

Information for School Nurses

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School Nurse Checklist

Intake

- Student Health Records/Forms
 - Student health history
 - Medical release
 - Date medication received/expires
 - Asthma Action Plan (AAP)
 - Medication authorization
 - Healthcare provider contact information
 - Photo of student: Yes No

Policy/Procedure

- Laws Federal/State
- School District Policy/Procedures
- Team Development Meeting
 - AAP
 - Individual Health Care Plan (IHP)
 - 504 Accommodation Plan/ Individualized Education Plan
 - Will the student carry their own medication?
 - Designee in absence of school nurse**
- All responsible staff (including substitutes) that interact with the student need copies of the students:
 - AAP IHP 504/IEP
- Field Trips
- Assess potential exposure to asthma triggers
- Medication bag
- Classroom Lessons
- Alternatives to potential asthma triggers
- Emergency Procedures and Emergency
- Shelter-in-Place Plan

Preparedness

- Education/Training (Train staff at least annually and as needed)
 - Overview of Asthma
 - Signs and symptoms of asthma
 - What triggers asthma and how to avoid
 - Early warning signs of asthma
 - How to respond to an asthma attack
 - How to use an MDI or nebulizer for Albuterol
 - Explain importance of using a spacer or mask with MDI
 - Provide and review role specific checklist
- Medication Handling and Storage
 - Accessible location (unlocked)
 - Which staff can administer quick-relief/rescue medication
 - Accessible by whom
 - Date received/expires
- Emergency Prevention
 - Have an asthma action plan (AAP) for each child with asthma
 - Pre-treat prior to physical activities if indicated on the AAP
- Emergency Response
 - Give albuterol according to AAP
 - Call 911
 - Know school's emergency protocol

Review

- Intake forms submitted
- Education/training, emergency prevention and response
- Policy compliance

Assessment to Carry Albuterol

Student _____ Score _____

Date of Assessment: _____

Assessed by: _____

Questionnaire: Assessing Student Readiness to Self-Carry

Having immediate access to quick-relief medicine is critical for people with asthma. The purpose of this tool is to create a standardized process for designated school personnel to use in order to determine a child’s readiness to self-carry a quick-relief inhaler during the school day. This assessment takes place once the student, the parent and provider have agreed that the student is ready to self-carry. There are four areas of competencies that designated school personnel should assess at the beginning of each school year for each student with a diagnosis of asthma. Each of the four areas of knowledge and skills has a series of questions to ask the student and possible responses. Use this tool to help you identify student’s capabilities and areas that need improvement. Make a plan to work with the student throughout the school year to build the knowledge and skills to self-carry and use a quick-relief inhaler during the school day.

Section 1: Basic Understanding of Asthma

The student should have a basic understanding of asthma.

Question	Does not understand 0 points	Somewhat understands 5 points	Completely understands 10 points
<p>What part of your body is affected by asthma? Can you show me? What is this part of the body called? <i>Then Lungs.</i></p>			
<p>What do the lungs do? <i>They help you breathe. They move air in and out of the body.</i></p>			
<p>What happens to your lungs when you’re having symptoms? <i>It’s hard to breathe; the muscles squeeze tight; the insides of the airways swell; the airways fill with mucus.</i></p>			
<p>What can you do to keep from getting asthma symptoms? <i>Avoid or limit exposure to the things that bother your lungs; taking daily controller medicines as prescribed by doctor.</i></p>			
<p>What does it mean to have asthma under control? <i>I would not have symptoms when I do the things I want to do; I could do anything that my friends without asthma can do.</i></p>			

Section 2: Understanding of Symptoms and Asthma Management

Recognizing signs and symptoms can help people with asthma take the necessary steps to prevent an asthma episode. The student should be able to recognize asthma symptoms and the steps to treat them.

Question	Does not understand 0 points	Somewhat understands 5 points	Completely understands 10 points
<p>What are the signs you have BEFORE your asthma symptoms begin? <i>Most people have early warning signs that may occur hours before symptoms appear, such as: feeling tired; needing to clear throat often; sore or itchy throat; dry mouth; fever; feeling nervous, grumpy, or upset; rapid heartbeat; stuffy nose or head; restlessness; rubbing chin or throat repeatedly.</i></p>			
<p>What are your asthma symptoms? <i>Asthma symptoms vary from one person to the next but may include: coughing; wheezing; feeling of tightness in the chest.</i></p>			
<p>What should you do if you are having asthma symptoms? <i>Response should include: notifying an adult; taking asthma medicine; resting; doing relaxation exercises.</i></p>			
<p>(Optional, will not affect score if not used) How do you measure your breathing with a peak flow meter? <i>Response should include a series of steps. Refer to the How to Use a Peak Flow Meter video or download instructions.</i></p>			

Section 3: Using Asthma Medications

Understanding and using asthma medicines is a critical component to the overall treatment of asthma. The student should be able to describe the medicine they use to treat their asthma and demonstrate correct inhaler technique.

Question	Does not understand 0 points	Somewhat understands 5 points	Completely understands 10 points
<p>Describe your asthma medications and how to use them. <i>Use this as an opportunity to verify that the student understands the different types of medicines to treat asthma (i.e., long-term control medicine vs. quick-relief medicine). Response should include: the names of the medicines they take to treat their asthma, how much to take, and when to take them. Refer to the student’s asthma action plan for their individualized treatment plan.</i></p>			
<p>Demonstrate how to use your quick-relief medication and after care. <i>Response should include a series of steps. Refer to the metered-dose inhaler video or download instructions.</i></p>			
<p>(Optional, will not affect score if not used) Demonstrate how to use long-term control medication and after care. <i>Response should include a series of steps. Refer to the American Lung Association’s asthma medication page to identify the correct inhaler and coordinating instructions.</i></p>			
<p>What does it mean if you use your quick-relief medicine more than twice per week? Who should you tell and why? <i>It means my asthma is not in good control. I should tell my parents and the school nurse, so we can tell the doctor and get the help I need to be active and healthy.</i></p>			

Section 4: Avoiding or Limiting Asthma Triggers

Managing exposure to triggers can greatly reduce the need for asthma medicines. The student should be able to articulate their asthma triggers and strategies to avoid or limit their exposure to them.

Question	Does not understand 0 points	Somewhat understands 5 points	Completely understands 10 points
<p>Can you show me (by pointing to a trigger graphic) the things that make breathing difficult for you?</p> <p><i>Asthma triggers vary from person to person but may include: respiratory infections such as a cold; exercise; irritants; allergens; smoke from tobacco, wood, or car exhaust; changes in weather; and/or strong emotions. Refer to lung.org/asthmatriggers for more details.</i></p>			
<p>What can you do about [trigger] to avoid it or limit your time near it?</p> <p><i>Managing exposure to triggers can greatly reduce the need for asthma medicines. For example, if the trigger is cold air, an appropriate response may be wearing scarf over your nose and mouth to warm the air you breathe in. If the trigger is exercise, an appropriate response may be to take quick-relief medicine before exercise.</i></p>			

Point Values

Does not understand = 0 points

Somewhat understands = 5 points

Completely understands = 10 points

Final Score = (Sum of points from all answered)

Evaluation Guidelines

< 70 = Not ready

70-105 = Almost ready

> 105 = Ready

Source: American Lung Association (lung.org)

Access to Asthma Medication in Schools: Policies Checklist

Every school should have an asthma medication policy that ensures students immediate access to life-saving asthma medication during the school day. Review your school's asthma medication policy for the following elements and revise as necessary. Make a plan to educate school personnel, students and families about your school's asthma medication policy and together let's keep kids healthy, in school and ready to learn.

