

XXX ISD Delegation Orders for Unassigned Albuterol 2026-2027

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 district health administration.

At least four LiteAire Chambers shall also be maintained on each campus, that 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 breathe sounds
 - Pale, blueish, or grey nail beds, lips, or skin (Cyanosis)
 - Lethargic, confused, sense of impending doom
-

In all cases: Verbal communication through 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 SpO₂ of 91% or lower, will be dismissed to parent/guardian for observation and consultation on the need for follow-up medical care, regardless of improvement.

2026–2027 Asthma 411 Standing Delegated Order Template

Note: This document is provided as a template for implementing unassigned medication for respiratory distress. To be valid, it must bear the current signature of a physician or other individual with delegated prescriptive authority.

XXX ISD Delegation Orders for Unassigned Albuterol 2026-2027

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 signs listed on page 1.

I. SEVERE RESPIRATORY DISTRESS: People with signs and symptoms of severe respiratory distress and no prescribed medication of their own:

A. Do the following at the same time if possible. *

- a. Immediately administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 8 puffs inhaled, with LiteAire Chamber; each puff 15-30 seconds apart.
- b. Call 911

B. If signs of severe allergic reaction are present, treat for severe allergic reaction (anaphylaxis) in Section III.

C. If the person becomes unresponsive, initiate cardiac response plan and CPR.

D. Follow emergency distress protocol including:

1. Document the time 911 was called.
2. Restrict physical activity, encourage slow breaths & allow individual to rest.
3. Do not recline or leave the individual unattended.
4. Instruct office staff to contact parent/ caregiver AND school nurse and/or principal.
5. Document the time EMS services arrived AND the name of the EMS provider.
6. Observe 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 2-8 until EMS arrives. **

*In one rescuer situation: since it may take up to 4 minutes to give 8 puffs, that person should be able to dial 911 after giving the first one or two puffs. If a phone is not available and the rescuer needs to leave to call 911, then give all 8 puffs before leaving. If there are two rescuers, then one person gives treatment while the other one calls 911.

** If EMS determines that the child does not need to go to ER but parents/guardians cannot be reached to make the final decision, it is recommended to insist that EMS take the child to the ER for evaluation, treatment, and observation.

II. Not Severe:

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

- A. Stay with the individual, use pulse oximeter to check SpO2, monitor for signs that distress is becoming severe.
- B. Administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 4 puffs inhaled, with LiteAire Chamber;
 1. Reassess after 20 minutes and recheck SpO2.
 2. Determine if the student meets criteria to complete school day or will be dismissed to parent/guardian for observation and consultation on the need for follow-up medical care,

2026–2027 Asthma 411 Standing Delegated Order Template

Note: This document is provided as a template for implementing unassigned medication for respiratory distress. To be valid, it must bear the current signature of a physician or other individual with delegated prescriptive authority.

XXX ISD Delegation Orders for Unassigned Albuterol 2026-2027

- regardless of improvement.
- C. **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 SpO2 was 92% or higher
 - After 20 minutes there are no signs of distress and the SpO2 is 95% or greater
 - The student has not received unassigned albuterol earlier in the day.
1. 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.
- D. **Student should be dismissed to 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 SpO2 was 91% or lower.
 - Post treatment SpO2 is 94% or lower.
 - Symptoms do not fully resolve after 4 puffs.
1. If the student meets conditions for dismissal to parent/guardian with consultation on the need for follow-up medical care.
- a. Continue to monitor the student until dismissed to 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.
- E. **If a student does not have a parent/guardian reported diagnosis of asthma on file,**
1. The school must 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.
 - a. The referral shall include the following, which are included in the Asthma 411 visit report
 - i. Respiratory distress symptoms observed
 - ii. Name of medication administered
 - iii. Patient care instructions given to the student
 2. 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.
- F. 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.

2026–2027 Asthma 411 Standing Delegated Order Template

Note: This document is provided as a template for implementing unassigned medication for respiratory distress. To be valid, it must bear the current signature of a physician or other individual with delegated prescriptive authority.

III. EMERGENCY USE OF NEBULIZER

- A. In the event a student is not able to effectively use the MDI and LiteAire Chamber, emergency use of a nebulizer is permitted under the following circumstances:
 - 1. ISD policy permits nebulizer use
 - 2. An infection control protocol for nebulizer treatment is in place that aligns with current guidelines from the CDC or the Texas Department of State Health Services.
 - 3. Health office staff are educated on the protocol including infection control.
 - 4. All supplies and equipment needed to implement the protocol are available.
- B. Administer 2.5 mg albuterol sulfate nebulizer solution in 3 cc saline via nebulizer over 10 minutes.
- C. Follow-all actions in Sections above related to physical assessment, pulse oximetry, and follow-up.

IV. MANAGEMENT OF SEVERE ALLERGIC ANAPHYLACTIC REACTION

Respiratory distress may be one of the signs of a severe allergic anaphylactic reaction, especially with a history of food allergy or recent ingestion or potential exposure to the problem food. Other signs and symptoms may include: severe itching rash with swelling of face, lips, mouth or tongue, tightness of the throat, airway blockage, hoarse voice, sometimes with vomiting, nausea, abdominal pain, diarrhea, dizziness, fainting, confusion, losing control of urine or bowel movements, and /or feeling very anxious.

If while treating respiratory distress a student develops other symptoms:

- A. Initiate Emergency protocol (Epinephrine /Epipen) per existing school policy
- B. Call 911 for immediate emergency transport

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

- A. Initiate communication with parent/legal guardian as soon as possible, while assuring the safety of the child.
 - a. Verbal communication with parent/guardian should follow education outlined in the FAQ document, and discussion of activity restrictions for the school day and any after-school activities.
- B. Provide parent/guardian with written information, as required by state legislation and district policy.
 - 1. Asthma 411 provides the following tools to meet this need:
 - 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.
- C. Provide a follow-up note and recheck student for symptom resolution the next day or on Monday, if treatment was on a Friday.
- D. Document treatment and follow-up in accordance with state and district policies and the Asthma 411 implementation plan.

2026–2027 Asthma 411 Standing Delegated Order Template

Note: This document is provided as a template for implementing unassigned medication for respiratory distress. To be valid, it must bear the current signature of a physician or other individual with delegated prescriptive authority.

XXX ISD Delegation Orders for Unassigned Albuterol 2026-2027

- E. If student require 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: (Template are available from Asthma 411)
 - 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 unassigned albuterol may only be provided for unanticipated emergencies.
- F. Recommended Actions:
 - 1. One-week follow-up visit
 - 2. After one week of use (5 days), send the LiteAire Chamber and education handout on spacers, home with the student.

TEMPLATE

2026–2027 Asthma 411 Standing Delegated Order Template

Note: This document is provided as a template for implementing unassigned medication for respiratory distress. To be valid, it must bear the current signature of a physician or other individual with delegated prescriptive authority.