

# Carlinville CUSD #1

## Emergency Response Protocol for an Asthma Episode

### January 2017 Implementation

*This document was prepared by the Illinois State Board of Education in collaboration with the American Lung Association, Respiratory Health Association, Illinois Asthma Partnership, Chicago Asthma Consortium and Illinois Association of School Administrators in compliance with Public Act 99-0843.*

#### Purpose

The purpose of this document is to provide assistance to a student experiencing asthma episode symptoms of wheezing, coughing, shortness of breath, chest tightness, and/or breathing difficulty.

#### Equipment and Supplies

1. Prescribed quick-relief medication (Albuterol, ProAir, Proventil, Ventolin, etc.). Many students have their own inhaler on their person, 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)

Step	Condition	Action
1	<p><b><u>Asthma Episode</u></b></p> <p>If student exhibits any of the following signs such as wheezing, coughing, shortness of breath, chest tightness, or difficulty breathing....</p>	<ul style="list-style-type: none"> <li>• Assess student for any asthma episode symptoms.</li> <li>• Student report of <b>“needing my inhaler”</b> should be given primary weight even in the absence of other symptoms.</li> <li>• Summon or notify school nurse of student's condition regardless of severity of symptoms and report findings (if non-nurse is assisting student).</li> </ul>
2	<p><b><u>Severe Asthma Episode</u></b></p> <p>If student has <u>any one or more</u> of the following severe asthma episode symptoms:</p> <ul style="list-style-type: none"> <li>• Very fast or hard breathing</li> <li>• Nasal flaring</li> <li>• Skin retracting/sucking over child's neck, stomach, or ribs with breaths</li> <li>• Breathing so hard they cannot walk or speak</li> <li>• Lips or fingernail beds turn blue</li> </ul>	<p>Do the following <b><u>in this order</u></b>:</p> <ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> <li>• <b>CALL SCHOOL NURSE (RN) IF NOT ALREADY PRESENT</b></li> <li>• <b>CALL PARENT/GUARDIAN</b></li> <li>• <b>Continue to step 5 “Quick-Relief Medication”.</b></li> </ul>

3	<p><b><u>Loss of Consciousness</u></b></p> <p>If student appears to lose consciousness or ability to participate in own treatment...</p>	<ul style="list-style-type: none"> <li>• <b>Call 911, if not already summoned.</b></li> </ul>
4	<p><b><u>No Quick-Relief Medication</u></b> If student has no quick-relief medication....</p>	<ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> <li>• <b>CALL SCHOOL NURSE (RN), IF NOT ALREADY PRESENT</b></li> <li>• <b>CALL PARENT/GUARDIAN</b></li> </ul>
5	<p><b><u>Quick-Relief Medication</u></b></p> <p>If student has quick-relief medication and the episode is not an emergency...</p>	<ul style="list-style-type: none"> <li>• Assess respiratory status using peak flow meter.</li> <li>• Give/assist with giving prescribed asthma quick-relief medication (with delivery device) as authorized by student's Asthma Action Plan or medical orders.</li> <li>• Stay with the student and observe for improvement. <ul style="list-style-type: none"> <li>a. Stay calm, speak softly, encourage student to take slow, deep breaths.</li> <li>b. Seat student comfortably, indoors if possible. Remove outerwear, if present, and loosen clothing, if needed.</li> </ul> </li> <li>• Do not permit student to lie down or fall asleep.</li> </ul>
6	<p><b><u>Improvement</u></b></p> <p>If student improves after quick-relief medication given....</p>	<ul style="list-style-type: none"> <li>• Monitor student for 15-20 minutes then allow student to return to class and resume activities.</li> <li>• 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.</li> </ul>

7	<p><b><u>No Improvement</u></b></p> <p>If no improvement within 10 minutes of quick relief medication administration, if symptoms worsen, or if student develops any one of the following symptoms:</p> <ul style="list-style-type: none"> <li>a. Very fast or hard breathing</li> <li>b. Nasal flaring</li> <li>c. Skin retracting/sucking over child’s neck, stomach, ribs with breaths</li> <li>d. Breathing so hard they cannot walk or speak</li> <li>e. Lips or fingernail beds turn blue</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> </ul>
8	<p><b><u>Recording Incidents</u></b></p>	<ul style="list-style-type: none"> <li>• Record all incident information per school or district’s emergency medical response guidelines. If needed, work with parent/guardian to obtain Asthma Action Plan for the student.</li> </ul>

\*\*\*All staff members should review this protocol. Any staff member who may be likely to assist a student with asthma should review this protocol and practice with a “trainer” for the student’s prescribed quick-relief inhaler. Training should be provided by a Registered Nurse (RN) assigned to the school, if available, or by reviewing the package insert of the student’s quick-relief inhaler medication.