Do your school policies and/or practices...

- Ensure adequate school nurse presence to monitor students with asthma. Provide a standardized assessment protocol to determine student's readiness to self-carry.
- Build accountability and trust with students by using a "student contract" and regular check-ins with students and caregivers.
- Facilitate communication with families and providers on managing a student's asthma during the school day.
- Simplify authorization paperwork to increase family and provider compliance with requirements.
- Provide education to families to help them better understand asthma control. Provide education on asthma medication policies and practices to students and families.
- Provide education on asthma medication policies and practices to school personnel.
- Implement standing orders for stock quick-relief medication (i.e., albuterol). Release school personnel from liability if something happens to a student with asthma (i.e., gross negligence).

Source: American Lung Association (lung.org)

Risk Factors for Fatal Asthma

Asthma History

- Previous severe asthma episode
 - » Intubation
 - » Hypoxemic seizure
- Two or more asthma hospitalizations in past year
- Three or more Emergency Room visits for asthma in past year
- Hospitalization or Emergency Room visit for asthma in past month
- Using 2 or more canisters of Albuterol per month
- Not understanding asthma symptoms
- Not having an asthma action plan
- Sensitivity to Alternaria (mold)



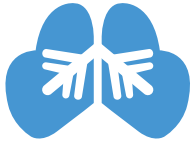
Social History

- Low income or inner city residence
- Use of illegal drugs
- Mental health issues

Other Risk Factors

- Heart disease
- Other lung disease

Reference: Robert C. Strunk, MD, Identification of the Fatality-prone subject with asthma, *J. ALLERGY CLIN. IMMUNOL.*, February 1989, Volume 8 3, Number 2, Part 1, pg(s) 477-485



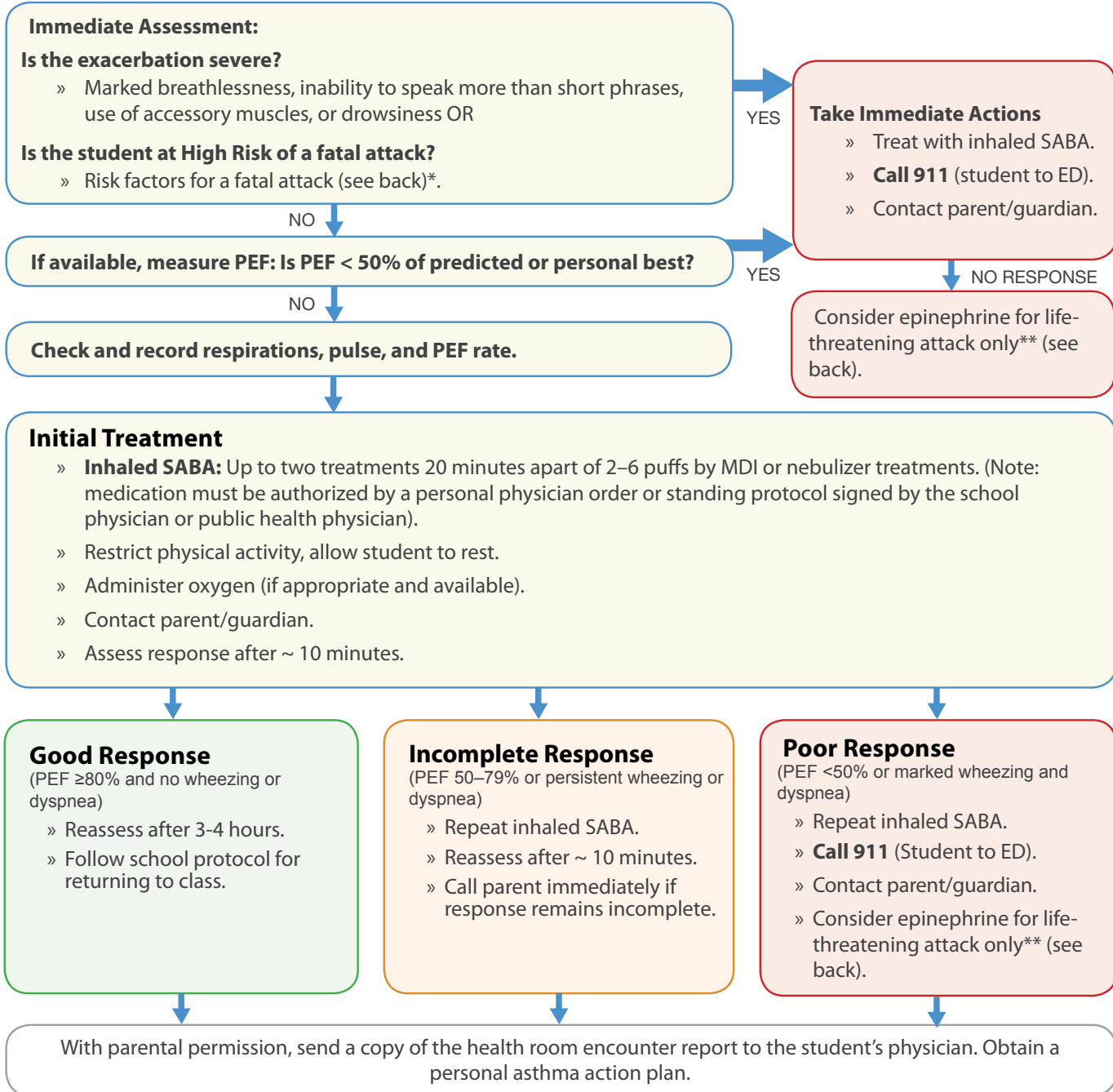
National Asthma Education and Prevention Program

MANAGEMENT OF ASTHMA EXACERBATIONS: *School Treatment*

Suggested Emergency Nursing Protocol for Students with Asthma Symptoms Who Don't Have a Personal Asthma Action Plan

A student with asthma symptoms should be placed in an area where he/she can be closely observed. Never send a student to the health room alone or leave a student alone. Limit moving a student who is in severe distress. Go to the student instead.

See list of Possible Observations/Symptoms on back.



ED: emergency department
PEF: peak expiratory flow

MDI: metered-dose inhaler
SABA: short-acting beta2-agonist (quick-relief inhaler)

AUGUST 2011

Possible Observations/Symptoms (May include one or more of the following):

- » Coughing, wheezing, noisy breathing, whistling in the chest.
- » Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/or fast.
- » Nasal flaring (nostril opens wide to get in more air).
- » Can only speak in short phrases or not able to speak.
- » Blueness around the lips or fingernails.

Risk Factors for Death from Asthma*Asthma history**

- » Previous severe exacerbation (e.g., intubation or ICU admission for asthma).
- » Two or more hospitalizations for asthma in the past year.
- » Three or more ED visits for asthma in the past year.
- » Hospitalization or ED visit for asthma in the past month.
- » Using >2 canisters of SABA per month.
- » Difficulty perceiving asthma symptoms or severity of exacerbations.
- » Other risk factors: lack of a written asthma action plan, sensitivity to Alternaria.

Social history

- » Low socioeconomic status or inner-city residence.
- » Illicit drug use.
- » Major psychosocial problems.

Comorbidities

- » Cardiovascular disease.
- » Other chronic lung disease.
- » Chronic psychiatric disease.

