

Asthma Management Plan

The following standing delegation orders (SDO) are to be used to assist those experiencing respiratory distress who do not have their own medication available. They do not replace the need for students to have medication authorization, Asthma Action Plans, and a supply of their own medication available.

Respiratory distress is defined as difficulty breathing that requires prompt intervention for the person's health and safety.

This SDO will be implemented by individuals who are trained and authorized to administer unassigned albuterol in accordance with Texas legislation and administrative code, and district health policy and procedures.

Those providing care will practice infection control measures aligned with district policy and procedures, and CDC and state guidelines.

In all instances, school district policies and Texas state requirements will be followed, including but not limited to implementation of these orders and notification of families.

One metered dose actuator (MDI) will be maintained on each campus in a secure and easily accessible location. The number of doses used and available will be monitored, and if 20 doses or fewer remain, a replacement MDI will be obtained from the district health administration.

At least four LiteAire Chambers shall also be maintained on each campus, which are compatible with the MDI provided. One pulse oximeter shall be maintained on each campus. If nebulizers are permitted for unassigned albuterol by district policy, at least 5 vials of medication and devices to administer them will be maintained on each campus.

For all people believed to be experiencing respiratory distress, check oxygen and determine if distress is severe using the table below. If distress is severe, activate EMS immediately, administer unassigned albuterol, and follow standing delegation orders and procedures for a medical emergency.

Severe

- Shortness of breath at rest – *plus any one additional sign below.*
- Retractions (Nasal flaring, or skin appears to be pulled in with each breath around the neck, chest, or abdomen.
- Posture: leaning forward and using the arms for support (Tripod)
- Can't complete a sentence without stopping to breathe
- Wheezing can be heard without a stethoscope
- Rapid breathing, more than 40 breaths per minute (Tachypnea)
- Reduced breath sounds
- Pale, blueish, or grey nail beds, lips, or skin (Cyanosis)
- Lethargic, confused, a sense of impending doom

In all cases, Verbal communication through the emergency contact provided by the parent or legal guardian will be initiated as soon as possible, while assuring the safety of the child.

Students who initially present with a pO₂ of 91% or lower will be dismissed to the parent/guardian for observation and consultation on the need for follow-up medical care, regardless of improvement.

If a student has not had a prior diagnosis of asthma, the student will also be dismissed to parent/guardian for observation and consultation on the need for follow-up medical care, regardless of improvement.

For all people believed to be experiencing respiratory distress, determine if distress is severe or not severe using the signs listed on page

I. SEVERE RESPIRATORY DISTRESS:

People with signs and symptoms of severe respiratory distress and no prescribed medication of their own, contact EMS and do the following:

A. Immediately administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 8 puffs inhaled, with LiteAire Chamber; each puff 15-30 seconds apart.

B. Follow emergency distress protocol, including:

1. Document the time 911 was called.
2. Restrict physical activity, encourage slow breaths & allow the individual to rest.
3. Do not recline or leave the individual unattended.
4. Instruct office staff to contact the parent/ caregiver AND the school nurse and/or principal.
5. Document the time EMS services arrived AND the name of the EMS provider.
6. Observe the individual after 15 minutes if EMS has not yet arrived.
7. If the individual shows improvement,
 - a. wait for EMS to arrive & assess the individual.
8. If no improvement after 15 Minutes & EMS has not yet arrived
 - a. Repeat 8 puffs of albuterol with LiteAire device, each 15-30 seconds apart.
9. Continue steps 1-8 until EMS arrives.

C. Emergency Use of Nebulizer

1. In the event a student cannot effectively use the MDI and LiteAire Chamber, emergency use of a nebulizer is permitted under the following circumstances:
 - Administer 2.5mg albuterol sulfate nebulizer solution in 3 cc saline via nebulizer over 10 minutes.
 - Follow all actions in Section I for Severe Respiratory Distress related to physical assessment, pulse oximetry, and follow-up.

NOT SEVERE:

People who are believed to be experiencing respiratory distress that is not severe, and no prescribed medication of their own is available, please do the following:

Stay with the individual, use a pulse oximeter to check pO₂, and monitor for signs that distress is becoming severe. Administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 4 puffs inhaled, with LiteAire Chamber;

1. Reassess after 20 minutes and recheck pO₂.
2. Determine if the student meets the criteria to complete the school day, or will be dismissed to the parent/guardian for observation and consultation on the need for follow-up medical care, regardless of improvement.

