

**Odem-Edroy Independent School District
Health Services
Administrative Regulations on the Management of Asthma in Schools**

Administrative Regulations Statement

The Odem-Edroy ISD recognizes that clear, concise administrative regulations on asthma management in school can have an impact on academic achievement. All schools must have protocols and procedures for children with asthma and evaluate the implementation of these plans on a regular basis. This document outlines the comprehensive and collaborative nature of managing a child's asthma within a school setting.

Background on Asthma

Approximately 10% of enrolled students are diagnosed with asthma. Because asthma is one of the most common chronic childhood illnesses and a major cause of student absences, it is important for schools to adopt a comprehensive, coordinated approach to addressing asthma. A comprehensive plan includes management and support systems, appropriate health and mental health services, educational programs for staff and students, appropriate and reasonable environmental remediation and communication systems with home and child clinicians. These components need to be integrated with community efforts that include the medical and mental health fields, housing and community air quality improvements, and active engagement of families.

This document links with the Medication regulations, the Self-Carry regulations and the Management of Life Threatening Allergic Reaction regulations. This administrative regulation builds upon existing asthma best practices including national strategies for addressing asthma from the Centers for Disease Control and Prevention, and the National Asthma Education and Prevention Program.

Definitions

- **Asthma Action Plan** – plan developed and signed by physician outlining medication and care to be given during the school day. May be used as Individual Health Plan if no additional care is required.
- **Medication Administration Form** – Odem-Edroy Independent School District specific form signed by the parent/caregiver and physician giving permission for parent/caregiver provided medication to be given during school and school related activities.
- **Self-administration** - defined as the student consuming or applying medication in the manner directed by the licensed prescriber without additional assistance or direction.
 - The student's self-administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, observing the student to ensure compliance, recording that the medication was taken, and notifying the parent/caregiver and licensed prescriber of any side effects, variation from the plan, or the student's refusal or failure to take the medication.

Protocol for Implementation

Role of the Parent/Caregiver

- Fill out appropriate asthma information on health form at the time of entry into Odem-Edroy ISD.
- Complete emergency forms indicating that child has asthma and include emergency numbers.
- Meet with the school nurse to discuss the child's asthma as needed.
- Review asthma action plan with your child's primary care provider and sign all medication administration/asthma forms presented by the school nurse. These may include a combination of the following:
 1. Permission for school personnel to communicate with the family and the primary care provider.
 2. Authorization to administer medications
 3. Consent for child's self-administration of asthma medicine (when developmentally appropriate – reference above noted definition)
 4. The Asthma Action Plan
- Provide the school with a pharmacy labeled supply of medications, including nebulizer medications, mask and tubing.
- Participate in the Asthma Action Plan for their child with the child's health practitioner and deliver the completed asthma action plan to the school nurse.
- Provide contact emergency number(s).
- Will assure that the after-school staff have the appropriate information and training.

Role of the School Administrator

Provide a safe and healthy school environment to reduce asthma triggers by:

- Support for faculty, staff and parents/caregivers in implementing all aspects of the asthma management program including self-management.
- Support the development of a school wide regulation for management of the school environment which includes, but is not limited to:
 - Maintaining an active Integrated Pest Management Program
 - Review of and action on annual school inspections
 - Use of green cleaners
 - Enforcement of tobacco policy
- Ensure there is a contingency plan in the case of a substitute nurse, teacher, or food service personnel who is not familiar with the child
- Ensure that the child is placed in a classroom where the teacher is informed about asthma prevention, management and emergency response.
- Review environmental inspections and ensure that all work orders occur in a timely fashion.

- Support the student support team, the school nurse and classroom teacher in identifying children with increased absenteeism in relation to asthma.

Role of the Student (where developmentally appropriate)

- Student signs off on self-administration plan guidelines
- Student reports to the school nurse/teacher/office personnel following use of rescue inhaler if able to self-administer and carry their own inhaler

Role of the School Nurse

Provide **appropriate school health services** for students with asthma including:

