



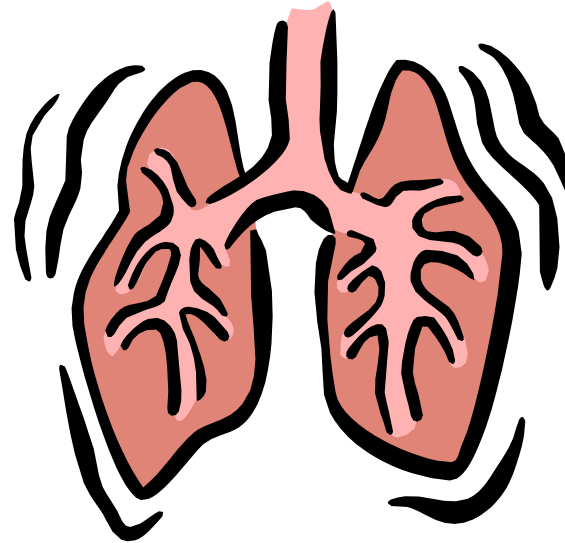
Asthma Training for School
Personnel -
2024-2025

Asthma is...

- chronic inflammatory disease of the airways
- an obstructive disease
- disease that may cause permanent changes (remodeling) if not properly treated
- disease that cannot be cured, but can be controlled

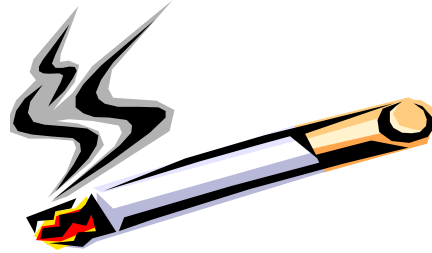
Symptoms

- intermittent cough
- wheeze
- shortness of breath
- chest tightness



Common Asthma Triggers

- smoke



- animals

- exercise

- molds; yeast spores

- strong odors



Common Asthma Triggers

- dust Mites



- pollens

- weather

- cockroaches

- foods, additives and preservatives



Exercise-Induced Asthma

- occurs during exertion
- pre-medicate; warm-up, cool down exercise
- stop exercise if symptoms persist
- rescue medications available

Successful Asthma Management

requires teamwork

between the:

- student
- parents/guardians
- primary health care provider
- school personnel



Do not send a student alone to
the office/nurse's office to
obtain medications during
an asthma episode!



Basic Asthma Management

- stop physical activity
- remove from trigger
- upright position and stay calm

Basic Asthma Management

- administer rescue medications as prescribed
- allow the medication time to work

Initiate Emergency Actions if:

- no improvement or relief from medication is noted in 15-20 minutes

Or

- if retractions, posturing, inability to speak or nail beds or lips turn gray or blue:

CALL 911 AND PARENTS/GUARDIANS

Medications

- rescue medications
 - relieves bronchospasms
 - used during an asthma episode
 - may be used prior to exercise
- controller medications
 - reduce inflammation and prevent episodes

Metered Dose Inhaler (MDI)



- most commonly prescribed MDI
- rescue medication

Side Effects

- rescue
 - increased heart rate
 - shaky hands
- controller
 - hoarseness
 - yeast infection in mouth

Asthma Travel Pack

- should be available for school field trips
- minimum contents
 - ✓ student's rescue meds
 - ✓ a current copy of the student's Asthma Action Plan
 - ✓ cell phone with fully charged batteries
- should be worn by the adult responsible for the student during the outing/event





Student Asthma/Allergy Action Plan

(This Page To Be Completed By Physician)

Student Name: _____ Date Of Birth: _____ / _____ / _____
(MONTH) (DATE) (YEAR)

- Exercise Pre-Treatment: Administer inhaler (2 Inhalations) 15-30 minutes prior to exercise. (e.g. PE, recess, etc).
- Albuterol HFA inhaler (Proventil, Ventolin, ProAir)
- Levalbuterol (Xopenex HFA)
- Pirbuterol inhaler (Maxair)
- Use inhaler with spacer/valved holding chamber
- May carry & self-administer inhaler (MD)
- Other: _____

Asthma Treatment

Give quick relief medication when student experiences asthma symptoms, such as coughing, wheezing or tight chest

