speak
- Complaints of chest tightness
- Hunched over position
- Retractions (sucking in of chest or neck)
- Cyanosis (turning blue)
- Change in mental status – agitation, anxiety, lethargic



Short video of pediatric retractions
(sign of respiratory distress)



Asthma Medications

<u>Short-acting relievers</u> <i>(quick relief – should be brought to school)</i>	<u>Long-acting controllers</u> <i>(usually used at home in morning and at night)</i>
Immediate relief of bronchospasms	No immediate relief
Use when needed	Taken regularly every day even if no symptoms
Short term effects	Controls inflammation and improves asthma overall
Does not help long term problem of inflammation in the lungs	Does not help during an asthma attack
Also called a rescue inhaler	Includes corticosteroids and bronchodilators



Inhaler & Spacer Education



**How to Use a Metered-Dose
Inhaler (MDI) with Valved
Holding Chamber (VHC)**



When is Asthma an Emergency?

- Prescribed medication does not relieve symptoms
- Chest tightness, wheezing, severe shortness of breath, retractions (chest or neck “sucked in”)
- Cyanosis (lips/nail beds are grayish or bluish in color)
- Change in mental status – agitation, anxiety, lethargy
- Breathlessness causing speech in 1–2-word phrases or not being able to speak at all
- A hunched over position

When 1 or more of these symptoms occur, activate the Rule 59 protocol.

NOTE: Death may occur if a severe asthma event is not treated!





Allergies

Allergic Reactions

An allergic reaction occurs when a person is exposed to an allergen by inhaling it, swallowing it, or getting it on their skin.

After a person is exposed, there is a sequence of events in the body that creates an allergic reaction.



Allergy Triggers



Common allergens include:

- Pollen
- Wheat
- Latex
- Cats
- Eggs
- Dust
- Smoke
- Weeds
- Perfumes
- Nuts
- Pet dander
- Cleaning chemicals
- Weather changes
- Insect stings
- Cockroaches

And many more.....



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Allergy Symptoms

- Sneezing
- Stuffy nose
- Throat tightness
- Itchy nose and throat
- Itchy, watery eyes
- Skin rash
- Coughing
- Wheezing
- Vomiting
- Shortness of breath
- Upset stomach



When are Allergies an Emergency?

- When someone's immune system overreacts to an allergen, it releases chemicals that cause allergy symptoms.
- Typically, these bothersome symptoms occur in one location of the body (e.g., sneezing, watery eyes, rash).
- When **more than one body system** reacts at once, it can become severe requiring immediate attention and action.





Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is a sudden onset of severe and potentially life-threatening symptoms that occur within minutes to hours of exposure to an allergen.

The blood pressure falls, the pulse becomes weak, **AND DEATH CAN OCCUR.**

While it is not common in school, you must be prepared to respond immediately to this type of emergency!



Timing of an Anaphylactic Event

BE AWARE.....

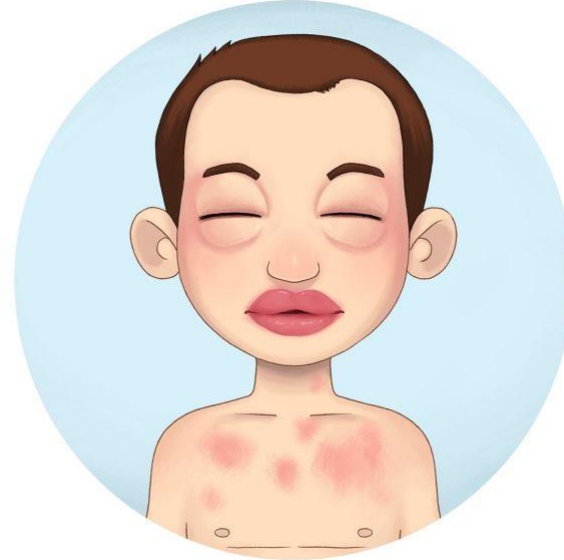
Symptoms generally start **5-30 minutes after exposure** to an allergen but can start within seconds or **may be delayed** even up to a couple hours.