**** Consider administering epinephrine** if the student is unable to use SABA because respiratory distress or agitation prevents adequate inhalation from the SABA inhaler device and nebulized albuterol is not available and the exacerbation is **life-threatening**. Administer epinephrine auto-injector in lateral thigh as per local or state epinephrine protocol. Epinephrine is NOT first line treatment for asthma. Albuterol is the treatment of choice. Administration of epinephrine should be rare and is intended to prevent a death at school from a severe asthma attack. Most school nurses will never need to administer epinephrine.

ED: emergency department ICU: intensive care unit SABA: short-acting beta2-agonist

AUGUST 2011

Asthma Action Plan

Green Zone: Well

- No signs of asthma
- Able to do normal activities
- No problems while sleeping

- Peak flow above: _____
(above 80% of best)

*Rinse mouth after this medicine



Give these medicines every day:

MEDICINE:	HOW MUCH:	WHEN:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yellow Zone: Watch Out!

Early Signs of Asthma:

- Cold symptoms
- Coughing day or night
- Wheezing day or night
- Funny feeling in chest

- My first sign: _____

- Peak flow: _____
(50-80% of best)



First — give:

■ Albuterol 2-4 puffs or 1 nebulizer 1-3 times in first hour

■ Call your Doctor or Nurse if not in Green Zone after first hour.

Next — if asthma is better after first hour, you may give:

■ Albuterol 2-4 puffs or 1 nebulizer every 4 hours as needed

Call your Doctor or Nurse if:

- Albuterol needed more often than every 4 hours.
- Albuterol needed every 4 hours for more than 1 day.

Keep taking other Green Zone medicines.

Red Zone: EMERGENCY!

Late Signs of Asthma:

- Tight chest
- Breathing hard or fast
- Using neck or stomach muscles to breathe
- Constant coughing
- Trouble talking or walking
- Vomiting
- Lips or nails blue

- Peak flow below: _____
(below 50% of best)



First — give *now*:

■ Albuterol 6 puffs or 1 nebulizer
■ AND call your Doctor or Nurse.

Next — if you cannot reach your Doctor or Nurse *immediately*, give:

■ Albuterol 6 puffs or 1 nebulizer

(oral steroid)

■ AND go to the nearest emergency room or call 911.

Patient/Parent/Guardian Signature Date

RN/MD Signature Date

Phone number of Doctor or Nurse:

Day: _____

Night: _____

Asthma Action Plan

DATE: ____ / ____ / ____ PATIENT NAME _____
 WEIGHT: _____ PARENT/GUARDIAN NAME _____ PHONE: _____
 HEIGHT: _____ PRIMARY CARE PROVIDER/CLINIC NAME _____ PHONE: _____
 DOB: ____ / ____ / ____ WHAT TRIGGERS MY ASTHMA _____

Baseline Severity

Best Peak Flow

Always use a **holding chamber/spacer with/ without** a mask with your inhaler. (*circle choices*)

GREEN ZONE	DOING WELL	GO!																
<p>You have ALL of these:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can work/play easily <input type="checkbox"/> Sleeping all night <p>Peak Flow is between: <input type="text"/> and <input type="text"/> <i>80-100% of personal best</i></p>	<p>Step 1: Take these controller medicines every day:</p> <table border="1"> <thead> <tr> <th>MEDICINE</th> <th>HOW MUCH</th> <th>WHEN</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Step 2: If exercise triggers your asthma, take the following medicine 15 minutes before exercise or sports.</p> <table border="1"> <thead> <tr> <th>MEDICINE</th> <th>HOW MUCH</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	MEDICINE	HOW MUCH	WHEN										MEDICINE	HOW MUCH			
MEDICINE	HOW MUCH	WHEN																
MEDICINE	HOW MUCH																	

YELLOW ZONE	GETTING WORSE	CAUTION
<p>You have ANY of these:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It's hard to breathe <input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Cannot work/play easily <input type="checkbox"/> Wake at night coughing <p>Peak Flow is between: <input type="text"/> and <input type="text"/> <i>50-79% of personal best</i></p>	<p>Step 1: Keep taking GREEN ZONE medicines and ADD quick-relief medicine: _____ puffs or 1 nebulizer treatment of _____ <i>Repeat after 20 minutes if needed (for a maximum of 2 treatments).</i></p> <p>Step 2: Within 1 hour, if your symptoms aren't better or you don't return to the GREEN ZONE, take your oral steroid medicine _____ and call your health care provider today.</p> <p>Step 3: If you are in the YELLOW ZONE more than 6 hours, or your symptoms are getting worse, follow RED ZONE instructions.</p>	

RED ZONE	EMERGENCY	GET HELP NOW!				
<p>You have ANY of these:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It's very hard to breathe <input type="checkbox"/> Nostrils open wide <input type="checkbox"/> Ribs are showing <input type="checkbox"/> Medicine is not helping <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Lips or fingernails are grey or bluish <p>Peak Flow is between: <input type="text"/> and <input type="text"/> <i>Below 50% of personal best</i></p>	<p>Step 1: Take your quick-relief medicine NOW:</p> <table border="1"> <thead> <tr> <th>MEDICINE</th> <th>HOW MUCH</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table> <p>or 1 nebulizer treatment of _____</p> <p>AND</p> <p>Step 2: Call your health care provider NOW AND Go to the emergency room OR CALL 911 immediately.</p>	MEDICINE	HOW MUCH			
MEDICINE	HOW MUCH					

 This Asthma Action Plan provides authorization for the administration of medicine described in the AAP.

 This child has the knowledge and skills to self-administer quick-relief medicine at school or daycare with approval of the school nurse.
 DATE: ____ / ____ / ____ MD/NP/PA SIGNATURE _____

This consent may supplement the school or daycare's consent to give medicine and allows my child's medicine to be given at school/daycare.
 My child (*circle one*) **may / may not** carry, self-administer and use quick-relief medicine at school with approval from the school nurse (*if applicable*).
 DATE: ____ / ____ / ____ PARENT/ GUARDIAN SIGNATURE _____
 FOLLOW-UP APPOINTMENT IN _____ AT _____ PHONE _____

Asthma Action Plan

For: _____ Doctor: _____ Date: _____

Doctor's Phone Number _____ Hospital/Emergency Department Phone Number _____

GREEN ZONE

Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____ (80 percent or more of my best peak flow)

My best peak flow is: _____

Before exercise

_____ 2 or 4 puffs _____ 5 minutes before exercise

Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)



Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ (short-acting beta₂-agonist) 2 or 4 puffs, every 20 minutes for up to 1 hour
 Nebulizer, once

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

- Continue monitoring to be sure you stay in the green zone.



-Or- **If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:**

Take: _____ (short-acting beta₂-agonist) 2 or 4 puffs or Nebulizer

Add: _____ (oral steroid) mg per day For _____ (3–10) days

Call the doctor before/ within _____ hours after taking the oral steroid.

RED ZONE

Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____ (50 percent of my best peak flow)

Take this medicine:

_____ (short-acting beta₂-agonist) 4 or 6 puffs or Nebulizer

_____ (oral steroid) _____ mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Take 4 or 6 puffs of your quick-relief medicine AND

Go to the hospital or call for an ambulance _____ NOW!

(phone)

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

Allergens

Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.
- If you can't keep the pet outdoors, then:

- Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
- Remove carpets and furniture covered with cloth from your home.

