

**District 2 Public Health
School Nurse Protocol for Students with Asthma Symptoms who do not have a
Personal Asthma Action Plan**

Definition

Asthma is a diffuse, obstructive lung disease with hyperactivity of the airways to a variety of stimuli and a high degree of reversibility of the obstructive process, occurring either spontaneously or as a result of treatment. Asthmatic attacks may be mild, moderate or severe.

In asthma, an already existing hypersensitive airway is irritated by a stimulus such as exercise, viral respiratory infection, sinusitis, allergens (molds, pollens, dander, dust mites), irritants (heat, cold, smoke, perfumes, chemicals), and some medications (e.g., Beta-blockers, aspirin, nonsteroidal anti-inflammatory drugs [NSAIDs]). Irritation results in bronchoconstriction, inflammation, and hypersecretion of mucous and mucosal edema.

Signs and Symptoms

1. Shortness of breath or inability to "catch breath"
2. Constant coughing
3. Tight feeling in the chest
4. Inability to talk, walk or run without coughing or wheezing
5. Increases in respiratory and heart rate (heart rate over 120 beats/minute suggests severe asthmatic attack or over medication)
6. Abnormal breath sounds, wheezing (inspiratory and/or expiratory), prolonged expiration, decreased air movement
NOTE: In a very severe episode, air movement may be so limited that wheezing is not audible with or without a stethoscope.
7. Dry, tight cough
8. Signs of respiratory distress-nasal flaring, retractions visible at suprasternal notch, between the ribs and under the rib cage, mouth breathing, and sitting in a hunched over, tripod-like position.
9. Paleness and cyanosis
10. Look of anxiety or fear
11. Sweating
12. Abnormal peak expiratory flow rate (PEF), if client uses peak flow meter and has it available (<80% of predicted personal best)

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Severity of Asthma			
Parameter	Mild	Moderate	Severe
Breathless	• When walks	• When talks	
Posture	• Can lie down	• Prefers sitting	• Hunched forward
Can only speak in:	• Sentences	• Phrases	• Words
Respiratory Rate	• May be normal or increased	• Increased	• Increased
Accessory (neck) muscle retractions	• None	• Subtle, usually present	• Present
Wheeze	• None to end expiratory	• Loud; but may be absent	• Loud, but may be absent
Peak Flow	• < 80%	• 60-80%	• < 60%

If the person is having an acute asthma attack:

1. Call 911 (if symptoms of severe asthma are present).
2. Summon the school nurse if available. If the school nurse is not immediately available, summon the designated staff (Emergency School Responders) trained to respond to allergic emergencies.
3. Check for adequacy of the airway, breathing, respiratory rate, blood pressure, pulse, and perfusion/color.
4. Administer medication per the standing order.
5. Monitor vital signs (pulse, BP, respiration, and color).
6. Determine the cause (if possible).
7. Notify school administration of the emergency.
8. Contact the child's parents and primary care physician.

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Addendum to Standing Order for Responding to Life Threatening Asthma

During the COVID-19 pandemic, CDC recommends that inhalers with spacers be used when possible instead of nebulizer treatments. Based on limited data, CDC states that use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure. Further, CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).

CDC recommends that staff who administer nebulizer treatments to students with asthma should wear personal protective equipment (PPE). This PPE should include gloves, medical or surgical facemask, and eye protection. Please review CDC guidelines on how to safely administer nebulizer treatments in the school setting at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>.

CDC recommends that students should be permitted to use their personal inhaler as needed, and when students need to use the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers or disposable mouthpieces. Additional strategies to prevent cross contamination can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>.