Anaphylaxis Triggers

Most common triggers:

- Foods (31%)
- Medication (34%)
- Insect sting (20%)



While it is important to understand what caused the anaphylaxis, your **#1 goal** is to treat the person and keep them safe.

Source: Allergy & Asthma Network




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Symptoms of Anaphylaxis



Skin:

- Warmth
- Itching and/or tingling of underarms/groin
- Flushing
- Hives

Abdominal:

- Pain
- Nausea and vomiting
- Diarrhea

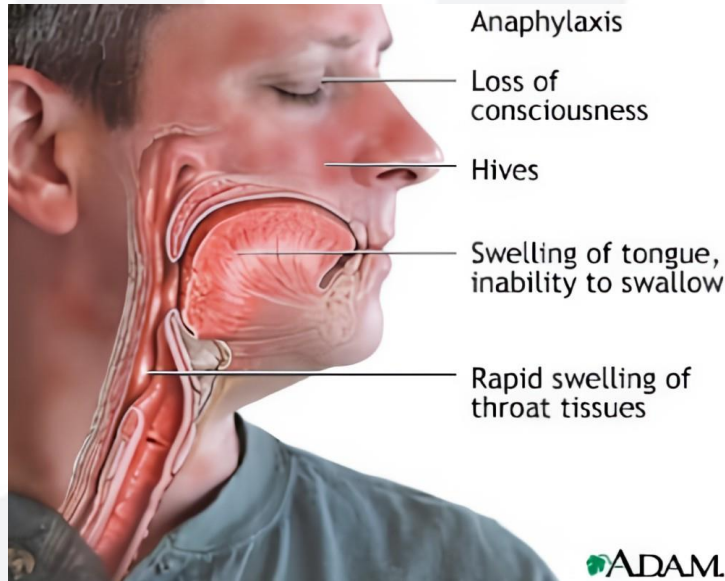
Any of these symptoms may occur within seconds. The more immediate the reaction, the more severe the reaction may become.

By James Heilman, MD - Own work, CC BY-SA 3.0,
<https://commons.wikimedia.org/w/index.php?curid=9445432>




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Symptoms of Anaphylaxis



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

Any of these symptoms may occur within seconds. The more immediate the reaction, the more severe the reaction may become.



Symptoms of Anaphylaxis

Signs of anaphylaxis



Airway

- Shortness of breath.
- Breathing difficulties.
- Being unable to swallow.



Skin

- Hives.
- Redness.
- Itchy rash.
- Swelling.



Stomach

- Cramps.
- Diarrhea.
- Nausea and vomiting.



Heart

- Drop in blood pressure.
- Increased heart rate.
- Weak pulse.
- Feeling faint.

 Cleveland Clinic

Cardiovascular:

- Headache
- Low blood pressure (shock)
- Lightheadedness
- Fainting
- Loss of consciousness
- Rapid heart rate
- Ventricular fibrillation (no pulse)

Mental status:

- Apprehension
- Anxiety
- Restlessness
- Irritability

Any of these symptoms may occur within seconds. The more immediate the reaction, the more severe the reaction may become.



Putting It All Together



Marcus, a high school junior, tells the PE teacher he took his inhaler, but his **chest feels very tight**.



Ella tells her 3rd grade teacher her **mouth feels itchy**, and she is **having a hard time breathing**.

Marcus is now having a **severe asthma event**
& Ella is experiencing **anaphylaxis**....

What do you do?




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When should Rule 59 be implemented?

Treatment should be given when an individual is showing signs of distress and one or more of these symptoms are present:

- Difficulty breathing
- Throat tightness (feeling throat is closing)
- Only speaking 1-2 words
- Wheezing
- Fast heartbeat / pulse
- Trouble swallowing
- Cyanosis (turning blue)
- Hives / skin rash / swelling
- Nausea / vomiting / diarrhea
- Passing out

Severe, life-threatening asthma

Allergic response leading to anaphylaxis

Rule 59 protocol

Remember....
Rule 59 is used for
both events!



Who can you use Rule 59 for?