- Procedures to obtain, maintain, and utilize written asthma action plans and/or asthma specific [Individual Health Plans].
- Ensure that all appropriate asthma-related forms are distributed to the parent/caregiver and/or the primary care provider.
- Make a reasonable attempt (a minimum of two phone calls) to collect all outstanding forms.
- Be familiar with and follow the standard emergency protocol for students in respiratory distress, if they do not have an asthma action plan or Individual Health Plan in place.
- Follow procedures to ensure immediate access to asthma medications at all times as prescribed by a medical professional and approved by a parent/caregiver, including provisions for student self-medication.
- Develop a plan for child management in classroom, lunchroom, and playground.
- Ensure that all other staff members (including coaches, bus drivers) who have contact with children with asthma are familiar with their Individual Health Care Plans on a need-to-know basis. Teachers should be contacted individually rather than lists posted.
- Conduct in-service training and education for appropriate staff regarding asthma symptoms, risk reduction procedures, and emergency procedures. This information should be reviewed annually, preferably in the beginning of the school year.
- Ensure that there is a contingency plan in place in all school-related venues where substitutes are utilized.
- Communicate with parents/caregivers on a regular basis to discuss issues relating to plan.
- Maintain child's medications as per the medication policy.

Role of the Teacher

- Maintain a discrete list of all students in the classroom with asthma and their triggers.
- Avoid known triggers such as, but not limited to, warm blooded animals, air fresheners, perfumes, cleaning agents, etc.
- Participate in asthma awareness professional development.
- Inform volunteers, student teachers, aides, specialists and substitute teachers about the students' asthma needs.
- Provide school nurse with adequate warning about school-sponsored off-site activities.
- Notify nurse of any concerns.

Role of Off-Site Staff

- Maintain a list of all students with severe persistent asthma.
- Coaches will be told of any students on their teams who have asthma and will be trained in asthma awareness and maximizing athletic performance.
- Allow responsible student to self-medicate during practices and sports events.
- Inform substitutes about the child's food/other allergies and necessary safeguards by both verbal communication and in an organized, prominent and accessible written format.

Details of management and all necessary forms are available in the district's school health

For more information, contact:

Name

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**Protocol and
Procedure
Manual**

District:

Mailing Address:

Phone:

Fax:

E-mail:

ASTHMA ACTION PLAN
Odem-Edroy Independent School District

Patient Name: _____
 Patient DOB: _____

Green Zone: (Doing Well) No Symptoms <ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Can work or play • Able to do usual activities without breathing problems 	CONTROLLER/PREVENTIVE MEDICATIONS Take these EVERY DAY! Replace every 30 days! Medications: <ul style="list-style-type: none"> • Always use an Aerochamber as instructed. Take before brushing teeth. • Wash/wipe face after dosing if using a face mask. If exercise causes asthma symptoms, then take/give: Use _____ minutes before exercise.
Yellow Zone: (Caution) Symptoms: <ul style="list-style-type: none"> • Cough, wheeze, chest tightness or shortness of breath • Waking at night due to asthma • Can do some but not all usual activities 	RESCUE MEDICATIONS Continue taking your controller medications as prescribed First: Take/give: Second: If symptoms DO NOT IMPROVE or are GETTING WORSE, GO TO THE RED ZONE. If symptoms are better: CONTINUE: Third: If symptoms do not improve after 1-2 days or child is getting worse at any time: GO TO THE RED ZONE and CALL YOUR DOCTOR!
RED ZONE: (Severe Flare) MEDICAL ALERT! <ul style="list-style-type: none"> • Very short of breath • Bronchodilator has not helped • Cannot do usual activities 	EMERGENCY TREATMENT Take these medications and call your child's doctor NOW! TAKE/GIVE: If your child is BETTER, continue these treatments every 3-4 hours. Call your child's doctor NOW-say your child is having SEVERE asthma symptoms and need to be seen TODAY. THEN: Begin Oral Steroids: Continue Daily Medications AND Yellow zone Medications as prescribed. If symptoms are GETTING WORSE or NOT IMPROVING, go to the emergency department or CALL 9-1-1
DANGER SIGNS: <ul style="list-style-type: none"> • Trouble walking or talking • Lips or finger nails are blue • Very fast breathing • Hard to awaken, confused or combative while having an asthma attack • See-saw motion in chest from breathing (retractions) <u>START EMERGENCY TREATMENT - DO NOT WAIT!</u> <u>GO IMMEDIATELY TO HOSPITAL OR CALL 9-1-1!!!</u>	

Parent/Caregiver Signature: _____ Date: _____

Physician Signature: _____ Date: _____

**Odem-Edroy Independent School District
School Health
Metered Dose Inhaler Administrative Guideline**

Purpose

A metered-dose inhaler (MDI) is a piece of equipment that enables the student to breathe or inhale a fixed dose of his/her medication. A holding chamber (spacer) is usually used with an MDI to maximize the amount of medication inhaled. It enables the medication to work quickly, going directly to the student's lungs. It is used to treat respiratory disease such as asthma.