Per CDC recommendations, school staff who administer asthma medication to students should use good hand hygiene, including washing hands with soap and water for at least 20 seconds before and after administration of medications. If soap and water are not available and hands are not visibly dirty, staff should use an alcohol-based hand sanitizer that contains at least 60% alcohol

Standing Order for Responding to Life Threatening Asthma

- For acute asthma attack, administer Albuterol via Metered Dose Inhaler (MDI).
Note: When using a MDI for children, a spacer device should be used.
 - Give 4 – 6 puffs of Albuterol MDI. Wait 30 seconds to 1 minute between each inhalation.
- For acute asthma attack in children who cannot use or do not have access to an inhaler, administer Albuterol (1 vial via nebulizer) or Xopenex (1 vial via nebulizer). Follow CDC guidelines for safe administration of nebulizer treatments. Please see the link above.
- If no improvement in respiratory system is noted, repeat the treatment every 20 minutes while waiting for EMS.
- Administer CPR if indicated.

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Standing Order for Responding to Life Threatening Asthma

- For acute asthma attack, administer either Albuterol (1 vial via nebulizer) or Xopenex (1 vial via nebulizer).
- If no improvement in respiratory system is noted, repeat the treatment every 20 minutes while waiting for EMS.
- Administer CPR if indicated.
- If nebulizer is not available, use metered dose inhaler.
- Metered Dose Inhaler (MDI) NOTE: When using a MDI for children, a spacer device should be used.
 - Give 4-6 puffs of Albuterol MDI. Wait 30 seconds to 1 minute between each inhalation.

Z ms

Physician's Name

7.21.22

Date

District 2 Public Health School Nurse Protocol for Students with Allergic Reactions and Anaphylaxis

Definition of Anaphylaxis

Anaphylaxis is a potentially life threatening medical condition occurring in allergic individuals after exposure to an allergen. People with allergies have over-reactive immune systems that target otherwise harmless elements in our diet and environment. During an allergic reaction, the immune system identifies a specific protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators such as histamine. These chemical mediators trigger inflammatory reactions in the tissues of the skin, the respiratory system, the gastrointestinal tract, and the cardiovascular system.

When the inflammatory symptoms are widespread and systematic, the reaction is termed "anaphylaxis", a potentially life-threatening event. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body.

Signs and Symptoms

Organ	Symptoms
Skin	Swelling of any body part Hives or rash on any part of body Itching of any body part Itchy lips
Respiratory	Runny nose Cough, wheezing, difficulty breathing, shortness of breath Throat tightness or closing Difficulty swallowing Difficulty breathing Change in voice
Gastrointestinal (GI)	Itchy tongue, mouth, and/or throat Vomiting Stomach cramps Abdominal pain Nausea Diarrhea
Cardiovascular	Heartbeat irregularities Flushed, pale skin Coughing, cyanotic (blueish) lips and mouth area Decrease in blood pressure Fainting or loss of consciousness Dizziness, change in mental status Shock
Other	Sense of impending doom Anxiety Itchy, red, watery eyes

**District 2 Public Health
School Nurse Protocol for Students with Allergic Reactions**

If the person is having a severe allergic reaction:

1. Call 911 (if symptoms of severe anaphylaxis are present).
2. Summon the school nurse if available. If the school nurse is not immediately available, summon the designated staff (Emergency School Responders) trained to respond to allergic emergencies.
3. Check for adequacy of the airway, breathing, respiratory rate, blood pressure pulse, and perfusion/color.
4. Administer medication per standing order.
5. Monitor vital signs (pulse, BP, respiration, color).
6. Determine the cause (if possible).
7. Notify school administration of the emergency.
8. Contact the child's parents and primary care physician.

Standing Order for Responding to Life Threatening Anaphylaxis:

For symptoms of Anaphylaxis, administer Epinephrine via auto injector.

- For students in second grade or below, or if less than 66 lbs., use 0.15 mg Epinephrine auto injector.
- For adults and students in third grade or above or if more than 66 lbs., use 0.3 mg Epinephrine auto injector.
- The Epinephrine auto injector acts immediately; however the effects only last 10-15 minutes. *Make sure someone has called 911.*

If no improvement in anaphylactic symptoms and paramedics do not arrive, repeat Epinephrine treatment in 10 minutes.

Monitor the student's airway and breathing. Begin CPR immediately if the student stops breathing.

