

**\_\_\_\_\_ ISD Health Services Department Asthma 411 Program  
2022—2023 Standing Orders for Children with Asthma or  
Respiratory Distress that may Place a Child's Health or Well-being in Immediate Jeopardy**

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*The following are to be used to respond to students experiencing asthma attacks, or those with respiratory distress whose presentation might reasonably indicate that their health is in immediate jeopardy, while at school. They will be implemented by school nurses or designated school personnel that have received documented training in accordance with established district health policy and procedures.*

*Those evaluating and administering inhaled treatment, such as albuterol, will practice universal precautions, wear PPE, conduct disinfection, and implement infection control and prevention in accordance with the most current CDC and state guidelines and district policy, including those for COVID-19.*

*In all instances, school district policies will be followed regarding implementation of standing delegation orders and permission for treatment from parents/legal guardians. Physical assessment, pulse oximeter use, and monitoring are essential.*

*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. At any time there are 20 doses or fewer remaining, a replacement MDI will be obtained from district health administration.*

*At least four disposable holding chamber or spacers shall also be maintained on each campus, that are compatible with the MDI for provided. One pulse oximeter shall be maintained on each campus.*

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**Any student presenting with symptoms of respiratory distress or infection should be screened for potential COVID 19 infection per most current CDC and State Guidelines and district policy.**

**All students presenting with signs and symptoms of respiratory distress will receive a physical assessment and pulse oximetry.**

**Signs and symptoms of respiratory distress may include but are not limited to rapid or labored breathing, chest tightness, wheezing, or persistent cough.**

**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 pO<sub>2</sub> result < 92% will be dismissed to parent/guardian for a same day visit or urgent care visit following treatment, regardless of improvement.**

**District policy regarding report of asthma history and parent permission will be followed while assuring the safety of students.**

**I. ASTHMA 411 STANDING ORDERS FOR STUDENTS WITH A REPORTED HISTORY OF ASTHMA**

District policy regarding report of asthma history and parent permission will be followed while assuring the safety of students.

Students with signs and symptoms of respiratory distress and no prescribed medications, please do the following:

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- A. Perform a physical assessment
  - B. Obtain pulse oximetry
  - C. Administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 2 puffs inhaled, with personal disposable MDI Spacer Device; reassess within 10 minutes following treatment
    - 1. If symptoms persist, repeat the two puffs inhaled X1 only then reassess within 20 minutes following treatment
      - a. If initial  $pO_2 < 92\%$ , initiate student dismissal to parent/guardian and referral to same day or urgent care visit regardless of improvement post treatment. Continue to monitor student until dismissed to parent/guardian, and initiate EMS if indicated by district policy
      - b. If initial  $pO_2 \geq 92\%$  reassess within 20 minutes following treatment.
        - i. If post-treatment  $pO_2$  is  $\geq 95\%$  20 minutes following treatment, signs and symptoms are relieved, and no risk factors for COVID:
          - 1. Discharge the student from the health office to return to class with close follow up and adherence to district policy for COVID-19 precautions.
          - 2. Document and communicate with parent/guardian in accordance with district policy and stated in these delegation orders.
      - c. If post-treatment  $pO_2 < 95\%$  or signs and symptoms not fully resolved following second treatment
        - i. initiate student dismissal to parent/guardian and referral to same day or urgent care visit regardless of improvement post treatment. Continue to monitor student until dismissed to parent/guardian, and initiate EMS if indicated by district policy
  - D. 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.
- II. ASTHMA 411 STANDING ORDERS FOR CHILDREN IN RESPIRATORY DISTRESS, WITHOUT A REPORTED HISTORY OF ASTHMA, WHOSE PRESENTATION MIGHT REASONABLY INDICATE THEIR HEALTH IS IN IMMEDIATE JEOPARDY:
- Follow all school district policy for response to respiratory distress, emergency medication and response, and reports of asthma and parent/guardian permission.
- A. Perform a physical assessment and take precautions, as appropriate, for possible COVID-19 infection
  - B. Obtain pulse oximetry
  - C. Provide care as specified below:
    - 1. Administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 2 puffs inhaled, with personal disposable MDI Spacer Device; reassess within 10 minutes following treatment
    - 2. For students who present with symptoms of respiratory distress and without known asthma
      - a. initiate student dismissal to parent/guardian and referral to same day or urgent care visit regardless of improvement post treatment. Continue to monitor student until dismissed to parent/guardian, and initiate EMS if necessary.
      - b. take measures, as appropriate, related to possible COVID-19 infection according to district policy.
  - D. Activate EMS if indicated by district protocol
  - E. Document all albuterol treatments provided via standing delegation orders and all follow-up according to state and district policies. Please see the “Follow-Up” section of this document.

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If district policy and procedures support obtaining parent/guardian report of medical diagnosis of asthma and permission at the time of treatment, and both are obtained, please follow steps under Section I above.

**III. EMERGENCY USE OF NEBULIZER**

- A. In the event a student is not able to effectively use the MDI and LiteAire spacer, emergency use of a nebulizer is permitted under the following circumstances:
  - 1. ISD policy permits nebulizer use
  - 2. A COVID-19 infection control protocol for nebulizer treatment is in place
  - 3. health office staff are educated on the protocol
  - 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**

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.

- A. Initiate Emergency protocol (Epinephrine /Epipen)
- 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. Adhere to district COVID-19 policy and procedures before, during, and after treatment.
- B. Initiate communication with parent or legal guardian as soon as possible, while assuring the safety of the child.
- C. 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 (available in 5 languages)
    - b. Asthma visit report with instructions to take the report to the physician or primary care provider (available in 5 languages)
    - c. Resources to obtain health care for those without a medical home
- D. Provide a follow-up note and recheck student for symptom resolution the next day or on Monday, if treatment was on a Friday.
- E. Document treatment and follow-up in accordance with state and district policies and the Asthma 411 implementation plan.
- F. Recommended Actions:
  - 1. One-week follow-up visit
  - 2. After one week of spacer use (5 days), send the LiteAire home with student along with education on spacer use (available in 5 languages) after one week of use (5 days)

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These orders are reviewed at least annually and approved by Asthma 411 Medical Advisory Council

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Rochelle, Sexton, MD JPS Health Network | Acclaim

Date

With review and approval of the Asthma 411 Medical Advisory Council

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Name	Institution
Priya Bui, DO	Texas College of Osteopathic Medicine   University of North Texas Health Science Center
Hector Grajeda, MD	Cook Children’s Health Care System
Jay Haynes, MD, MS	JPS Health and Hospital System   Acclaim Physician Group TCU UNTHSC Medical School
Christina Robinson, MD	Texas College of Osteopathic Medicine   University of North Texas Health Science Center
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