Definitions

- **Action Plan** – plan developed and signed by physician outlining medication and care to be given during the school day. May be used as Individual Health Plan if no additional care is required.
- **5 Rights of Medication Administration** - the right patient, the right drug, the right dose, the right route, the right time.
- **Holding Chamber** – a valved holding chamber is a type of spacer that includes a one-way valve at the mouthpiece. This device does more than provide “space” between the mouth and the medicine. It also traps and holds the medicine, which gives time to take a slow, deep breath. This allows for the medicine to be fully inhaled into the lungs.
- **Medication Request Form** – Plano Independent School District specific form signed by the parent giving permission for parent provided medication to be given during school and school related activities.
- **Metered dose inhaler (MDI)** – devices designed to release a premeasured amount of medication into the air. They are commonly used to deliver a number of commonly prescribed asthma medications that help open up the airways and ease breathing. They are especially important for delivering quick relief medication—short-acting beta agonists that relieve an acute asthma attack. Preventive medication can also be delivered this way.
- **Spacer** - an add-on device used to increase the ease of administering aerosolized medication from a "metered-dose inhaler" (MDI). The spacer adds space in the form of a tube or “chamber” between the canister of medication and the patient’s mouth, allowing the patient to inhale the medication by breathing in slowly and deeply.
- **Universal Precautions** - precautions designed to prevent transmission of blood borne pathogens such as human immunodeficiency virus, hepatitis B and other blood borne pathogens when first aid or health care is provided.

Metered Dose Inhaler Program Coordinator

Coordinator for District Health

Responsibilities

- Coordinate with Odem-Edroy ISD principals and/or building manager and school nurses in the selection of employees for training.
- Coordinate appropriate device maintenance.
- Oversee the maintenance of specifications/technical information.
- Assure quality improvement by revising this guideline as required through the monitoring of training and the effectiveness of training.
- Communicate with medical officer on issues related to metered dose inhaler.

Environment/Setting

There are no restrictions as to where a metered dose inhaler can be given. If metered dose inhaler will be kept in the health office, the cabinet will be well marked and kept unlocked for ease in an emergency.

Restrictions

Some students will have permission to self-carry and self-administer MDI. Permission to self-carry and self-administer must be given by the physician, parent and school nurse. Student must show responsible behavior with medication and proven reliability of dosage and usage in order to self-carry. If deviations in reliability or responsible behavior occur, self-carry rights will be reviewed by school nurse, parent and physician.

Requirements

- Parental consent to administer medication
- Consent to communicate with health care provider
- Action Plan/physician orders if applicable
- Non-expired, properly labeled prescription medication

Applicable documents

- Administrative Guideline
- Procedure
- Training Checklist
- Possible Problems List
- Action Plan / Individual Health Care Plan (if needed for additional information for care)

Medical Control

The medical advisor of the Metered Dose Inhaler administrative guideline is the Odem-Edroy ISD's medical officer. The medical officer will direct the following:

- Medical direction in the formulating the guideline.
- Review and approve the above.
- Evaluation as needed.

Person Responsible

Registered Nurse

Unlicensed Assistive Personnel (UAP) as trained by Registered Nurse

Training

- Registered Nurse is the person responsible for the training.
- Training is done yearly and as needed throughout the year.
- Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.

Procedural Guideline

A. Metered Dose Inhaler (MDI)

1. Check Asthma Action Plan and Parent Request for Medication Administration Form.
2. Locate the correct medication; check the prescription label for student's name, name of medication, dosage, and time of administration.
3. Give the prescribed/requested medication using the 5 "Rights" of Safe Medication Administration.
4. Use Universal Precautions. Wash hands before and after performing procedure.
5. Identify and explain the procedure to the student at his/her level of understanding. Have the student do as much of the procedure as is capable of, with supervision as needed.
6. Assemble all equipment: Metered Dose Inhaler (MDI).
7. Have student standing up straight and look straight ahead.
8. Remove the plastic protective cap from the MDI.
9. Shake the MDI and prime according to instructions.
10. Have the student blow out all of the air they can.
11. Place MDI in mouth and then spray one spray.
12. Have student breathe in slowly and completely through their mouth, then hold their breath for 6 to 10 seconds.
13. Wait one minute and repeat above steps if more puffs are needed.
14. Have the student rinse his/her mouth with water and spit it out after using the inhaler.
15. Wash hands.
16. Document.