If that is not possible, keep the pet away from fabric-covered furniture and carpets.

Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home — in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites.
- Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Irritants

Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Other things that bring on asthma symptoms in some people include:

Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



U.S. Department of Health and Human Services
National Institutes of Health



National Heart
Lung and Blood Institute

For More Information, go to: www.nhlbi.nih.gov

NIH Publication No. 07-5251
April 2007

Asthma Action Plan Assessment



National Asthma Education and Prevention Program
NAEPP School Asthma Education Subcommittee

Is the Asthma Action Plan Working? A Tool for School Nurse Assessment

Assessment for: _____ (Student) Completed by: _____ (Nurse or Parent) Date: _____

This tool assists the school nurse in assessing if students are achieving good control of their asthma. Its use is particularly indicated for students receiving intensive case management services at school.

With good asthma management, students should:

- Be free from asthma symptoms or have only minor symptoms:
 - no coughing or wheezing
 - no difficulty breathing or chest-tightness
 - no waking at night due to asthma symptoms
- Be able to go to school every day, unhampered by asthma.
- Be able to participate fully in regular school and daycare activities, including play, sports, and exercise.
- Have no bothersome side effects from medications.
- Have no emergency room or hospital visits.
- Have no missed class time for asthma-related interventions or missed class time is minimized.

Signs that a student's asthma is not well controlled:

Indicate by checking the appropriate box whether any of the signs or symptoms listed below have been observed or reported by parents or children within the past 2-4 weeks (6 months for history). If any boxes are marked, this suggests difficulty with following the treatment plan or need for a change in treatment or intervention (e.g., different or additional medications, better identification or avoidance of triggers).

- Asthma symptoms more than two days a week or multiple times in one day that require quick-relief medicine (short-acting beta2-agonists, e.g., albuterol).
- Symptoms get worse even with quick-relief meds.
- Waking up at night because of coughing or wheezing.
- Frequent or irregular heartbeat, headache, upset stomach, irritability, feeling shaky or dizzy.
- Missing school or classroom time because of asthma symptoms.
- Having to stop and rest at PE, recess, or during activities at home because of symptoms.
- Exacerbations requiring oral systemic corticosteroids more than once a year.
- Symptoms require unscheduled visit to doctor, emergency room, or hospitalization.
- 911 call required.

If you checked any of the above, use the following questions to more specifically ascertain areas where intervention may be needed.

Probes	Responsible Person/Site	Yes	No	N/A
Medications				
• Are appropriate forms completed and on file for permitting medication administration at school?	By school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has a daily long-term-control medication(s)* been prescribed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is long-term-control medication available to use as ordered?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the student taking the long-term-control medication(s) as ordered?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has a quick-relief (short-acting B2-agonist) medication been prescribed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is quick-relief medication easily accessible?	Home	<input type="checkbox"/>	<input type="checkbox"/>	
	Personal inhaler(s) at school health office	<input type="checkbox"/>	<input type="checkbox"/>	
	Self-carry	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the student using quick-relief medication(s) as ordered... ◦ Before exercise?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◦ Immediately when symptoms occur?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Report

Student _____ **Date** _____

School _____

Dear Parent/Guardian:

The school nurse or other staff member has observed the following symptoms and behaviors in your child.

- Required quick-relief medication of _____ on _____
The student's response was _____
- Appears to be requiring quick-relief medication
- more than once a week more than three times a week
- Does not appear to be responding to quick-relief medication at usual doses
- Requests a visit to the school nurse more than once a week
- Has been absent from school more than _____ times in the past month
- In the past two weeks has had the following symptoms:
- | | |
|---|---|
| <input type="checkbox"/> coughing spells | <input type="checkbox"/> wheezing |
| <input type="checkbox"/> chest tightness | <input type="checkbox"/> shortness of breath |
| <input type="checkbox"/> being unusually sleepy | <input type="checkbox"/> sleep disturbances due to asthma |

Your child's asthma does not appear to be well controlled at this time, please contact your child's healthcare provider (doctor or nurse).

Please contact me by phone at _____ or email me at _____
to discuss the above information and answer any questions you may have.

Sincerely,

School Nurse

Letter to Health Care Provider

Date _____

Dear (name of student's health care provider)

I am writing about your patient _____ Date of birth _____

The following review is being provided for your information and records:

- Missed _____ days in _____ period of time, possibly due to asthma.
- Is not complying with asthma medication at school or the treatment plan you have provided.
- Is not fully participating in P.E. (or participating at all) because of symptoms related to asthma.
- Visits school health office frequently because of symptoms related to asthma.
- Has required emergency management of asthma (eg: 911, ER referral).
- Our history and observations reveal that this student's asthma severity may have changed.

The family was asked to schedule an appointment with you.

- A **signed** parent consent form to exchange information with the school is attached.
- An **unsigned** parent consent form to exchange information with the school is attached; please ask parent to sign this at the visit.

Please help with the following, either before or after the patient's next appointment:

- Please consider having the student have a rescue bronchodilator medicine (eg: Albuterol) available at school. Based on my perception of this student's ability to use this properly (not to forget, overuse or underuse), I recommend that the medication be kept: in the health office on person
- Please send me an "Asthma Action Plan" (see attached form) so we can assist with your management plan.
- Student has no peak flow meter. Please consider prescribing one so that I may better assist with his/her management at school.
- Please consider prescribing a spacer. This student's technique with an MDI without spacer was observed and is not adequate.
- Please reassess this child and his/her current medical regimen. **See comments about the lack of asthma control noted at school.**
- Other _____

Do not hesitate to reach me if there are any questions or concerns. Thank you.

Sincerely,

School nurse signature
 School nurse printed name
 School Name
 Phone
 Fax
 Best days/times

This form may be duplicated or changed to suit your needs and your patients' needs.

Peak Flow Meter

A peak flow meter is a tool to measure how well air moves out of your lungs. Using the meter helps you to know when you are well or if your asthma is getting worse. It can also help you to know if your quick-relief/rescue medicine is working.

How to Use the TruZone® Peak Flow Meter:

1. Make sure the peak flow arrow is set at zero.
2. Take a practice breath in and gently breathe out.
3. Take a deep breath in, put your teeth and lips tightly around the mouthpiece, and blow as hard and fast as you can.
4. Read the number the arrow is on and then reset it to zero.
5. Do this 3 times and write down the best number.



Important Reminders and Tips:

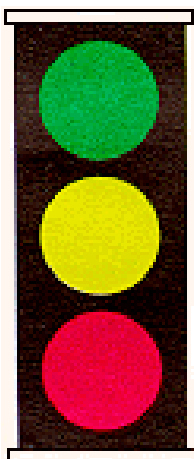
- Remove any gum or food from your mouth.
- Stand up straight and tall while using the peak flow meter.
- Do not block the moving arrow or the hole in the meter.
- Keep your tongue away from the mouthpiece because it will block the air.
- It is recommended that you talk to your medical provider every 6 months.
- Bring your peak flow numbers with you to appointments with your doctor or nurse.
- Ask your doctor or nurse how to find your best peak flow number.



What Do the Numbers Mean?

If your peak flow is lower than usual it can be a sign of asthma. Use your peak flow meter along with your Action Plan to help control your asthma.

My Best Peak Flow is _____



Green Zone (Green Light):

Peak Flow above _____ (Above 80% of Best)
Well! **No** signs of asthma. Able to do normal activities. Asthma is in control.