Students without an emergency action plan



Students whose emergency plan was followed but need further treatment

Rule 59 protocol



School staff, including substitute teachers and temporary employees

006.01 Emergency Protocol In addition to adopting the protocol, accredited schools, approved schools, and approved early childhood education programs must procure and maintain the equipment and medication necessary to implement the protocol in each school building *while school is in session* in the case of **any student and/or school staff emergency**.




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Activate the Rule 59 Protocol

Does the student have an emergency action plan?

YES

Start there - move on to the Rule 59 protocol if symptoms are not resolved and further treatment is needed

NO

Initiate the Rule 59 protocol

Note: The Rule 59 protocol does not replace a student's action plan for asthma, food allergies and anaphylaxis.



Important Reminders

**Call 911 as
soon as
possible**

Severe asthma attacks and anaphylaxis need immediate attention

When in doubt, administer the protocol – if you think something is wrong, you are probably right

If the student has an action plan, start there then move to the Rule 59 protocol as needed

If the student does not have an action plan, activate the Rule 59 protocol immediately



Protocol Steps

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

Next, let's look at each step in detail...





Step 1

CALL 911

- Ensure a call is being made to 911 while remaining with the individual experiencing the emergency
- Direct a staff member to watch for the ambulance and escort the emergency medical services (EMS) team to the individual
- Notify the building administrator





Step 2

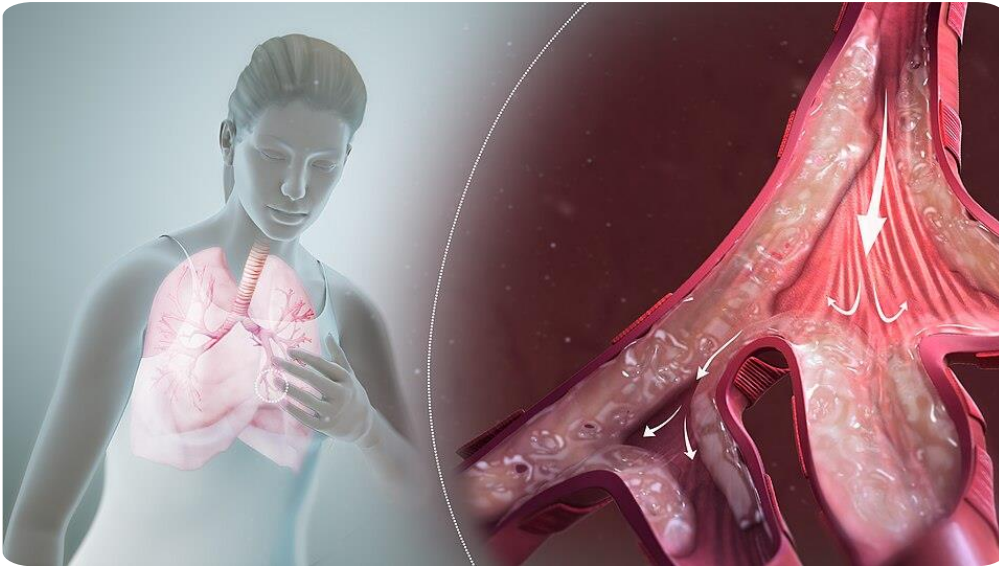
Summon the School Nurse and/or Emergency Response Team (ERT)

- Each building needs a plan in place for how to alert the school nurse and ERT
- Each staff member in the building needs to know this plan
- Each member of the ERT needs to know their role when responding

Step 3

CHECK ABCs

- Airway - Is the airway open or obstructed?
- Breathing - Is the individual still breathing (look, listen and feel)? How fast are they breathing?
- Circulation - Is there a pulse or body movement? Is the individual conscious?





Step 4

ADMINISTER MEDICATIONS

- **Give epinephrine first!**
 - Dosing:
 - Epinephrine Auto Injector (adult): for people >60 pounds
 - Epinephrine Auto Injector Jr: for people <60 pounds (usually students up to first grade)
 - If you do not know the person's weight, use the adult Epinephrine Auto Injector
 - When administering, press and hold the pen in place for the count of three
 - This medicine can be given through clothing

How to Use an Epinephrine Autoinjector

(STEP 4: ADMINISTER MEDICATIONS)



Staff must be trained on how to use an epinephrine autoinjector. This video trains on the brand “Epi-pen”, but any epinephrine autoinjector (brand name or generic) may be used.

