

**YREKA UNION SCHOOL DISTRICT**

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## Asthma Management in the School

Standard Procedures and Emergency Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student D.O.B. School Teacher/Grade

#### Personnel

* 1. School Nurse
  2. Designated school personnel

1. **Symptoms of an asthma attack include:**
   1. Uncontrollable Cough
   2. Shortness of breath or rapid breathing
   3. Chest tightness or pain
   4. Wheezing
   5. Retractions of chest or neck muscles
   6. Cyanosis or pallor
   7. Clipped or choppy speech
   8. Apprehension

#### Standard Procedures

* 1. If above symptoms occur, have student
     1. Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_inhaler as prescribed by physician
     2. Sit down and rest
     3. Give warm, clear liquid if available
     4. Watch closely
     5. Contact parent as needed
  2. If symptoms persist or worsen after\_\_\_\_\_minutes, repeat use of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ inhaler.
  3. If symptoms persist or worsen after the above steps have been taken
     1. Call parent (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. If unavailable call alternate contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Call physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Emergency Plan

1. Be prepared to call 911 if symptoms persist and child is in respiratory distress.

By signing below, parent/guardian gives permission to transport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the nearest emergency medical facility with a designated person accompanying child, taking a signed emergency card. Parent(s)/guardian will assume all responsibility financially and otherwise, if necessary. Parent/guardian authorizes the school nurse to communicate with the physician listed above regarding this medical condition.

**Reviewed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Printed Name | Parent/Guardian Signature | Date | |
| Physician Printed Name | Physician Signature | Date | NPI # |
| Principal Printed Name | Principal Signature | Date | |
| School Nurse Printed Name | School Nurse Signature | Date | |

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##### Use of Metered Dose Inhaler

**A metered dose inhaler (MDI) is a device used to deliver asthma medication directly to**

**the lungs. In order to ensure effective administration of the medicine, the following**

j0293316**steps should be performed:**

1. **Remove the cap and hold inhaler upright.**
2. **Shake the inhaler.**
3. **Tilt the head back slightly and breathe out.**
4. **Position the inhaler in one of the following ways:**
   * 1. **Open mouth and hold inhaler 1 to 2 inches away**
     2. **Use spacer (recommended with young children)**
     3. **Put in the mouth**

**(A is optimal, but C is acceptable if a student has trouble with either A or B)**

1. **Press down on inhaler to release medication as you start to breathe in slowly.**
2. **Breathe in slowly (3 to 5 seconds).**
3. **Hold breath for 10 seconds to allow medicine to reach deeply into lungs.**
4. **Repeat puffs as directed. Waiting 1 minute between puffs may permit the second puff to penetrate the lungs better.**