Yellow Zone (Yellow Light):

Peak Flow _____ to _____ (50-80% of Best)
Watch out! Early signs of asthma. Follow Asthma Action Plan and take quick-relief medication.

Red Zone (Red Light):

Peak Flow below _____ (Below 50% of Best)
This is an emergency! Late signs of asthma. Follow Asthma Action Plan and take quick-relief/rescue medicine. Contact your doctor or nurse immediately.

Asthma Video: Go www.stlouischildrens.org and search (How to use a peak flow meter)

Asthma Flip Cards

This is an educational tool to teach children with asthma and their families the importance of having an asthma action plan. Key components of the asthma action plan is the three sections:

Green: No signs and symptoms—take usual medications

Yellow: Early warning signs and what actions to take

Red: Emergency situation and how to respond

Click here for full-size versions of these flip cards.

**Green Zone
Doing Well!**


Take these controller medicines every day.

Always use a spacer with your inhalers.

Medicine	How Much	When

No signs of Asthma!

- Able to do normal work or play activities
- Breathing is good
- No cough
- No problems sleeping



**Yellow Zone
Watch Out!**

Consult Child's Asthma Action Plan

Wait one minute between puffs of medicine.

First give:


Albuterol	}	May repeat every 20 minutes for a total of 3 treatments in about 1 hour
<input type="checkbox"/> 2 puffs with spacer		
<input type="checkbox"/> 4 puffs with spacer		
<input type="checkbox"/> Nebulizer		

Call your doctor or nurse if you are not in the Green Zone after the first hour of the above treatment.

If your asthma is better after the first hour, continue to monitor your asthma signs.

Give Albuterol

- _____
- _____
- _____



**Red Zone
Emergency!**

Consult Child's Asthma Action Plan

Take Albuterol **NOW!**

- 4 puffs with spacer
- 6 puffs with spacer
- 1 Nebulizer treatment

Wait 1 minute between puffs of medicine.

Then **CALL** your doctor or nurse.


Phone _____

If you cannot reach your doctor or nurse immediately:

REPEAT Albuterol as above and

Give _____
Oral Steroid

AND go to the nearest emergency room or **Call 911.**



Asthma

Medications

Most current charts: <https://www.health.state.mn.us/diseases/asthma/index.html>

Relievers / Rescue / Bronchodilators

Short-acting Beta₂ Agonists



ProAir
albuterol sulfate
90mcg
Teva



ProAir RespiClick
albuterol sulfate dry powder
90mcg
Teva



Proventil
albuterol sulfate
90mcg
Merck



Ventolin
albuterol sulfate
90mcg
GlaxoSmithKline



Xopenex
levalbuterol tartrate
45mcg
Sunovion



Nebulized Albuterol
albuterol sulfate
2.5mg/3mL
generic



Xopenex Inhalation Solution
levalbuterol HCl
0.33mg/3mL
Sunovion



Xopenex Inhalation Solution
levalbuterol HCl
0.65mg/3mL
Sunovion



Xopenex Inhalation Solution
levalbuterol HCl
1.25mg/3mL
Sunovion



Atrovent*
ipratropium bromide
17mcg
Boehringer Ingelheim



Combivent RespiMat*
ipratropium bromide 20mcg,
albuterol sulfate 100mcg
Boehringer Ingelheim

* Ipratropium bromide is not a recommended rescue inhaler outside of use in the emergency room or urgent care but may, on occasion, be prescribed to supplement short-acting Beta₂ agonists.

Ipratropium Bromide

Controllers

Inhaled Corticosteroids (ICS): Metered-Dose Inhalers (MDI)



Aerospan
flunisolide
80mcg
Meda Pharmaceuticals



Alvesco
ciclesonide
80mcg
Sunovion



Alvesco
ciclesonide
160mcg
Sunovion



Asmanex
mometasone furoate
100mcg
Merck



Asmanex
mometasone furoate
200mcg
Merck



Flovent
fluticasone propionate
44mcg
GlaxoSmithKline



Flovent
fluticasone propionate
110mcg
GlaxoSmithKline



Flovent
fluticasone propionate
220mcg
GlaxoSmithKline



QVAR
beclomethasone
dipropionate
40mcg
Teva



QVAR
beclomethasone
dipropionate
80mcg
Teva



ArmonAir RespiClick
fluticasone propionate
55mcg
Teva



ArmonAir RespiClick
fluticasone propionate
113mcg
Teva



ArmonAir RespiClick
fluticasone propionate
232mcg
Teva



Annuity Ellipta
fluticasone furoate
100mcg
GlaxoSmithKline



Annuity Ellipta
fluticasone furoate
200mcg
GlaxoSmithKline

Inhaled Corticosteroids (ICS): Dry Powder Inhalers (continued on back)

Inhaled Corticosteroids (ICS): Dry Powder Inhalers (continued from front)



Asmanex Twisthaler
mometasone furoate
110mcg
Merck



Asmanex Twisthaler
mometasone furoate
220mcg
Merck



Flovent Diskus
fluticasone propionate
50mcg
GlaxoSmithKline



Flovent Diskus
fluticasone propionate
100mcg
GlaxoSmithKline



Flovent Diskus
fluticasone propionate
250mcg
GlaxoSmithKline



Pulmicort Flexhaler
budesonide
90mcg
Astrazeneca



Pulmicort Flexhaler
budesonide
180mcg
Astrazeneca

Combination Therapies



Advair
fluticasone propionate,
salmeterol
45mcg/21mcg
GlaxoSmithKline



Advair
fluticasone propionate,
salmeterol
115mcg/21mcg
GlaxoSmithKline



Advair
fluticasone propionate,
salmeterol
230mcg/21mcg
GlaxoSmithKline



Advair Diskus
fluticasone propionate,
salmeterol
100mcg/50mcg
GlaxoSmithKline



Advair Diskus
fluticasone propionate,
salmeterol
250mcg/50mcg
GlaxoSmithKline



Advair Diskus
fluticasone propionate,
salmeterol
500mcg/50mcg
GlaxoSmithKline



Airduo Respiclick
fluticasone propionate/
salmeterol
55mcg/14mcg
Teva



Airduo Respiclick
fluticasone propionate/
salmeterol
113mcg/14mcg
Teva



Airduo Respiclick
fluticasone propionate/
salmeterol
232mcg/14mcg
Teva



Breo Ellipta
fluticasone furoate/
vilanterol
100mcg/25mcg
GlaxoSmithKline



Breo Ellipta
fluticasone furoate/
vilanterol
200mcg/25mcg
GlaxoSmithKline



Dulera
mometasone furoate,
formoterol fumarate
100mcg/5mcg
Merck



Dulera
mometasone furoate,
formoterol fumarate
200mcg/5mcg
Merck



Symbicort
budesonide,
formoterol fumarate
80mcg/4.5mcg
Astrazeneca



Symbicort
budesonide,
formoterol fumarate
160mcg/4.5mcg
Astrazeneca

Inhaled Corticosteroids (ICS): Nebulized



Pulmicort Respules
budesonide
0.25mg/2ml
Astrazeneca



Pulmicort Respules
budesonide
0.5mg/2ml
Astrazeneca



Pulmicort Respules
budesonide
1mg/2ml
Astrazeneca



Spiriva Respimat
tiotropium bromide
1.25mcg
Boehringer Ingelheim



Serevent Diskus*
salmeterol xinafoate
50mcg
GlaxoSmithKline
*use with an ICS

Anticholinergic Controller Long acting anti-muarrinic agent (LAMA)

Long-acting Beta₂ Agonists (LABA)

Spacer Technique Checklist

Student _____ **School** _____

Ask questions below: Check the box for each question answered correctly, check the second box if answer is given by reviewer. Feel free to modify questions based on child's comprehension level.

