ASTHMA

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma can cause intermittent symptoms in affected individuals. Often asthma is triggered by allergens, exercise or respiratory illness; occasionally exacerbations occur with no notable cause.

Asthma affects people of all ages, but it most often starts during childhood and often severity is reduced with physical and immunological maturity.

Most asthma is easily managed, with routine rescue inhaler and sometimes maintenance medications. If a student has complicated or frail asthma an individual health protocol will be implemented via the health care provider for that student. All students with inhalers at school should have an Asthma Action Plan on file.

Standard Asthma Response

Mild/Common symptoms:

- Persistent coughing
- Slight shortness of breath on exertion
- Student reports wheezing (but it is not audible)

If mild symptoms are observed, or if student reports symptoms and is in no distress:

1. Student may self-administer inhaler, if the student self-carries
2. The student should go to the office for use of their inhaler

Moderate to Severe Symptoms of Asthma include:

- Tightness in chest
- Shortness of breath
- Coughing for prolonged periods
- Audible wheeze or unusual sounds
- Need to lean over at the waist
- Anxious appearance
- Decreased level of consciousness
- Coughing that causes choking, bluish color, or vomiting
- Bluish discoloration to lips, nails, gums, eyelids
- Inability to speak in full sentences without taking a breath or only able to whisper

If student complains of asthmatic symptoms, “asthma attack” or if a student exhibits any of the above symptoms of asthma:
1. Student must go to the office accompanied by a peer or staff member. Unless the student is physically unable to walk to the office, in which case medication trained staff should go to student.
   a. EMS/9-1-1 should be called if student is unable to walk or in distress.
2. Have the student sit down.
3. Allow student to use inhaler or assist student if trained*.
   a. Rescue inhalers are the standard of care for asthma. Inhalers may either be self-administered, or administered by medication-trained staff exactly as written on the pharmacy label.
   b. Stay with the student and remain calm once medication has been administered
   c. Record medication administration on medication log (unless student self-administers).
4. If a student with asthma exhibits symptoms and does not have a rescue inhaler:
   a. Immediately call parents and nurse
   b. If the student is in distress, call EMS (9-1-1)
   c. Provide cold water to sip
5. If student has no documented history of asthma and presents with listed symptoms, immediately call EMS/9-1-1 and parents.
6. Encourage student to relax by assuming a comfortable position, doing slow/deep breathing, encourage fluid intake.
7. If asthma symptoms decrease to baseline within 15 minutes after taking medication, student may return to class.
   a. Advise parent of incident before returning student to class.
8. If asthma symptoms persist, student should be dismissed to parents.
9. If asthma symptoms increase in severity or if there is obvious distress, change in skin color, absent breathing/pulse/decreased level of consciousness
   a. Delegate call to EMS/9-1-1.
   b. Begin CPR if trained for absent breathing or pulse
10. Notify nurse if a student has changes in frequency, duration, or intensity of asthma attacks.

If student exhibits any of the following, then an emergency response is required:
   • Absent breathing and/or pulse
   • Intractable cough
   • No improvement within 15-20 minutes of administration of rescue inhaler medication AND a relative cannot be reached.
   • Chest and neck pulled in with breathing.
   • Stooped body posture.
   • Struggling or gasping to breath.
   • Trouble walking or talking
   • Lips or fingernails that are gray or blue.
1. Delegate call to EMS/9-1-1 immediately.
2. Delegate call to school nurse and parent.
3. Start CPR for absent breathing or pulse.

ACUTE SEVERE ASTHMA

Acute severe asthma (also referred to as status asthmaticus) is an acute exacerbation of asthma that does not respond to standard treatments of bronchodilators (inhalers) and steroids. Symptoms include:

- chest tightness
- rapidly progressive dyspnea (shortness of breath)
- dry cough
- use of accessory respiratory muscles
- labored breathing, and extreme wheezing

It is a life-threatening episode of airway obstruction and is considered a medical emergency. Complications include cardiac and/or respiratory arrest.

- Breathlessness may be so severe that it is impossible to speak more than a few words
- Elevated respiratory rate may be elevated (more than 30 breaths per minute)
- Rapid heart rate is often present (120 beats per minute or faster).
- Blue discoloration in the face is not unusual.

IF THESE SYMPTOMS ARE PRESENT IMMEDIATELY CALL EMS/9-1-1

Follow up:
- Always ensure appropriate documentation is completed
- Always notify nurse of incidents

*Medication trained staff must have completed Oregon approved medication administration training by a license nurse or pharmacist.