

MANAGEMENT OF AN ACUTE ASTHMA EPISODE IN THE SCHOOL

Adapted from the Asthma and Allergy Foundation of America (AAFA), Washington State Chapter, with permission

Asthma is the leading cause of absenteeism in school-aged children. A school-based asthma management program should allow children with asthma or allergies to participate in all school learning and recreational activities with few restrictions. An effective program will ultimately help to minimize school absences.

WHAT TO LOOK FOR	WHAT TO LISTEN FOR
<ul style="list-style-type: none"> ○ Anxious look ○ Stooped body posture ○ Diaphoresis (sweating) ○ Dyspnea (shortness of breath) ○ Rapid respirations (greater than 25-30 at rest) ○ Retractions ○ Nasal flaring ○ Depressed sternal notch ○ Nausea/vomiting ○ Fatigue ○ Decreased peak flow value 	<ul style="list-style-type: none"> ○ Complaints of chest tightness ○ Coughing ○ Irregular breathing ○ Abnormal breathe sound: <ul style="list-style-type: none"> ○ Decreased or absent breath sounds ○ Wheezing ○ Rales (rattling) ○ Rhonchi (coarse rattling) ○ Prolonged expiration ○ Rapid heart rate
WHAT TO DO IN AN ASTHMA CRISIS AT SCHOOL	SEEK IMMEDIATE EMERGENCY CARE IF STUDENT:
<ul style="list-style-type: none"> ○ If possible review the students' Asthma Action Plan for Personal Best , current medications and emergency medications. ○ Have student sit upright and check breathing with peak flow meter – if possible. ○ Administer prescribed medication by inhaler (medication should be inhaled slowly and fully). <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ○ Administer medication by nebulizer if prescribed. ○ Reassure student and attempt to keep him/her calm and breathing slowly and deeply. <p>Student should respond to treatment within 15 – 20 minutes. Recheck with peak flow meter.</p> <p>If NO change, or breathing becomes significantly worse, contact parent immediately and call for emergency help.</p>	<p>Use the child's prescribed acute therapy and call 911 if any of the following:</p> <ul style="list-style-type: none"> ○ Coughs constantly ○ Is unable to speak in complete sentences without taking a breath ○ Has lips, nails, mucous membranes that are gray or blue ○ Demonstrates severe retractions and /or nasal flaring ○ Is vomiting persistently ○ Has 50% reduced peak flow reading ○ Has pulse greater than 120/minute ○ Has respirations greater than 30/minute ○ Is severely restless ○ Shows no improvement after 15 minutes

If you notice any of the above symptoms please recommend further follow-up with the student's licensed health care provider (LHCP)

FOR SCHOOL STAFF

ASTHMA ATTACK SIGNS AND SYMPTOMS

Early Warning Signs and Symptoms

Most people think that an asthma attack starts suddenly. Many students show “early warning signs” before the episode begins. Consider developing a list, with the student, of his or her early warning signs and symptoms. If they occur, follow the student’s Individual Health or School Emergency Asthma Plan.

coughing	agitation
itchy throat or chin (tickle in throat)	persistent
coughing funny feeling in chest (younger child)	behavioral
changes	
grumpiness or irritability	drop in peak flow meter to yellow or red zone

If you are made aware of an increase in any of the above signs or symptoms, please communicate that to the school nurse for follow-up with the family.

Signs and Symptoms

Early warning signs may progress to an asthma attack. Asthma attack signs and symptoms may include: *(Not all students will experience all symptoms during an asthma attack.)*

becoming anxious or scared	tightness in chest
shortness of breath	wheezing while breathing in or
out rapid labored breathing	vomiting from hard coughing
incessant coughing	unable to talk in full sentences
nasal flaring	shoulders hunched over
“pull in” of neck and chest with breathing	sweaty, clammy
skin requiring rescue medications every four hours	
or more often	

In the event of an asthma attack, the student’s School Emergency Asthma Plan should be followed.

When a student is having asthma symptoms and is sent to the office or nurse’s office, always have someone accompany the student

Call 911 for the following signs and symptoms

- No improvement 15-20 minutes after initial treatment with medication and a parent cannot be reached
- Medications are not available and the student is exhibiting the following: wheezing or incessant coughing, difficulty breathing, chest and neck “pulling in” with breathing, shoulders hunched over; struggling to breathe
- Lips or nail beds turning gray or blue (students with light complexions)
- Paling of lips or nail beds (students with dark complexions)
- Decreasing or loss of consciousness