Meridian CUSD #223

Asthma Episode Emergency Response Protocol

Equipment and Supplies

- 1. Prescribed quick-relief medication (albuterol, ProAir, Proventil, Ventolin, etc), usually in the form of an inhaler
 - Many students carry their own inhaler on them, as allowed by state law.
 - If asthma medication is not on the student, immediately summon school staff members who have access to the medication.
- 2. All equipment and supplies necessary for administering asthma medication (spacer, nebulizer machine, etc.)
- 3. Student's Asthma Action Plan (if available) and Authorization for Administration of Medication Permit

Procedures

Step	Condition	Action
1	Asthma Episode If the student exhibits any of the following signs: • Wheezing • Coughing • Shortness of breath • Chest tightness • Difficulty breathing	 Assess student for any asthma episode symptoms. Student report of "needing my inhaler" should be given primary weight even in the absence of other symptoms. Summon or notify school nurse of student's condition regardless of severity of symptoms and report findings.
2	Severe Asthma Episode If the student has any one or more of the following severe episode symptoms: • Very fast or hard breathing • Nasal flaring • Skin retracting/sucking over child's neck, stomach or ribs with breaths • Breathing so hard they cannot walk or speak • Lips or fingernail beds turn blue	 Do the following in this order: CALL 911 IMMEDIATELY CALL SCHOOL NURSE (RN), if not already present CALL PARENT/GUARDIAN Continue to step 5 "Quick-Relief Medication"
3	Loss of Consciousness If the student appears to lose consciousness or ability to participate in own treatment	CALL 911, if not already summoned.
4	No Quick-Relief Medication If the student does not have a quick-relief medication	 CALL 911 IMMEDIATELY. CALL SCHOOL NURSE (RN), if not already present. CALL PARENT/GUARDIAN.

5	Quick-Relief Medication If the student has a quick-relief medication and the episode is not an emergency	 Assess respiratory status using peak flow meter. Give/assist with giving prescribed asthma quick-relief medication (with delivery device) as authorized by student's Asthma Action Plan or Authorization for Administration of Medication Permit. Stay with the student and observe for improvement. Stay calm, speak softly, encourage student to take slow, deep breaths. Seat student comfortably, indoors if possible. Remove outerwear, if present, and loosen clothing, if needed. Do not permit the student to lie down or fall asleep.
6	Improvement If the student improves after giving quick-relief medication	 Monitor student for 15-20 minutes then allow student to return to class and resume activities. Repeat quick-relief medication every 10-20 minutes, or as authorized in student's Asthma Action Plan, until help arrives or student's breathing improves. Stay with the student until transferred or recovers. Call parent/guardian or direct someone else to contact parent/guardian.
7	No Improvement If no improvement within 10 minutes of quick- relief medication administration, if symptoms worsen, or if the student develops any one of the following symptoms: • Very fast or hard breathing • Nasal flaring • Skin retracting/sucking over child's neck, stomach or ribs with breaths • Breathing so hard they cannot walk or speak • Lips or fingernail beds turn blue	CALL 911 IMMEDIATELY
8	Recording Incidents	 A District Accident Report form will be completed by the appropriate staff and kept on file in the nursing office for severe asthma episodes. The school nurse will record the appropriate documentation into Skyward.

^{*}All staff members should review this protocol. Any staff member who may be likely to assist a student with asthma should review this protocol <u>and</u> practice with a "trainer" for the student's prescribed quick-relief inhaler. Training will be provided by the building Registered Nurse (RN).