B. Metered Dose Inhaler (MDI) with Holding Chamber

1. Check Asthma Action Plan and Parent Request for Medication Administration Form.
2. Locate the correct medication; check the prescription label for student's name, name of medication, dosage, and time of administration.
3. Give the prescribed/requested medication using the 5 "Rights" of Safe Medication Administration.

4. Use universal precaution. Wash hands before and after performing procedure.
5. Identify and explain the procedure to the student at his/her level of understanding. Have the student do as much of the procedure as is capable of, with supervision as needed.
6. Assemble all equipment: Metered Dose Inhaler (MDI) and holding chamber.
7. Have student standing up straight and look straight ahead.
8. Remove the plastic cap from the MDI and the holding chamber.
9. Shake the MDI and prime according to instructions. Insert the MDI into the back of the holding chamber.
10. Have student blow out all of the air they can.
11. Place holding chamber in the student's mouth and then spray one spray. Some students may have a mask attached to the holding chamber. Hold firmly over student's face.
12. Have student breathe in slowly and completely through their mouth, then hold their breath for 6 to 10 seconds. If the student uses a holding chamber with a mask, hold the mask firmly on the student's face.
13. Remove the holding chamber from the student's face/mouth and breathe out.
14. Wait one minute and repeat above steps if more puffs are needed.
15. Have the student rinse his/her mouth with water and spit it out after using the inhaler.
16. Wipe off mouth piece/mask.
17. Wash hands.
18. Document.

Medical Director:

Physician Signature/Odem-Edroy ISD Medical Officer

Date: _____

**Odem-Edroy Independent School District
Health Services
Possible Problem List for Meter Dose Inhaler**

Observation	Reason/Action
Dizziness, light-headedness	Student may be breathing too rapidly. Encourage students to take slower breaths. If persists, stop treatment and continue when students is feeling better. Contact parent/caregiver.
Becomes shaky or jittery during treatment.	Medication may be causing increased heart rate. Contact parent/caregiver.
Chest tightness, coughing, wheezing, shortness of breath (SOB), and retractions.	Follow student asthma action plan. Give inhaler, if ordered. Contact parent/caregiver.
Breathing gets increasingly difficult. Cough or wheeze worsens.	Stay calm. Reassure student. Document vital signs. Follow student asthma action plan. Contact parent/caregiver.
Struggling to breathe or hunching over after treatment is finished.	Follow student asthma action plan. Call 911. Contact parent/caregiver.

**Odem-Edroy Independent School District
Health Services
Sources for MDI**

Adapted from:

Asthma and Allergy Foundation of America:

<http://www.aafa.org/display.cfm?id=8&sub=16&cont=57>

Children's Medical Center:

<http://www.childrens.com/Assets/Documents/healthcare-professionals/SchoolNurses/Nebulizers.pdf>

Cincinnati Children's:

<http://www.cincinnatichildrens.org/health/n/nebulizer/>

Merck Manuals:

http://www.merckmanuals.com/home/lung_and_airway_disorders/asthma/asthma.html

Proair HFA patient insert:

<http://www.proairhfa.com/library/docs/ProAirDosecounter-Prescribing-Information-PA0512G-PE2557.pdf>

Virginia Department of Education:

http://www.doe.virginia.gov/support/health_medical/specialized_health_care_procedures/respiratory_system.pdf

Odem-Edroy Independent School District School Year 2016-2017
Asthma Medication Request Form Bus # _____

*Place Child's
Picture Here*

Name _____ DOB _____ ID# _____
Grade _____ Teacher/Section _____

Emergency Contacts:		
Name	Daytime Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician Designation of Rescue Drug

I have prescribed asthma medication(s) for the student named here for use on an as needed basis. In recognition of the possible need to promptly administer this drug while in attendance at Odem-Edroy Independent School District, when a trained medical professional may not be available, I acknowledge that circumstances may arise in which an unlicensed assistive personnel (UAP) who have been trained by a medical professional, including but not limited to emergency medical personnel, a physician and/or a registered nurse, may need to administer the asthma medication(s) to the named student.

