

# Comprehensive Management of the Asthmatic Student

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## Objectives:

- ▶ Provide a better understanding of the fundamentals of Asthma
- ▶ Participant will be able to understand the Asthma Action Plan and Implementation of the plan
- ▶ Participant will have an understanding of the importance of an effective Asthma Team

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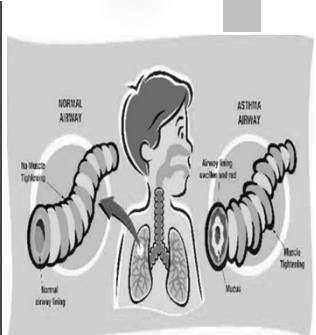
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## What is Asthma?

Asthma is a Chronic Inflammatory Lung Disease that affects the Airways  
Causing:  
Constriction, Inflammation, & Hypersecretion of Mucus in the Airways  
Common Causes of Asthma in Children:  
Family History & Environmental Exposures  
Common Symptoms:  
-Cough  
-Chest tightness/Shortness of Breath  
-Wheezing



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### Every Child with Asthma doesn't Always Wheeze

#### Early Symptom Recognition:

- ▶ The Persistent Cough
- ▶ Low Energy (something is different)
- ▶ Decreased/silent chest breath sounds
- ▶ Usually afebrile

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#### How Asthma is Treated:

\*By a Primary Care Physician, not just Emergency/Urgent Care or the School Nurse!

##### \*Medications:

- Bronchodilators (Rescue medication)- Relaxes Bronchial Muscles
- Inhaled Corticosteroids (Control medications)- Reduces airway inflammation
- Oral Steroids



##### \*Knowing & Avoiding Triggers, such as:

- 2<sup>nd</sup> Hand Cigarette Smoke Exposure
- Pet Dander
- Seasonal Allergies
- Cockroaches
- Molds
- Strong Scents
- Exercise
- Colds & Viruses




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#### Common School Triggers:

- ▶ PE class
- ▶ Recess
- ▶ Older facilities (Mold)
- ▶ School Bus exhaust
- ▶ Cleaning products
- ▶ Stress
- ▶ Strong scents worn by students and staff
- ▶ Weather changes
- ▶ High pollen counts
- ▶ Dry-erase marker fumes

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### Classifications of Asthma Severity:

| Classification      | Daytime Symptoms    | Nighttime Symptoms | Rescue Medication Use       |
|---------------------|---------------------|--------------------|-----------------------------|
| Intermittent        | ≤2 days/week        | ≤2 nights/month    | ≤2 days/week                |
| Mild persistent     | 3-6 days/week       | 3-4 nights/month   | >2 days/week, but Not Daily |
| Moderate persistent | Daily               | ≥5 nights/month    | Daily                       |
| Severe persistent   | Several times a Day | Frequent           | Several times a Day         |

\*Someone with Mild Asthma, can still have a Severe Attack!!\*

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### Is Asthma really a Big Deal??

\*Most common chronic disease & leading cause of disability among children

Asthma is also the Leading Cause for Pediatric:

- Emergency Room visits and Hospitalizations
  - (also the most preventable ER/hospital visits)
- Missed school days
- Missed work days for Parents

\*Asthma can not be Cured, but it can be Controlled!

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### Importance of an Asthma Action Plan, does it work?

An AAPlan Provides:

- ▶ Guidance
- ▶ Calmness
- ▶ Flexibility




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### What is an Asthma Action Plan?

- o **Green Zone:**
    - o No symptoms
    - o Continue daily Controller Medication
  - o **Yellow Zone:**
    - o Experiencing Mild-Moderate Symptoms
    - o Needing Rescue Inhaler
  - o **Red Zone:**
    - o Experiencing Severe Symptoms
    - o Call 9-1-1!
- \*If child has symptoms with exercise then give:  
2 puffs Albuterol 15 minutes before activity




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### Authorization of the Asthma Action Plan



- Consent box :**
- \*gives school nurse **and** school personnel authorization to administer student's medication.
  - \*Also allows student to self-administer their own medication.
  - \*Both parent/guardian and physician sign

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### Tackling the Yellow Zone:

- ▶ Does 2 puffs Q4 PRN get the job done??
  - ▶ Yellow Zone dosing:
    - 2 or 4 puffs (depends on age),
    - every 20 min. for up to 3 treatments in 1 hour
  - ▶ Where the most impact can happen
  - ▶ School nurse can make a difference – Frontline Defender
  - ▶ Do you have your resources?

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**Rules of 2:**

- ❖ **Use Rescue Medication > 2 Times/Week**  
(other than when used for prophylactic EIB)
- ❖ **Awakens from Asthma Symptoms  $\geq$  2 nights/month**
- ❖ **Have to Refill Rescue Medication > 2/year**  
(other than when used for prophylactic EIB)

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**Responsibility of School Nurse in Asthma Management**

- Identify Students
- Development of Asthma Action Plan
- Assessing proper inhaler technique and student's ability to self-administer
- Does student recognize their symptoms and know how to access their medicine?
- \*Communication and Training of Staff  
\*SC Code of Laws Section 40-33-30 (D) (3)\*

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**McLeod Asthma Team Objectives and Goals**

- ▶ We can be a resource!
- ▶ Why we saw a need for our team
- ▶ Listening to our School Nurses
- ▶ You're the Frontline, the student's Advocate
- ▶ We Feel Your Frustration!

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### Device Training:

#### Inhaler with Spacer

Spacers help get more medication into the lungs



#### Controller and Rescue Inhalers

Remember to rinse mouth after each use



#### Nebulizer



#### Peak Flow Meter

This device may help you know if your child's asthma is under control




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### Can my Child take their Breathing Medications to School & keep it with them?

- ❖ **Yes they Can!!**
- ❖ You can obtain a permission form from your Child's doctor to give to school
- ❖ Med. Must be kept original container with appropriate pharmacy label on prescribed med.
- ❖ **Talk to your child about not abusing this important privilege**
- ❖ Appropriate permissions slips have to be renewed each school year

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### How to Prevent Common Triggers:

**\*Do Not Smoke In Your Home!!**

**\*Keep pets out of bedroom**

**\*Decrease number of stuffed animals**

**\*Keep the Dust Bunnies away**

- Don't provide an environment for them to thrive in
- Remove their popular hangouts if possible
- Conceal them
- Wash them away

**\*Stomp out Cockroaches**

- Don't let them in
- Don't feed them

-Wage war if they are in your home

**\*Talk to your child's doctor about receiving an annual Flu shot.**

**\*Talk with your child's doctor about ways to help control seasonal allergies.**




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