

Standards of care

Asthma management in the school setting

Asthma is a chronic condition affecting 5%-10% of the children in the United States. Asthma is responsible for more hospital admissions, emergency room visits, and school absences than any other childhood disease. It can be serious and life-threatening, but it can also be controlled. Symptoms of asthma can be mild, severe, or fatal.

During an acute episode, the airways become narrow or blocked, causing wheezing, coughing, and shortness of breath (dyspnea). The most common asthma triggers are viral infections, exercise, allergens, environmental irritants, and stress.

Asthma emergency action plan

Students with a history of anaphylaxis should have an asthma action plan on file with the school before they attend. This should be written by the school nurse and parent and signed by the student's healthcare provider. The asthma action plan should be reviewed each year, and if the student transfers to another school.

The Utah Department of Health and Human Services, along with other stakeholders, have developed an asthma action planform that is required for any student carrying or carrying and self-administering asthma medication while at school.

Asthma medication

Utah Code <u>26B-4-408</u> allows students to carry or carry and self-administer asthma medication when the appropriate form has been completed and signed by a parent and healthcare provider and returned to the school.

School nurses should determine their individual scope of practice regarding new asthma treatment therapies and asthma care practices.



Management

The school nurse can assist the student who has asthma with managing their condition in the following ways:

- Encourage parents to leave an extra rescue inhaler at school in case of emergencies.
- Assist teachers in modifying the student's environment to reduce triggers.
- Keep accurate records of asthma episodes at school, including triggers, early warning signs, treatment, and education or support provided to the student or family.
- Assist physical education teachers to modify physical education requirements (as necessary).
- Assist the student in administering the prescribed medications (as needed).
- Counsel the student about regular class attendance and the importance of premedication prior to engaging in activities that trigger asthma attacks.
- Monitor the student's activities, medication compliance, and academic performance.

Self-care ability level should be determined by the school nurse and parent. All students, regardless of age or expertise, should have an asthma action plan on file with the school, and may need assistance during an asthma episode.