Step 4, continued

ADMINISTER MEDICATIONS

- Epinephrine must be followed by nebulized albuterol while awaiting EMS to help relieve breathing symptoms.
- If symptoms persist, repeat epinephrine auto injector followed by nebulized albuterol every 15 minutes while awaiting EMS arrival.

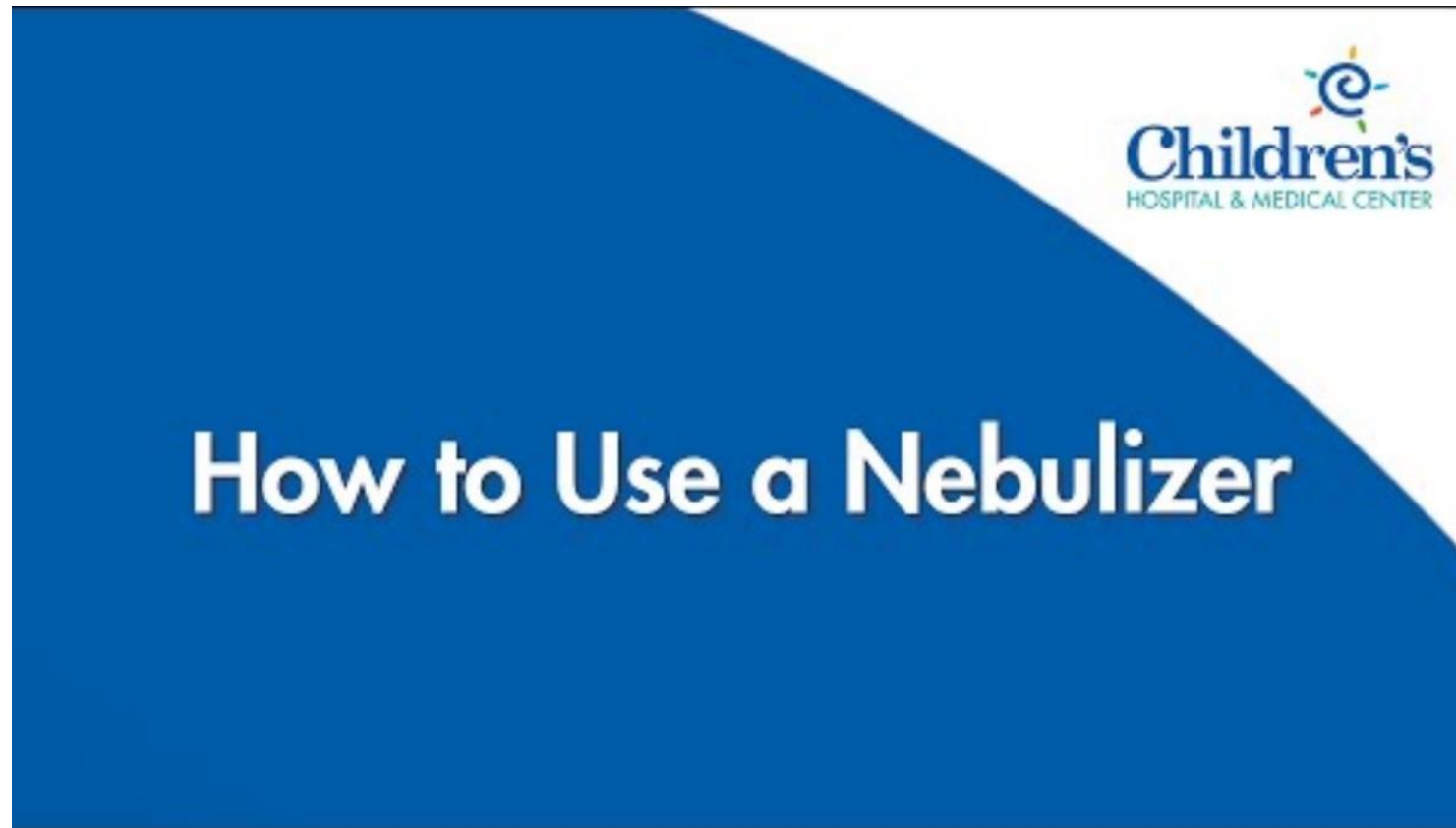
Benadryl (diphenhydramine) should not be given to someone in a severe asthma/anaphylactic event because it works too slowly- follow the protocol!