I agree / I do not agree (check one) Physician Initials _____ Parent/Caregiver Initials _____

Physician's Consent for Self-Administration of Asthma Medication

I have instructed the student in the proper way to use his/her asthma medications. It is my professional opinion that this student should / should not (check one) be allowed to carry and self-administer his/her medications while on school property or at school-related events. Physician's Initials _____

Physician's Name _____ Phone _____

Physician's Signature _____ Date _____

.....
Background Information

Asthma Severity:

Intermittent *or*
Persistent: Mild Moderate Severe

Asthma Control:

Well-controlled Needs better control

Asthma Triggers:

Colds Pollen Dust Animals _____
 Smoke Pests (rodents, cockroaches) Stress
 Exercise Gastroesophageal reflux Strong Odors
 Season _____ Other _____

Has the student ever experienced a severe asthma episode in the past that required emergency room care or hospitalization? What care was needed at that time? _____

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**Odem-Edroy Independent School District
Asthma Medication Request Form**

School Year 2016-2017

Bus # _____

Place Child's

Picture Here

Name _____ DOB _____ ID# _____

Grade _____ Teacher/Section _____

Emergency Contacts:		
Name	Daytime Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Caregiver Consent for Self-Administration of Asthma Medication

I do / do not (check one) give consent for my child to carry and self-administer his/her asthma medications. If my child carries his/her own asthma medication, I realize that the school clinic will not have his/her personal asthma medication(s) unless I supply the school with an extra one in case my child forgets his/hers. I understand that the school nurse will also assess my child's knowledge and ability to identify symptoms and self-administer his/her asthma medication(s). However, I acknowledge that the school is relying on my representation that my child is adequately trained to identify symptoms and self-administer his/her asthma medication(s).

Parent/Caregiver Initials _____

Parent/Caregiver Consent for Unlicensed Assistive Personnel to Administer Asthma Medication

I do / do not (check one) authorize the District to designate unlicensed assistive personnel (UAP) who have been trained by a medical professional, including but not limited to, emergency medical personnel, a physician and/or a registered nurse to administer asthma medication(s) to my child while in attendance at Odem-Edroy ISD or Odem-Edroy ISD related events (such as field trips and athletic events), when a trained medical professional may not be available. I understand that school related health services may not be provided to my student without my required consent, as outlined herein. **Parent/Caregiver Initials** _____

Parent/Caregiver Consent to Share Information and Picture

I do / do not (check one) authorize Odem-Edroy ISD to display a picture of my child and identify that this is a person with asthma. I understand that school staff that comes into contact with my child will be given information about my child that would assist them in an emergency situation. This may include but is not limited to: health office staff and substitutes, classroom teachers and aides, special subject teachers, substitute teachers, office staff, cafeteria staff and bus drivers. I understand that the reason for this is to enable school personnel to better prevent and respond to potential emergencies. This authorization is valid from the date signed for the remainder of the current school year. **Parent/Caregiver Initials** _____

Parent/Caregiver Authorization for School Staff to Communicate Health Information

I authorize the District's designees, including District medical professionals and UAPs, to share/obtain my student's health related information with the medical health professional or health care provider identified above to plan, implement or clarify actions necessary in the administration of school related health services such as but not limited to: emergency care, care for any documented diagnosis, medical treatments as outlined in a student's IHP, 504 plan, IEP, or other district form requesting for school health care services. By signing this authorization, I readily acknowledge that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by designees authorized herein and the person(s) with whom they communicate, and no longer be protected by the HIPAA rules. I realize that such re-disclosure might be improper, cause me embarrassment, cause family strife, be misinterpreted by non-health care professionals, and otherwise cause me and my family various forms of injury. I hereby release any Health Care Provider that acts in reliance on this Authorization from any liability that may accrue from releasing my child's Individually Identifiable Health Information. School-related health services

described herein shall not be provided to a student without the required consent of the parent/guardian, as outlined herein. Parent/Caregiver Initials [redacted]

Parent/Caregiver Release of Claims Against District and Agreement to Indemnify

To the extent permitted under the law, on behalf of myself and the student, I release and agree to defend, indemnify, and hold harmless the District for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, the administration of Asthma Medication to the Student, the student’s self-administration of Asthma Medication and/or the disclosure of Individually Identifiable Health Information. This release is to be construed as broadly as possible. It includes a release of claims against the District for its, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), growing out of, relating to, or arising out of, directly or indirectly, the School Staff’s administration of Asthma Medication to the student and/or Student’s self-administration of Asthma Medication, or the disclosure of Individually Identifiable Health Information, including but not limited to claims that School Staff failed to properly and sufficiently assess my child’s knowledge and ability to identify symptoms and self-administer his/her asthma medication(s) negligently failed to recognize symptoms requiring the use of Asthma Medication, misconstrued symptoms which it believed necessitated the use of Asthma Medication, negligently administered or failed to administer Asthma Medication(s), or “over-disclosed” my child’s health information.