Students may complete the school day/return to class if all the following conditions are met:

- The student has a parent/guardian-reported asthma history.
 - The original pO₂ was 92% or higher
 - After 20 minutes, there are no signs of distress, and the pO₂ is 95% or greater
 - The student has not received unassigned albuterol earlier in the day.
3. If a student meets all four conditions to complete the school day:
 - i. Discharge the student from the health office to return to class with close follow-up.
 - ii. Document and communicate with parent/guardian in accordance with district procedures, these delegation orders, and state requirements.

2026-2027 CISD Standing Delegation Orders for Unassigned Albuterol Asthma Management Plan

The student should be dismissed to the parent/guardians with consultation on the need for follow-up medical care if any of the following are true:

- *Student has already received unassigned albuterol earlier in the same school day.*
 - If the student does not have a parent/guardian-reported asthma history.
 - The initial pO₂ was 91% or lower.
 - Post-treatment pO₂ is 94% or lower.
 - Symptoms do not fully resolve after 4 puffs.
4. If the student meets conditions for dismissal, the parent/guardian will be consulted on the need for follow-up medical care.
- a. Continue to monitor the student until dismissed to the parent/guardian.
 - b. An additional 4 puffs may be provided while waiting for the parent or guardian if symptoms persist.
 - c. If symptoms of severe distress are noted at any time, initiate Emergency Protocol if symptoms of severe distress develop.

If a student does not have a parent/guardian-reported diagnosis of asthma on file,

5. The school will refer the student to the student's primary care provider on the day the medication is administered and inform the parent or guardian about the referral.
- I. The referral shall include the following, which are included in the Asthma 411 visit report
 - II. Respiratory distress symptoms observed
 - III. Name of medication administered
 - IV. Patient care instructions given to the student
6. If the student does not have a primary care provider, the parent/guardian should be provided with
- A. Information to obtain a primary care provider.
 - B. A referral to bring to the primary care provider with the information above.

Document all albuterol treatments provided via standing delegation orders and all follow-up according to state and district policies and protocols. Please see the "Follow-Up" section of this document for students who have used standing orders more than twice within one week, or more than three times during the school year.

II. REPORTING:

Trained CISD staff who administer unassigned Albuterol will complete an Incident Report and submit to the District Nurse Manager within 24 hours of medication administration. The District Nurse Manager will maintain the confidential spreadsheet with students receiving unassigned Albuterol. The District Nurse Manager will be responsible for reporting the usage of unassigned Albuterol to Texas Department of State Health Services per

[Texas Administrative Code, Part 1, Chapter 40, Subchapter D, Section 40.47](#)

III. FOLLOW-UP: FOR ALL CHILDREN RECEIVING CARE UNDER THESE STANDING DELEGATED ORDERS, PLEASE DO THE FOLLOWING:

Initiate communication with the parent/legal guardian as soon as possible, while assuring the safety of the child.

- a. Verbal communication with parent/guardian should follow the education outlined in the FAQ document, and discussion of activity restrictions for the school day and any after-school activities.

Provide parents/guardians with written information, as required by state legislation and district policy.

1. Asthma 411 provides the following tools to meet this need:

Asthma Management Plan

- a. FAQ for parents: information and education regarding the treatment
- b. Asthma visit report with instructions to take the report to the physician or primary care provider
- c. A resource list that includes:
 - i. Tarrant area clinics to obtain health care for those without a medical home
 - ii. Options for families to receive free patient navigation services to overcome any barriers to receiving care for asthma management.
 - iii. Any additional resources and support available in the school district

Provide a follow-up note and recheck the student for symptom resolution the next day or on Monday, if treatment was on a Friday.

Document treatment and follow-up in accordance with state and district policies and the Asthma 411 implementation plan.

If a student requires greater than two administrations of unassigned albuterol within one week, or requires unassigned albuterol more than three times in one school year, parents are to receive the following information:

- a. Using albuterol more than two times a week for acute symptoms may indicate a risk of poor asthma control and adverse outcomes.
- b. Texas legislative requirement for medication authorization specifies that unassigned albuterol may only be provided for unanticipated emergencies.

Recommended Actions:

2. One-week follow-up visit
3. After one week of use (5 days), send the LiteAire Chamber home with the student with education on spacers.

These orders are reviewed at least annually. All unassigned Albuterol will follow the district protocol to review medications and supplies at least once a month by the campus nurse.

Medical Advisor

District Nurse Manager

Effective Date

Expiration Date