Able to:	Steps performed without instruction	Steps reviewed and repeat demonstrated
Describe the first thing you should do if you or someone you know is having trouble breathing?		
Identify name of rescue medication		
Describe indication for rescue medication		
Identify number of puffs to take		
Identify number of uses per day		
Describe priming—4 puffs if new or not used in the last week		
Spacer with mask: First, have child perform technique without instruction, check box next to every step performed correctly, then review proper technique and repeat demonstration focusing on steps child performed incorrectly. Be sure to check box for each step reviewed then total both columns for total score.	Steps performed without instruction	Steps reviewed and repeat demonstrated
Stand up		
Remove cap from inhaler		
*Shake inhaler well		
Put the mouthpiece of inhaler into back of spacer		
Hold the spacer/inhaler together		
Place mask around mouth and nose and create a good seal		
Tilt head back or keep head level		
Press down once on canister of inhaler and take 6 normal breaths		
Remove mask from face		
Wait one minute before the next puff; then repeat from*		
Total number of steps performed	10	10
Spacer with mouthpiece: First, have child perform technique without instruction, check box next to every step performed correctly, then review proper technique and repeat demonstration focusing on steps child performed incorrectly. Be sure to check box for each step reviewed then total both columns for total score.	Steps performed without instruction	Steps reviewed and repeat demonstrated
Stand up		
Remove cap from inhaler and from spacer		
*Shake the inhaler		
Put the mouthpiece of inhaler into back of spacer		
Take big breath in then exhale		
Put the mouthpiece into mouth and close lips tightly around spacer		
Tilt head back or keep head level		
Press down once on canister of inhaler and inhale slowly and deeply		
Hold breath and count to 10 slowly		
Wait one minute before the next puff; then repeat from*		
Total number of steps performed	10	10

Staff Signature _____ **Date** _____

Spacer Technique

Use to teach proper spacer technique.

[Click here for full-size versions of these posters.](#)

HOW TO USE A SPACER WITH A MASK

1. Stand up.
2. Remove cap from inhaler.
3. Shake inhaler well.
4. Put the mouthpiece of the inhaler into the back of the spacer.
5. Hold the spacer and inhaler together.
6. Place the mask around your nose and mouth, and press the mask against your skin to create a good seal.
7. Tilt your head back or keep it level.
8. Press down once on the canister of the inhaler and take **six** normal breaths.
9. Remove the mask from your face.
10. Wait **one minute** before your next puff, then repeat steps 3-10 as needed. Follow your Asthma Action Plan.

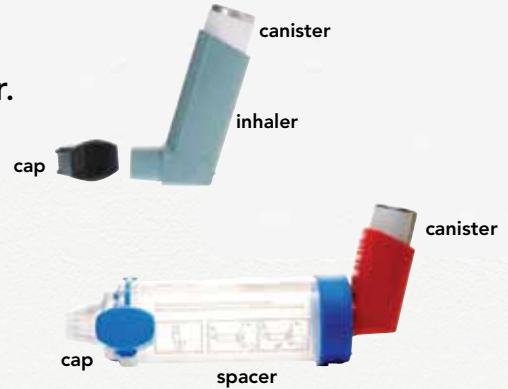


Note: If your inhaler is new or you have not used it in the last week, press it four times before using it.

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HOW TO USE A SPACER WITH A MOUTHPIECE

1. Stand up.
2. Remove cap from inhaler and spacer.
3. Shake the inhaler.
4. Put the mouthpiece of the inhaler into the back of the spacer.
5. Take a big breath and let it out.
6. Place the mouthpiece of the spacer between your teeth and close your lips around it.
7. Tilt your head back or keep it level.
8. Press down once on the inhaler canister and breathe in slowly and deeply.
9. Hold your breath and **count to 10** slowly.
10. Wait **one minute** before the next puff, then repeat steps 3-10 as needed. Follow your Asthma Action Plan.



Note: If your inhaler is new or you have not used it in the last week, press it four times before using it. If the spacer whistles when you breathe in, you are breathing too fast. Breathe in slowly.

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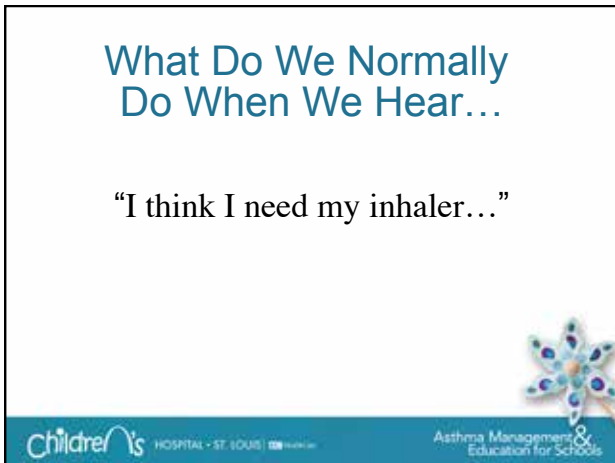
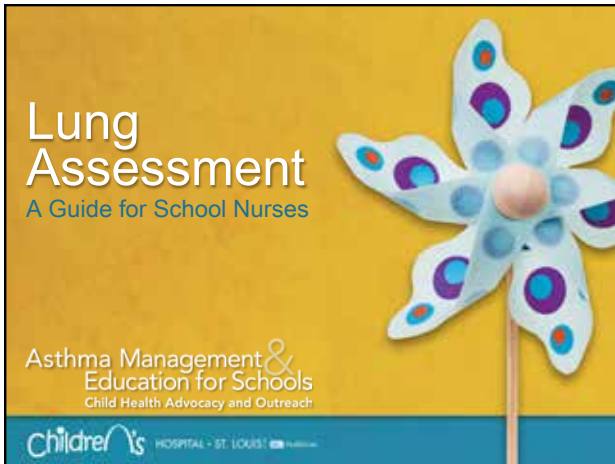


Questions? Call 314.454.KIDS (5437)

Asthma PowerPoint for School Nurses

Learn to assess asthma control and what interventions to perform to improve control.

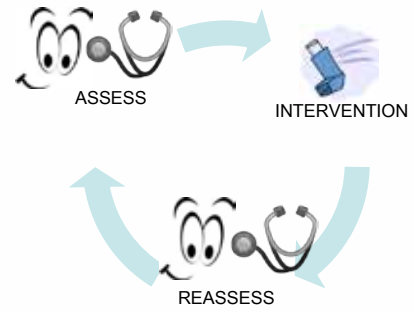
Click here for the full-size PowerPoint.



Let's Try Something a Little Different...

children's HOSPITAL - ST. LOUIS

Asthma Management & Education for Schools



children's HOSPITAL - ST. LOUIS

Asthma Management & Education for Schools

ASSESS

Ask yourself a few questions. What was the child doing before he came to my office?



- Was he in gym class?
- Was he at recess?
- Has he been outside?

children's HOSPITAL - ST. LOUIS

Asthma Management & Education for Schools

What Can I See?