By James Heitman, MD - Own work, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=34056920>

How to Administer Nebulized Albuterol

(STEP 4: ADMINISTER MEDICATIONS)



Give albuterol through a nebulizer after epinephrine has been given

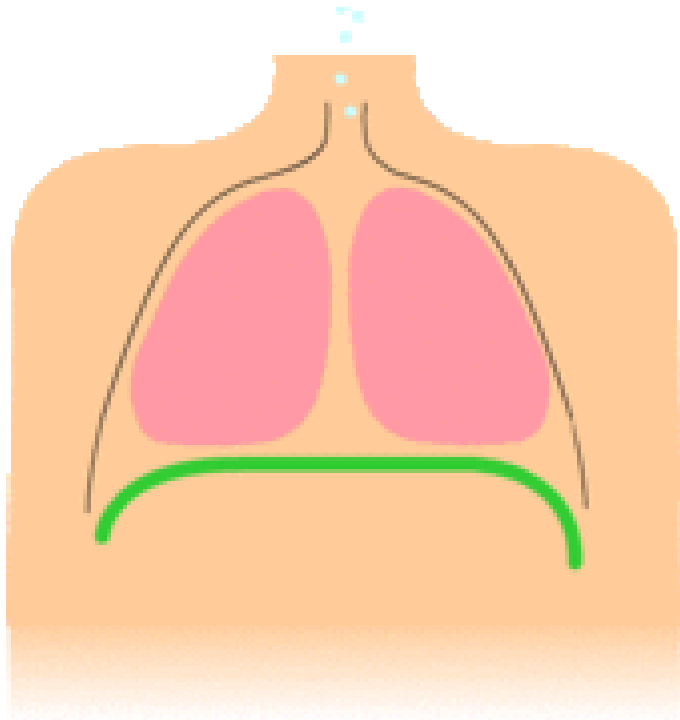
Step 5



DETERMINE THE CAUSE ASAP

- If possible, determine contributing factors that may have 'triggered' this event
- Remove the offending trigger if applicable
- Share this information with EMS
- Make sure you know what hospital the person is being sent to if there is more than one in your area

Step 6



MONITOR VITAL SIGNS

- Continue to monitor breathing
 - Is person still breathing?
 - Look, listen, and feel
 - How fast are they breathing?
- Continue to monitor for signs of circulation (e.g., pulse, movement, skin color, and level of consciousness)
- If indicated, administer CPR

Step 7



CONTACT PARENT/GUARDIAN & PROVIDER

- Notify parent/guardian of the situation ASAP
- Direct parent/guardian where to report (either to the school building OR the emergency department)
- Also notify the provider (if student has one)

Step 8



TRANSPORT TO A MEDICAL FACILITY

- Every time epinephrine is administered in a school setting, 911 must be called, and the individual transferred to a medical facility
- A medical clearance should be required before the student can return to the building
- A student who did not previously have a current emergency plan and medication at school should return to school with a plan and ordered medication

Reporting the Event

RULE 59: EMERGENCY REPORT FORM

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
a. 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
a. 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
a. If yes, did the student have back-up medication at school? Yes No

11. Has Rule 59 protocol been administered for this student previously? Yes No
a. If yes, indicate when: _____

12. Does this building have a school nurse? Yes No
a. If yes, name: _____

Form completed by: _____ Date: _____
Email (for follow-up): _____

The Rule 59: Emergency Report Form is on the NDE Health Services website.

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




Resources

Breathe Easy: A Guide to Understanding Rule 59 for Parents and Schools

Parents of students with asthma or severe allergies:

- Take your child to the doctor every year.
 - Get a new Emergency Action Plan for asthma and/or allergies
 - Get new prescriptions for emergency medications (such as inhalers or epinephrine pens)
- Bring the following to the school health office BEFORE school starts:
 - Emergency Action Plan and medication permission forms needed by your school district
 - Emergency medications in original packaging
- Be aware that schools must use Rule 59 Emergency Response Protocol for any student that has a breathing emergency and does not have medication at school.



