

**NAEPP SCHOOL SUBCOMMITTEE
SUGGESTED EMERGENCY PROTOCOL FOR STUDENTS
WITH ASTHMA SYMPTOMS WHO DON'T HAVE A PERSONAL
ASTHMA ACTION PLAN**

Supplies:

Albuterol inhaler, spacer/holding chamber, peak flow meter, chart of predicted peak flow values, oxygen (if available)

Possible observations/symptoms (May include one or more of the following):

- Coughing
- Wheezing, noisy breathing, whistling in the chest,
- Difficult breathing, tightness in chest, shortness of breath or chest pain, breathing hard and/or fast, discomfort when breathing,
- Nasal flaring (nostril 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. Restrict physical activity and allow student to rest. Encourage student to breathe slowly and relax.
2. Place the student 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.
3. **Quickly evaluate the student.**

**Call 911 and immediately administer albuterol and
O₂ (if available) if in severe distress!**

(For example: unable to speak, lips blue,
or peak flow < 50% personal or predicted best).

Contact parent/guardian.

4. Check and record:
 - a. Respirations and pulse (Normal rates listed on back. Report to MD or EMS).
 - b. 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.
5. **Administer albuterol--2 puffs albuterol, 5-10 seconds between puffs.
Medication must be authorized by a personal physician order or a standing protocol signed by a school physician or public health physician. School**

- nurses (or designee if authorized and appropriate) may administer albuterol from school supply, if available, and student does not have a personal albuterol inhaler. Use a spacer/holding chamber and disposable mouthpiece.
6. Contact parents (even if situation does not appear severe).
 7. Re-evaluate student after 10-15 minutes. Check for ease of breathing, peak flow, pulse and respirations.
 - a. If student is improving, keep the student in the health room under supervision until breathing returns to normal. Follow school protocol for returning to class.
 - b. If student is not improving, contact student's physician or call 911. Administer albuterol again--2 puffs, 5-10 seconds between puffs. May repeat for up to 3 treatments.**
 8. With parental permission, provide report of health room encounter to student's physician.
 9. 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

Peak Flow predicted best chart (add chart for type of meter used)