The School Health Administrative Guidelines developed by the Odem-Edroy Independent School District are subject to the Americans with Disabilities Act (“ADA”), 42 U.S.C. §12101, et seq.; Section 504 of the Rehabilitation Act of 1973 (“Section 504”), 29 U.S.C. § 701, et seq.; and the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. § 1400 et seq.

Parent/Caregiver Name _____ Phone _____

Parent/Caregiver Signature _____ Date _____

**Odem-Edroy Independent School District
Health Services
Metered Dose Inhaler Primer Requirements**

Purpose

When using a pressurized MDI, you should begin by shaking the canister. This is done to mix the propellant and the medication. The dose that is already sitting in the metering chamber may not be mixed, and the drug may have separated from the propellant. This uncertain dose should be released into the air.

Definition

- **5 Rights of Medication Administration** - the right patient, the right drug, the right dose, the right route, the right time.
- **Asthma Action Plan** – plan developed and signed by physician outlining medication and care to be given during the school day. May be used as Individual Health Plan if no additional care is required.
- **Medication Request Form** – Odem-Edroy Independent School District specific form signed by the parent/caregiver and physician giving permission for parent/caregiver provided medication to be given during school and school related activities.
- **Metered dose inhaler (MDI)** – devices designed to release a premeasured amount of medication into the air. They are commonly used to deliver a number of commonly prescribed asthma medications that help open up the airways and ease breathing. They are especially important for delivering quick relief medication—short-acting beta agonists that relieve an acute asthma attack. Preventive medication can also be delivered this way.
- **Priming** – the act of releasing a dose from the MDI into the air as the dose may not be mixed and/or may have separated from the propellant. Thus, a specified number of sprays should be released into the air according to manufacturers’ priming instructions.
- **Self-administration** - defined as the student consuming or applying medication in the manner directed by the licensed prescriber without additional assistance or direction.
 - The student’s self-administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the medication, reminding the student to take the medication, observing the student to ensure compliance, recording that the medication was taken, and notifying the parent, caregiver, or licensed prescriber of any side effects, variation from the plan, or the student’s refusal or failure to take the medication.
- **Spacer** - an add-on device used to increase the ease of administering aerosolized medication from a "metered-dose inhaler" (MDI). The spacer adds space in the form of a tube or "chamber" between the canister of medication and the patient’s mouth, allowing the patient to inhale the medication by breathing in slowly and deeply.
- **Universal Precautions** - precautions designed to prevent transmission of blood borne pathogens such as human immunodeficiency virus, hepatitis B and other blood borne pathogens when first aid or health care is provided.

Procedure

A. Priming a Metered Dose Inhaler (MDI)

1. Check Asthma Action Plan and Parent/Caregiver Request for Medication Administration Form.
2. Locate the correct medication; check the prescription label for student’s name, name of medication, dosage, and time of administration.

3. Give the prescribed/requested medication using the 5 "Rights" of Safe Medication Administration.
4. Use universal precaution. Wash hands before and after performing procedure.
5. Identify and explain the procedure to the student at his/her level of understanding. Have the student do as much of the procedure as is capable of, with supervision as needed.
6. Remove the plastic cap from the MDI.
7. Shake the MDI and prime according to instructions (see chart below).

GENERIC NAME	BRAND NAME	TIME TO PRIME	# SPRAYS
Short-Acting Bronchodilators			
Albuterol Sulfate HFA	ProAir HFA	New & when not used for 2 weeks	3
	Proventil HFA	New & when not used for 2 weeks	4
	Ventolin HFA	New & when not used for 14 days	4
Pirbuterol	Maxair Autohaler	New & when not used for 2 days	2
Levalbuterol HCl	Xopenex HFA	New & when not used for 3 days	4
Ipratropium Bromide HFA	Atrovent HFA	New & when not used for 3 days	2
Ipratropium Bromide/ Albuterol Sulfate Combination	Combivent HFA	New & when not used for 24 hours	3
	Combivent Respimat	New & when not used in 3 days	1-4

strom, T, & Myers, T. (2013). A Patient's Guide to Aerosol Drug Delivery, 2nd Edition. *American Association for Respiratory Care*, 30.