Rule 59

...is the Nebraska law that requires ALL schools to have people trained to respond to a breathing emergency in a student or staff member. It contains the Emergency Response Protocol, which are steps that schools must follow when a student shows signs of life-threatening asthma or anaphylaxis. Rule 59 requires that every school has stock epinephrine autoinjectors, albuterol, a nebulizer and equipment.

Rule 59 (Title 92, Nebraska Administrative Code, Chapter 59) has been in place since 2006

Data collected from school nurses* show:

8.4% of Nebraska students have a diagnosis of asthma
Estimated: 30,000 statewide

3.6% of Nebraska students have a life-threatening allergy
Estimated: 13,000 statewide

Breathing emergencies can happen to anyone.
Many students who received Rule 59 had no history of asthma or anaphylaxis!

History of asthma

No: 48%	Yes: 52%
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History of anaphylaxis

No: 66%	Yes: 31%	Other: 3%
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Rule 59 Emergency Response Protocol, summarized:

- If a student already has a plan and medication, use that first
- Call 911 (they will be taken by ambulance to the hospital)
- Contact parent(s) or guardian(s)
- Give injection of epinephrine (Epi-pen or other brand) first
- Then give a breathing treatment of albuterol through a nebulizer




Rule 59 saves lives!

During the 2024-2025 school year, it was used on students and staff at least **33** times!

Rule 59 was used most often in elementary school students

High: 30%	Middle: 9%	Elementary: 61%
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Rule 59 data provided from Emergency Reporting Forms voluntarily submitted to NDE during the 2024-2025 school year.
Asthma and allergy data provided by the School Nurse Data Project 2024.
Last updated: July 2025

Rule 59 Infographic

- To educate parents or schools on Rule 59
- Includes new data from the Emergency Reporting Forms submitted to NDE during the 2024-2025 school year.

Rule 59 Infographic



Resources



EMERGENCY PROTOCOL

Follow Rule 59 protocol below to respond to life-threatening asthma or systemic allergic reactions (anaphylaxis) in any student or school staff. Treatment should be given when an individual is showing signs of distress and one or more of these symptoms are present:

- Difficulty breathing
- Throat tightness (feeling throat is closing)
- Only speaking 1-2 words
- Wheezing
- Fast heartbeat / pulse
- Hives / skin rash / swelling
- Nausea / vomiting / diarrhea
- Cyanosis (turning blue)
- Trouble swallowing
- Passing out

EMERGENCY PROTOCOL – BE PREPARED TO ADMINISTER CPR IF NECESSARY

- 1 Call 911.
- 2 Summon school nurse OR trained staff to implement emergency protocol.
- 3 Check airway/patency, breathing, respiratory rate and pulse.
- 4 Administer medications in this order:
 - First use epinephrine auto injector
 - Use epinephrine auto injector junior for children **under 60 pounds**
 - Then nebulized albuterol
- 5 Determine cause as quickly as possible.
- 6 Monitor vital signs (pulse, respiration, etc.).
- 7 Contact parents immediately and prescribing health care practitioner as soon as possible.
- 8 Any individual treated for symptoms with epinephrine at a school will be transferred to a medical facility.

If symptoms persist, repeat epinephrine auto injector followed by nebulized albuterol every 15 minutes while awaiting EMS arrival.



Scan QR code for more information on Rule 59
Reference: Title 72, Nebraska Administrative Code, Chapter 29



Rule 59 poster

Keep this in your health office to remind you of how to respond!

If you don't have one, you can request a copy for free (see contact information, last slide).



Resources

Nebraska Rule 59 Response To Life Threatening Asthma & Anaphylaxis

SKILLS CARD

DOES STUDENT HAVE AN EMERGENCY ACTION PLAN?