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Signs and Symptoms of MILD allergic reaction:

- Itchy rash, either localized or generalized with no disturbance of respirations, pulse, or blood pressure

Treatment of Mild Allergic Reaction:

Administer oral Benadryl to the student per guidelines.

Child's Weight	Liquid Benadryl (12.5 mg/5ml)	Benadryl Chewable Tablet (12.5 mg)	Benadryl Tablet (25 mg)
Under 22 lbs.	Call the Pediatrician	Call the Pediatrician	Call the Pediatrician
22-28 lbs.	¾ tsp (3.75 ml)	Not Recommended	Not Recommended
29-41 lbs.	1 tsp (5 ml)	1 chewable	Not Recommended
45-55 lbs.	1.5 tsp (7.5 ml)	Not Recommended	Not Recommended
55-83 lbs.	2 tsp (10 ml)	2 chewables	1 tablet
83-110 lbs.	3 tsp (15 ml)	3 chewables	1 tablet
110 lbs. and over (adult dose)	4 tsp (20 ml)	4 chewables	2 tablets

ZMO
Physician's Name

7.21.22
Date

District 2 Public Health School Nursing Guidelines for Opioid Overdose

The state of Georgia, like many other states, is currently experiencing an opioid abuse epidemic. In the fight against this trend, naloxone has come to be considered an important and life-saving tool in treating opioid overdose. Naloxone does not produce a high and adverse effects are rare in therapeutic doses.

Signs and Symptoms of an Opioid Overdose:

- The victim has a history of use of narcotics or opioids (either in prescription drug form or as illegal drugs, such as heroin);
- Fentanyl patches or needle punctures in the skin;
- The presence of nearby drug paraphernalia such as needles or rubber tubing;
- The victim is unresponsive or unconscious;
- The victim is breathing slow or shallow, or is not breathing at all;
- Snoring or gurgling sounds from the throat due to partial upper airway obstruction;
- Lips or nailbeds are blue;
- Pinpoint pupils;
- Skin is clammy to the touch.

Opioid High vs. Opioid Overdose

Opioid High

Relaxed muscles
Speech is slow, slurred
Appears sleepy, nodding off
Responds to stimuli

Normal heart rate/pulse
Normal skin color
Breathing

Opioid Overdose

Pale, clammy skin
Speech is infrequent
Deep snorting or gurgling
Unresponsive to stimuli (calling name, shaking, sternal rub)
Slowed heart beat/pulse
Cyanotic skin coloration (blue lips, fingertips)
Not breathing, very shallow breathing

(Adapted from Massachusetts Dept. of Public Health Opioid Overdose Education and Naloxone Distribution)

If the person is observed with signs and symptoms of an opioid overdose:

1. Call 911 (if symptoms of opioid overdose are present).
2. Summon the school nurse if available. If the school nurse is not immediately available, summon the designated staff (Emergency School Responders) trained to respond to an opioid overdose.
3. Check for adequacy of the airway, breathing, respiratory rate, blood pressure pulse and perfusion/color.
4. Administer medication: Naloxone per standing order.
5. Monitor vital signs (pulse, BP, respiration, and color).

6. If not responding and symptoms are still present, administer Naloxone per guidelines.
7. Determine the cause (if possible).
8. Notify the school administration of the emergency.
9. Contact the student's parents and primary care physician

Standing Orders for Responding to Life Threatening Opioid Overdose

For symptoms of opioid overdose, administer Naloxone.

- 4 mg/0.1 ml auto injector, 2 mg/0.1ml nasal spray, or 4 mg/0.1 ml nasal spray

If no improvement in respiratory symptoms is noted after 2-3 minutes, repeat the Naloxone treatment while waiting for EMS to arrive.

Administer CPR if indicated.

Remember: The severity of symptoms can change quickly. Student must be evaluated in an emergency room or physician's office before returning to school.

S. Mo
Physician's Name

7.21.22
Date

Note: Using Naloxone in patients who are opioid dependent may result in severe withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of Naloxone.**