- Shortness of breath
- Coughing
- Change in color
- Working to get next breath
- Change in Peak Flow

children's HOSPITAL - ST. LOUIS

Asthma Management & Education for Schools

Nasal Flaring

Normal nostrils



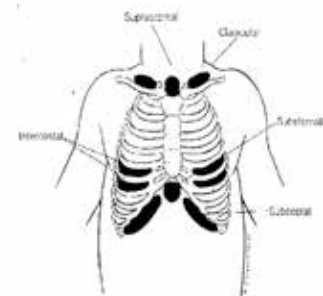
Flared nostrils



children's HOSPITAL - ST. LOUIS

Asthma Management & Education for Schools

Retractions



children's HOSPITAL - ST. LOUIS

Asthma Management & Education for Schools

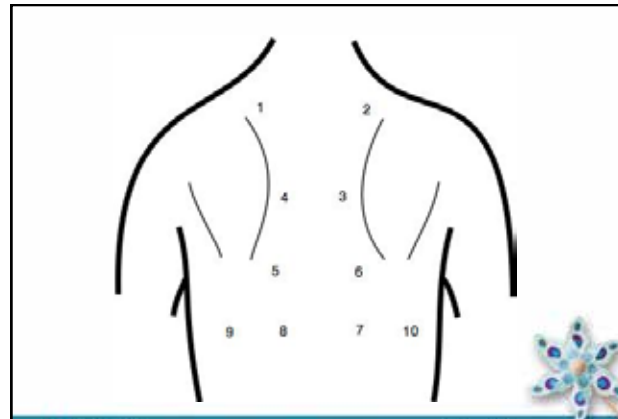
What Can I Hear?



- Normal breath sounds
- Decreased breath sounds
- Wheezing
- Crackles, rales or rhonchi



How Do I Listen to Breath Sounds?



Hear Normal Breath Sounds

But Child Has Early Warning Signs...

Treat with Albuterol

- Some children with asthma do not wheeze
- Some children with asthma are “coughers”
- Chest can feel tight to child before you see symptoms



Decreased Air Movement



Very faint or no sounds heard

- Airways might be so closed off and tight that you won't hear wheezing or air movement.
- You might think there is something wrong with your stethoscope!

Crackles, Rales and Rhonchi

- Child coughs and then lungs sound clear – usually indicates mucous in the lungs or airway
- Not uncommon to have crackles because viral illnesses often bring on asthma



Wheezing

- Usually heard on exhalation
- Whistle or accordion sound/long exhale
- This means they **ARE** moving air
- Sound is made because air is moving in and out of tight airways
- You might not hear wheezing until you give Albuterol



NOW
it's time for
INTERVENTION



Albuterol



- What does it do?
- Inhaler with spacer or nebulizer?
- How much can you give?
- How often can you give it?

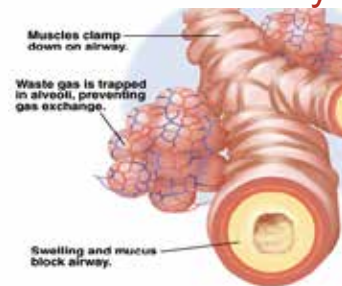


What does Albuterol do?

Albuterol relaxes the muscles around the airway.



Remember How Asthma Affects the Airways



Albuterol

- Doesn't treat underlying problem which is inflammation
- If you have a child that is coming into your office frequently needing Albuterol, there might be more going on.



Questions to Ask Yourself

- Does he need controller medicine?
- Does he have a controller medicine on the asthma action plan?
- Is he taking his controller medicine?
- Is correspondence needed with parent or healthcare provider?



Reassess after 20 minutes



Did My Intervention Change Anything?

- Coughing less or more
- Short of breath
- Wheezing less or more
- Change in color
- Nasal flaring
- Working to get next breath
- Does the child feel better?
- Improvement in Peak Flow



What Do I Do If My Interventions (Albuterol) Have Not Changed Anything?



GIVE MORE ALBUTEROL!

If a child is in crisis, you are not going to overdose them...

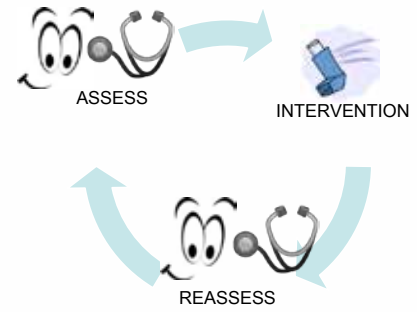
Do you need to call 911 or parents?

Then reassess again.



If My Interventions Helped

- Let the child relax a short time before returning to class
 - Consider having them skip gym or recess that day
- Reassess** before school dismissal if possible.



Documentation

What Do You Do?

- Chart in child's health record
- Correspond with
 - teacher
 - family
 - PCP



The Goal is Asthma Control!



Thank You!

For More Information, Contact:
Asthma Management & Education
for Schools (AMES) Program
phone: 314-286-0947
email: HealthyKidsExpress@bjc.org



Bridging Resources to Encourage Asthma Treatment & Health (BREATH)

What is BREATH?

BREATH (Bridging Resources to Encourage Asthma Treatment and Health) is a comprehensive asthma and allergy management program that provides medications, equipment, education and support to eligible children/young adults up to the age of 22 who are either uninsured or underinsured.

Uninsured means that you have no health care coverage.

Underinsured means your insurance covers medicines, but you cannot afford the copayments required. For both types of children/young adults, the Asthma and Allergy Foundation of America, St. Louis Chapter (AAFA-STL) may be able to cover the costs associated with the asthma and allergy medicines listed on our formulary to those who qualify.

How to Apply

Patients or a patient's advocate can apply to BREATH by:

1. Requesting a paper application by calling AAFA-STL at (314) 645-2422 OR
2. Downloading the BREATH Application from aafastl.org.
3. Collecting income verification for the entire household, generally the most recent tax return AND copies of the entire household's latest pay stubs. Please refer to our Income Guidelines sheet to see examples of acceptable proof of income.
4. Providing patient primary insurance information (for co-pay clients)—a copy of their insurance card (front and back) and their Rx card, if different.
5. Mail/Fax all the application materials to:
AAFA-STL
1500 S. Big Bend, Suite 1 South
St. Louis, MO 63117
or Fax: (314) 645-2022

All applications are reviewed individually and in a quick manner to provide immediate assistance. Parent and caregivers without access to the internet can call AAFA-STL directly at (314) 645-2422 to obtain an application. All children/young adults enrolled in BREATH are evaluated periodically for continued eligibility. AAFA-STL works exclusively with Beverly Hills Pharmacy who delivers medicines for free to our clients. Since Beverly Hills Pharmacy is not open 24 hours a day, we also enroll clients in Walgreens to fill medicines in emergencies only.

Eligibility

Eligibility is based on an individual's demographic, financial, medical, and insurance situation

Demographic

- Must be under the age of 22
- Live within one of the following Missouri or Illinois counties:
 - St. Louis City (MO);
 - St. Louis County (MO);
 - Jefferson (MO);
 - St. Charles (MO)
 - Madison (IL); or
 - St. Clair (IL)

Financial

- Families must fall within 200% of the Federal Poverty Limits, based on family size

Medical

- Client must have a diagnosis of Asthma, Allergies or Food Allergies

Insurance

- Who either have no insurance and are in the process of applying for other coverage to become effective; OR
- Have insurance, but are in need of assistance with prescription copays; OR
- Are in need of medical resources (e.g. spacer, nebulizer) that are not currently covered under their health plan

continued on next page

How does BREATH Work?

