

## ◆ **Recommended Component:** **Use Standard Emergency Protocols**

Standardized protocols are used both for undiagnosed students who develop respiratory distress unexpectedly, and those with asthma who do not have their own Asthma Action Plans (see NAEPP’s Suggested Emergency Protocol for Students with Asthma Symptoms in the reference materials included at the end of this section).

To create these protocols, consider:

- ▶ **Identify, adapt and adopt protocols for respiratory emergencies.** Several such protocols are available from state departments of education or health as well as professional organizations such as the American Red Cross.
- ▶ **Provide CPR and first aid training for all school staff.** The training should also include respiratory components such as recognizing and responding to a serious asthma episode.

### **LESSONS LEARNED!**

AFSI can change staff’s response to a potential asthma emergency. An asthma champion in a school that was part of an AFSI pilot site subsequently escorted a student who was having difficulty breathing in physical education class to the main office; the student was then sent to the hospital for care. How and why did it happen? The asthma champion recognized that AFSI had changed her understanding of and behavior about asthma that resulted in the student’s receiving appropriate attention and medical care.

Also consider creating/using an existing “emergency response” poster for staff’s reference during a student’s asthma episode. These could be posted in all classrooms and other rooms throughout the school. (See the sample poster included with this hand-out.)

## **REFERENCE MATERIALS**

---

- ❖ Sample Emergency Response Poster
- ❖ NAEPP’s Suggested Emergency Protocol for Students With Asthma Symptoms



## 5 Steps to Follow for an Asthma Episode in the School Setting

*If student has excessive coughing, wheezing, shortness of breath, or chest tightness:*



Help to an upright position; speak calmly and reassuringly



Follow individualized action/emergency plan for use of quick-relief inhaler



If quick-relief inhaler or action/emergency plan not available, send to health office accompanied by peer or with staff member



Get emergency help from school nurse or designated emergency staff if student has any of these:

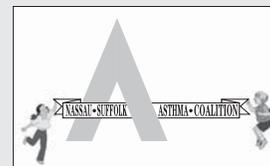
- Inhaler not helping
- Breathing hard & fast
- Nostrils open wide
- Can't walk or talk well

**Call  
911**

If not breathing, unconscious, lips are blue, struggling to breathe (hunched over or ribs show), or other signs of distress

Notify parent or guardian.

---



Contact (631) 231-5864 X12





## Asthma Emergency Protocol for Children with Asthma Who Do Not Have Their Own Emergency Plan

### ASTHMA (or Respiratory Distress) Standard Protocol for Students without a Personal Asthma Action Plan

#### POSSIBLE OBSERVATIONS/SYMPTOMS

(May include one or more of the following.)

- Coughing, wheezing, noisy breathing, or whistling in the chest
- Difficult breathing, tightness in chest, shortness of breath, or chest pain
- Self reporting/complaints of discomfort when breathing
- Breathing hard and fast
- Nasal flaring (front part of nose opens wide to get in more air)
- Can only speak in short sentences or not able to speak
- Blueness around the lips or fingernails

#### ACTIONS

1. **Quickly evaluate the child. Call 911 and immediately administer quick-relief medication if in severe distress! (For example: unable to speak, lips blue or peak flow < 50% of predicted best).** Administer oxygen, if available, and patient is in respiratory distress.
2. Restrict physical activity and allow student to rest. Encourage student to breathe slowly and relax.
3. Place the student in an area where he/she can be closely observed. Never send a student to the health room alone.
4. Check and record:
  - a. Peak flow meter reading. (If personal best is unknown, use prediction chart.)  
**CALL 911 if peak flow is less than 50% of personal or predicted best.**
  - b. Respirations and pulse (Normal rates listed on back. Report to MD or EMS)
5. **Administer quick-relief medication. Medication must be ordered by a personal physician order or a standing order signed by a school physician or public health physician.** Administer albuterol from school supply, if available and student does not have a personal albuterol inhaler. Use a spacer and disposable mouthpiece.
6. Contact parents (even if situation does not appear severe).
7. Reassess student after 10-15 minutes. Check for ease of breathing, peak flow, pulse, and respirations.
8. If student is improving, keep the student in the health room under supervision until breathing returns to normal.
9. **If student is not improving contact student's physician or call 911.**
10. With parental permission, provide report of health room encounter to student's physician.
11. Obtain a personal asthma action plan for this student from the student's family or physician.

#### Normal Breathing and Pulse Rates by Age (from EPR-2)

Age	Breathing Rate	Pulse Rate
< 2 months	<60/minute	<160/minute
2-12 months	<50/minute	<120/minute
1-5 years	<40/minute	<110/minute
6-8 years	<30/minute	<110/minute
9-15 years	<30/minute	<100/minute
16-18 years	<20/minute	<90/minute

