

**ISD Health Services Department Asthma 411 Program  
2023-2024 Standing Orders for Respiratory Distress**

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*The following standing delegation orders are to be used to assist those experiencing respiratory distress. They will be implemented by individuals who have completed documented training aligned with that required by Texas mandates and authorized to administer albuterol in accordance with established district health policy and procedures.*

*Those conducting physical assessments and administering inhaled treatment, such as albuterol, will practice infection control measures aligned with district policy 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. 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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**All those 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.**

- I. ASTHMA 411 STANDING ORDERS FOR THOSE EXPERIENCING RESPIRATORY DISTRESS 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:

- 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<sub>2</sub> < 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

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- b. If initial pO<sub>2</sub> ≥ 92% reassess within 20 minutes following treatment.
  - i. If post-treatment pO<sub>2</sub> is ≥ 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.
  - ii. If post-treatment pO<sub>2</sub> <95% or signs and symptoms not fully resolved following second treatment
    - 1. 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.
- E. **If a student does not have a diagnosis of asthma on file, 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.** The referral shall include the following, which are included in the Asthma 411 visit report
  - 1. Respiratory distress symptoms observed
  - 2. Name of medication administered
  - 3. Patient care instructions given to the student

**If student does not have an asthma diagnosis on file or a primary care provider, the family must be provided with information to assist in selecting a primary care provider for the student.**

## II. 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. 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.

## 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)

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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 or legal guardian as soon as possible, while assuring the safety of the child.
- 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 (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
- 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. 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)

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