2025-2026 Template Standing Delegation Orders for Unassigned Albuterol

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

<u>In all cases:</u> 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 p02 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.

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.

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For all people believed to be experiencing respiratory distress, determine if distress is severe or not severe using signs listed on page 1.

I. <u>SEVERE RESPIRATORY DISTRESS:</u>
People with signs and symptoms of severe respiratory distress and no prescribed medication of their own, contact EMS and do the following:

A. Immediately administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 8 puffs inhaled, with LiteAire Chamber; each puff 15-30 seconds apart.
B. 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 1-8 until EMS arrives.

II. <u>Not Severe:</u>
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 pO2, 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 pO2.
   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, regardless of improvement.
C. **Students may complete the school day/return to class if all the following conditions are met:**
   - The student <u>has a</u> parent/guardian reported asthma history.
   - The original pO2 was 92% or higher
   - After 20 minutes there are no signs of distress and the pO2 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 <u>if any</u> of the following are true:**
   - *Student has already received unassigned albuterol earlier in the same school day.*
   - If the student <u>does not have</u> a parent/guardian reported asthma history.
   - The initial pO2 was 91% or lower.
   - Post treatment pO2 is 94% of lower.

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- 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.

III. 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) per existing school policy
B. Call 911 for immediate emergency transport

IV. 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/gaurdian 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

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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.

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 home with student with education on spacers.

These orders are reviewed at least annually and approved by Asthma 411 Medical Advisory Council with additional consultation from emergency medical physicians within the Asthma 411 Consortium.

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