8. Assemble all equipment: Metered Dose Inhaler (MDI) and spacer, inserting the MDI into the back of the spacer and continue following procedures outlined in Metered Dose Inhaler Administrative Guideline.

Medical Director:

_____ Date: _____
Physician Signature/Odem-Edroy ISD Medical Officer

**Odem-Edroy Independent School District
Health Services
Metered Dose Inhaler Training Checklist**

Employee Name _____ Campus _____
 Instructor _____ Date of Training _____ Review Date _____

In order to administer medication to students, employees must complete training and demonstrate the ability to perform the following tasks:

		TRAINED	REVIEWED
1	Check Asthma Action Plan and Parent/Caregiver Request for Medication Administration Form.	<input type="checkbox"/>	<input type="checkbox"/>
2	Locate the correct medication; check the prescription label for student's name, name of medication, dosage, and time of administration.	<input type="checkbox"/>	<input type="checkbox"/>
3	Give the prescribed/requested medication using the "5 Rights" of Safe Medication Administration>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use Universal Precautions. Wash hands before and after administration of medication.	<input type="checkbox"/>	<input type="checkbox"/>
5	Identify and explain the procedure to the student at his/her level of understanding.	<input type="checkbox"/>	<input type="checkbox"/>
6	Assemble all equipment: MDI and spacer (if using).	<input type="checkbox"/>	<input type="checkbox"/>
7	Have student stand up straight and look straight ahead.	<input type="checkbox"/>	<input type="checkbox"/>
8	Remove the plastic protective cap from the MDI. For spacer , remove the plastic cap from the spacer. Insert MDI into the back of the spacer.	<input type="checkbox"/>	<input type="checkbox"/>
9	Shake the MDI and prime according to instructions.	<input type="checkbox"/>	<input type="checkbox"/>
10	Have the student exhale completely.	<input type="checkbox"/>	<input type="checkbox"/>
11	Place spacer in the student's mouth and then spray one spray. Some students may have a mask attached to the spacer. Hold firmly over student's face.	<input type="checkbox"/>	<input type="checkbox"/>
12	Have student breathe in slowly and completely through their mouth, then hold their breath for 10 seconds.	<input type="checkbox"/>	<input type="checkbox"/>
13	Wait one minute and repeat above steps if more puffs are needed per physician's order.	<input type="checkbox"/>	<input type="checkbox"/>
14	Have the student rinse his/her mouth with water and spit it out after using the inhaler (when using inhaled corticosteroids).	<input type="checkbox"/>	<input type="checkbox"/>
15	Wipe off mouth piece/mask and recap.	<input type="checkbox"/>	<input type="checkbox"/>
16	Store medication and supplies. All emergency medication is kept unlocked and out of the reach of students.	<input type="checkbox"/>	<input type="checkbox"/>
17	Wash hands.	<input type="checkbox"/>	<input type="checkbox"/>
18	Immediately document.	<input type="checkbox"/>	<input type="checkbox"/>
19	Demonstrate understanding that medication should not be given if there is any conflicting information on the forms/bottles or there is reason to believe that there is something not correct, until the nurse can be notified.	<input type="checkbox"/>	<input type="checkbox"/>

I have received instructions on the procedures to be followed in the administration of medication at school following Odem-Edroy ISD guidelines and understand my responsibilities.

Employee Signature _____ Date _____

Instructor Signature _____ Date _____

**Odem-Edroy Independent School District
School Health
Nebulizer Administrative Guideline**

Purpose

To relieve symptoms of asthma such as wheezing, shortness of breath, chest tightness, retractions or other student specific asthma signs and symptoms as indicated.

A nebulizer changes liquid medicine into fine droplets (in aerosol or mist form) that are inhaled through a mouthpiece or mask. A nebulizer may be used instead of a metered dose inhaler. A nebulizer is the cup. It is powered by a compressed air machine and plugs into an electrical outlet. Both controller and reliever medicines can be given by a nebulizer.

Nebulizers are often used with children because the procedure is easier to coordinate and use than metered dose inhalers.