Full-Pay clients are covered for 3 months, until a financial limit of \$925 is reached or until they are enrolled in health care coverage, whichever comes first. AAFA-STL is not a long-term solution for those without insurance. Rather AAFA-STL serves as a stop-gap for people in need of their asthma/allergy medicines while they apply for and secure additional coverage. All full-pay clients are required to apply to MOHealthNet/Medicaid/IL All Kids. If full-pay clients are not eligible for Medicaid, they must apply to get their medicines through one of the pharmaceutical company's prescription assistance program. AAFA-STL can help identify the best program for you.

Copay clients can renew annually and will be evaluated for continued eligibility. High-deductible copay clients may be required to seek additional resources if they exceed this \$925 annual limit.

for life without limits®

Resources Covered by BREATH

- **Approved asthma and allergy medicines**
- **Durable Medical Equipment**
 - Nebulizers Machines
 - Nebulizer accessories/attachments
 - tubing kits with masks (medium or pediatric sizes available)
 - tubing kits without masks
 - masks only without tubing (medium or pediatric sizes available)
 - Peak flow meters
 - Spacers
 - with a mask (small or medium)
 - without a mask (generally for kids over the age of eight)
- **Allergic bed encasings**—AAFA-STL will only provide one bed encasing and one pillow case per child, per lifetime unless initial case is a crib.
- **Asthma management/educational materials**

Contact Us!

Asthma and Allergy Foundation of America—St. Louis Chapter

1500 S. Big Bend, Suite 1S

St. Louis, MO 63117

(314) 645-2422

Fax: (314) 645-2022

aafa@aafastl.org

www.aafastl.org

Hours

Monday-Friday

8:30 a.m-5 p.m.

continued on next page

Coverage Limits for BREATH

<p>Full-Pay Clients Full-Pay Clients are covered for 3 months, until a financial limit of \$925 is reached or until they are enrolled in health care coverage, whichever comes first. It is AAFA-STL goal for full-pay clients to apply and get enrolled into MOHealthNet/Medicaid/IL All Kids. It is mandatory that full-pay clients apply to their state Medicaid program. Most clients will hear back on their Medicaid/MOHealthNet/IL All Kids applications within 3 months. If you think you qualify for Medicaid/MOHealthNet/IL All Kids and were wrongfully denied coverage, call Advocates for Family Health at (314) 534-1263 as they might be able to help.</p>	<p>Copay Clients Copay clients are covered until an annual financial limit of \$925 is reached and can renew annually in May when AAFA-STL mails out renewal paperwork. High-deductible copay clients may be required to seek additional resources if they exceed this \$925 limit.</p>	<p>Resource Clients Resource clients who only receive bedding encasing or only durable medical equipment and who do not enroll in BREATH's prescription assistance program will only receive the durables/encasings from AAFA-STL and will not have ongoing coverage. If Durable/Encasing-only clients need copay assistance, they should reapply to BREATH.</p>
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Sample Medical Orders for Respiratory Distress: Albuterol Nebulizer

The following guidelines are to be used by nurses in the _____ School District to respond to children with respiratory distress while at school.

Inhalation/Nebulization Treatment

1. Children with prior history of asthma or reactive airway disease:
 - a. Those with prescribed medication available at school should be giving the recommended dosage and reassessed.
 - b. Those who do not have medications available or those who do not respond completely with the prescribed medication may be given one inhalation treatment. A second treatment may be administered if not improved.
 - c. Notify the child’s parent/guardian or private physician
2. Children without prior history of asthma or reactive airway disease:
 - a. Children who develop wheezing at school and are in mild distress may be giving one inhalation treatment. A second treatment may be administered if not improved.
 - b. Notify the child’s parent/guardian or private physician
3. Children with or without history of asthma or those who are in severe distress or fail to respond to the above interventions:
 - a. Call 911 to activate the EMS system
 - b. Epinephrine can be administered according to dosage per weight (see protocol), if indicated.
 - c. Notify the child’s parent/guardian or private physician if this has not already been done.

Dosing of Albuterol nebulizer solution is 3 cc vial (0.083%) of Albuterol, trade name Ventolin or Proventil, to be given over 10 minutes.

Medical Director Information

Signature

Printed Name

Today’s Date

Title

School District

Sample Medical Orders for Albuterol

Missouri State House Bill No. 1188's amendment of Chapter 167 (Section A 167.635), RSMo allows school districts to obtain asthma rescue medications written by a licensed physician, a physician's assistant or nurse practitioner. For such prescriptions, the school district shall be designated as the patient, the nurse's name shall be required, and the prescriptions shall be filled at a licensed pharmacy.

Serving as medical director for this school district, I hereby give these written orders for **Albuterol nebulizer solution is 3 cc vial (0.083%) of Albuterol, trade name Ventolin or Proventil** valid for the ____ - ____ school year(s) for the _____ School District (patient) to be filled at a licensed pharmacy. School Nurses in this district include:

School Name	School Nurse	School Name	School Nurse
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Director Information

Signature

Printed Name

Today's Date

Sample Medical Orders for Stock Albuterol

Thank you for your interest in obtaining stock Albuterol for your school district. You may fax prescriptions to:

Each new prescription should indicate the following

Name of School District	_____
School District Address	_____
City, State Zip	_____
School Nurse	_____
Product Ordered	Albuterol Sulfate Inhalation Solution 0.083% (2.5 MG/3mL)
Quantity	1 box (24 vials/box) per each school listed on following page)
Refills	None
Use	As stock medication for life-threatening asthma episode at school
Physician Name	_____
Physician Signature	_____
Physician Phone Number	_____
DEA#	_____
NPI #	_____

Dr. H. James Wedner has agreed to serve as the medical director for schools without a medical director so they can get albuterol and epinephrine as stock rescue

School Nurse Name _____

School Nurse Email _____

Check the boxes for all grades present in your school

Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12

I am requesting Dr. H. James Wedner to write a prescription to my school for _____ albuterol _____ epinephrine
(check all that apply)

Schools Requiring Prescriptions													
School Name	Address	City, State Zip	County	District	Phone	Principal							

Medical Director Request Form

How to Clean Your Reusable Sidestream Nebulizer

Keep the nebulizer dry and clean to prevent germs from growing.

1. After every use, disconnect the nebulizer from the tubing and briefly turn on the compressor to clear any moisture from the tubing.
2. Remove the tubing and mouthpiece/mask from the nebulizer.
3. Unscrew the nebulizer into the three separate parts.
4. Wash the nebulizer parts and mouthpiece/mask (NOT the tubing) in warm soapy water, and then rinse them in clean and cold water.
5. Allow the parts to dry naturally and completely.

Once a week you must boil your reusable NEBULIZER ONLY in water for 6-10 minutes, with 2-3 drops of washing-up liquid. This unblocks the jet holes of medication. Disassemble the nebulizer before boiling.

CAUTION: Do not use a brush/paperclip/needle to clear the jet holes.

Replacing your reusable nebulizer and accessories

To ensure that you are receiving the most from your treatment we recommend that you replace the reusable Sidestream nebulizer, tubing and mouthpiece/mask on a yearly basis. In addition, the compressor's air inlet filter should be replaced every 3 months, or when it no longer looks white and clean.

I need to replace my nebulizer and accessories in _____ (month)

I need to replace the filter in ____/____/____/____ (months)



Reusable Sidestream nebulizer and accessories are light blue.