- Abuterol HFA (Proventil, Ventolin, ProAir) 2 inhalations
- Levalbuterol (Xopenex HFA) 2 inhalations
- Pirbuterol (Maxair) 2 inhalations
- Use inhaler with spacer/valved holding chamber
- May cary & self-administer inhaler (MD)
- Albuterol inhaled by nebulizer (Proventil, Ventolin, AccuNeb)
 - .63 mg/3 mL
 - 1.25 mg/3 mL
 - 2.5 mg/3 mL
- Levalbuterol inhaled by nebulizer (Xopenex)
 - 0.3 mg/3 mL
 - 0.63 mg/3 mL
 - 1.25 mg/3 mL
- Other: _____

Closely Observe the Student after Giving Quick Relief Medication

If, after 10 minutes:

- Symptoms are improved, student may return to Classroom after notifying parent/guardian
- No improvement in symptoms, repeat the treatment and notify parent/guardian immediately
- ***If student continues to worsen CALL 911 and Initiate the Richmond County Schools' Emergency Response to LifeThreatening Asthma or Systemic Allergic Reactions (Anaphylaxis) Protocol***

Anaphylaxis Treatment

Give epinephrine when student experiences allergy Symptoms, such as tongue swelling, throat closing, change in voice, faintness, difficulty breathing (chest or neck "sucking in), lips or fingernails turning blue, or trouble talking (shortness of breath).

- EpiPen® 0.3 mg
- EpiPen® jr. 0.15 mg
- Twinject™ 0.3 mg
- Twinject™ 0.15 mg
- Adrenaclick® 0.3 mg
- Adrenaclick® 0.15 mg
- Other: _____
- May carry & self-administer epinephrine

CALL 911 After Giving Epinephrine, Closely Observe the Student

- Notify parent/guardian immediately
- ***Even if student improves, the student Should be observed for recurrent Symptoms of anaphylaxis in an emergency medical facility***
- ***If student does not improve or continues to worsen, consider a second dose of epinephrine and initlate Life Threatening Allergic Reaction Protocol***



Student Asthma/Allergy Action Plan

(This Page To Be Completed By Parent/Guardian)

Student Name: _____ Age: _____ Grade: _____

School: _____ Homeroom Teacher: _____

Parent/Guardian: _____ Phone(H) _____ (W) _____

Parent/Guardian: _____ Phone(H) _____ (W) _____

Alternate Emergency Contact: _____ Phone(H) _____ (W) _____

Know Asthma Triggers: Please check the boxes to identify what can cause an asthma episode for your student.

<input type="checkbox"/> Exercise	<input type="checkbox"/> Respiratory/viral infections	<input type="checkbox"/> Odors/fumes/smoke	<input type="checkbox"/> Mold/mildew
<input type="checkbox"/> Pollens	<input type="checkbox"/> Animals/dander	<input type="checkbox"/> Dust/dust mites	<input type="checkbox"/> Grasses/trees
<input type="checkbox"/> Temperature/weather – humidity, cold air, etc.	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Food – Please list below	
<input type="checkbox"/> Other- please list: _____			

Know Allergy/Intolerance: Please check those which apply and describe what happens when your child eats or comes into contact with the allergen.

Peanuts	<input type="checkbox"/>	_____
Tree Nuts	<input type="checkbox"/>	_____
Fish/Shellfish	<input type="checkbox"/>	_____
.ggs	<input type="checkbox"/>	_____
Soy	<input type="checkbox"/>	_____
Wheat	<input type="checkbox"/>	_____
Milk	<input type="checkbox"/>	_____
Medication	<input type="checkbox"/>	_____
Latex	<input type="checkbox"/>	_____
Insect stings	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Notice: If your child has been prescribed epinephrine (e.g. EpiPen) for an allergy, it is also necessary to provide epinephrine at school. If your student requires a special diet to limit or eliminate foods, your school may ask your physician to complete the form "Medical Statement for Students Requiring special Meals".

Daily Medications: Please list daily medications used at home and/or to be administered at school.

Medication Name	Amount/Dose	When administered

Asthma—next steps...

- ✓ Review Student's Asthma/Allergy Action Plan
- ✓ Review Student's IEP/504 if needed
- ✓ Begin/Complete Medication Administration Skills Checklist training