Definitions

- **Action Plan** – plan developed and signed by physician outlining medication and care to be given during the school day. May be used as Individual Health Plan if no additional care is required.
- **Compressor nebulizer system** – compressed air machine that converts liquid medication into a mist so it can be easily and more effectively inhaled through a mask or mouthpiece.
- **Connecting tube** – tubing that connect the compressor to the nebulizer.
- **5 Rights of Medication Administration** - the right patient, the right drug, the right dose, right route, the right time.
- **Mask/mouthpiece** – device that either fits over the mouth and nose or is held between the teeth to deliver air to be inhaled into the lungs.
- **Medication Administration Form** – Odem-Edroy Independent School District specific form signed by the parent giving permission for parent provided medication to be given during school and school related activities.
- **Nebulizer** – cup portion of the system that holds liquid medicine.
- **Universal Precautions** - precautions designed preventing transmission of blood borne pathogens such as human immunodeficiency virus, hepatitis B and other blood borne pathogens when first aid or health care is provided.

Nebulizer Program Coordinator

Coordinator for District Health

Responsibilities

- Coordinate with Odem-Edroy ISD principals and/or building manager and school nurses in the selection of employees for training.
- Coordinate appropriate device maintenance.
- Oversee the maintenance of specifications/technical information.
- Assure quality improvement by revising this guideline as required through the monitoring of training and the effectiveness of use.
- Communicate with medical officer on issues related to the nebulizer.

Environment/Setting

There are no restrictions as to where a nebulizer can be given. However, the health office is the most private setting for medication administration and machine use. The cabinet will be well marked and kept unlocked for ease in an emergency.

Restrictions

Some students will have permission to self-carry and self-administer nebulizer by means of portable hand held nebulizer. Permission to self-carry and self-administer must be given by the physician, parent and school nurse. Student must show responsible behavior with medication and proven reliability of dosage and usage in order to self-carry. If deviations in reliability or responsible behavior occur, self-carry rights will be reviewed by school nurse, parent and physician.

Applicable documents

- Guideline
- Training Checklist
- Possible Problems List
- Action Plan / Individual Health Care Plan (if needed for additional information for care)

Medical Control

The medical advisor of the nebulizer administrative guideline is the Odem-Edroy ISD's medical officer. The medical officer will direct the following:

- Medical direction in formulating the guideline.
- Review and approve the above.
- Evaluation as needed.

Person Responsible

Registered Nurse

Unlicensed Assistive Personnel (UAP) as trained by Registered Nurse

Training

- Registered Nurse is the person responsible for the training.
- Training is done yearly and as needed throughout the year.
- Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.

Procedural Guidelines

Nebulizer Treatment

1. Gather all equipment and check to ensure that all medications are available and expiration dates are current.
2. Wash hands before and after medication administration.
3. Correctly identify student who is to receive medication.

4. Check Action Plan and Parent Request for Medication Administration Form.
5. Locate the correct medication; check the prescription label for student's name, name of medication, dosage and time of administration.
6. Give the prescribed/requested medication using the "5 Rights" of Safe Medication Administration posted in the clinic and in the medication book.
7. Remove the top of the nebulizer cup and place prescribed amount of medication into the cup.
8. Replace the top and make sure it is tight.
9. Attach the tubing from the machine to the cup. Place the mask on the student's face. Some may have a mouth piece instead of a mask.
10. Turn the machine on and encourage normal breathing. Have student take a deep breath every 6-10 breaths. If using a mouthpiece, place between teeth and lips sealed around the tube. Make sure they are breathing through their mouth.
11. Continue until medicine is gone.
12. Turn off machine.
13. If student is still having difficulty breathing after nebulizer treatment or is wheezing, follow the student's action plan.
14. The cup, mask or mouthpiece should be rinsed after each use and cleaned with hot soapy water daily. Do not wash the tubing. Replace if moisture is found inside the tubing. Allow to air dry on clean paper towel. Once a week send home for thorough cleaning or clean according to manufacturer's instruction or soak in 70% isopropyl alcohol for 5 minutes then rinse well with sterile water, then allow to air dry on a clean paper towel. Once the parts are dry, store in a dry clean bag.
15. Check with health care practitioner/parent for length of time between cup replacement. Replacement may be needed if treatment time lengthens. Treatments normally take approximately 10- 15 minutes.
16. Store medication and supplies. All emergency medication is kept unlocked and out of the reach of students.
17. Immediately document on student's medication sheet the time given with your initials.
18. Demonstrate understanding that medication should not be given if there is any conflicting information on the forms/bottles or there is reason to believe that there is something not correct, until the nurse can be notified.

Medical Officer:

Physician Signature/Odem-Edroy ISD Medical Officer

Date: _____