YES → FOLLOW STUDENT'S ACTION PLAN
Is situation resolved with no further treatment needed?
YES → Monitor student, complete further actions as directed by student's action plan, and alert parents.
NO → MOVE TO RULE 59 PROTOCOL

NO → FOLLOW EMERGENCY RESPONSE STEPS
BE PREPARED TO ADMINISTER CPR IF NECESSARY

- 1 Call 911.
- 2 Summon school nurse OR trained staff to implement emergency protocol.
- 3 Check airway/patency, breathing, respiratory rate and pulse.
- 4 Administer medications in this order:
 - First use epinephrine auto injector
 - Use epinephrine auto injector junior for children under 60 pounds
 - Then nebulized albuterol
- 5 Determine cause as quickly as possible.
- 6 Monitor vital signs (pulse, respiration, etc.).
- 7 Contact parents immediately and prescribing health care practitioner as soon as possible.
- 8 Any individual treated for symptoms with epinephrine at a school will be transferred to a medical facility.

If symptoms persist, repeat epinephrine auto injector followed by nebulized albuterol every 15 minutes while awaiting EMS arrival.

Reference: Title 92, Nebraska Administrative Code, Chapter 59
August 2021



Rule 59 Skills Card

Give this to each member of your school's Emergency Response Team!

Download and print here:

[Revised-Skills-Card-dated-rule-59.pdf](#)

Nebraska Rule 59 Response To Life Threatening Asthma & Anaphylaxis


SKILLS CARD

Treatment should be given when an individual is showing signs of distress and one or more of these symptoms are present:



DIFFICULTY BREATHING	TROUBLE SWALLOWING
THROAT TIGHTNESS (FEELING THROAT IS CLOSING)	CYANOSIS (TURNING BLUE)
ONLY SPEAKING 1-2 WORDS	HIVES / SKIN RASH / SWELLING
WHEEZING	NAUSEA / VOMITING / DIARRHEA
FAST HEARTBEAT / PULSE	PASSING OUT

AS A REMINDER

- Call 911 as soon as possible
- If student has a plan, start there then move to Rule 59 protocol as needed
- When in doubt, administer the protocol
- Don't forget to call parents
- Remember...epinephrine pens can be given through clothing
- Make sure to finish the protocol by giving nebulized albuterol after the epinephrine is administered



Reference: Title 92, Nebraska Administrative Code, Chapter 59
August 2021



Resources

Nebraska Rule 59 Response To Life Threatening Asthma & Anaphylaxis

TEST

Name _____

Date _____

Instructor _____

TRUE OR FALSE

1. Anaphylaxis is the most severe form of an allergic reaction and involves a person's breathing and/or circulation.
True False
2. Severe asthma and anaphylaxis are life threatening emergencies that must be attended to immediately.
True False
3. It is up to school leadership whether 911 should be called when a severe asthma/anaphylactic event occurs.
True False
4. Staff must be trained to give epinephrine.
True False
5. Epinephrine can be given through clothing.
True False
6. Diphenhydramine (Benadryl) is not sufficient to treat anaphylaxis because it works too slowly in a severe reaction.
True False
7. Nausea, vomiting, or diarrhea are not signs of anaphylaxis.
True False
8. If treatment for a severe asthma/anaphylactic event is delayed, cardiac arrest and death may occur.
True False
9. The Rule 59 protocol always replaces the student's action plan for asthma and anaphylaxis.
True False

MULTIPLE CHOICE

10. Which of the following statements is true regarding epinephrine administration for Rule 59?
 - a. It should be given in the abdomen or arm.
 - b. You should press and hold the pen in the muscle for 20 seconds after administering.
 - c. When administering, press and hold the pen in place for a count of three.

Competency Test

To assess competency for members of your school's Emergency Response Team

Answer key is also available online

[Test-dated-rule-59.pdf](#)



Resources

Rule 59 legislation can be found here:

https://cdn.education.ne.gov/wp-content/uploads/2017/10/Rule59_2006.pdf

NDE website:

<https://www.education.ne.gov/csss/school-health-education-and-services/>

You will find a copy of this presentation, the reporting form, poster, skills card, and more.



If you have questions or comments, **please contact your school nurse**

Or

Children's Community Health & Advocacy
School Health Team

schoolhealth@childrensnebraska.org

