**Components of Asthma Management in the School – SPPS Model**

| **School Staff Designee / Secretary** | **Licensed School Nurse (LSN)** |
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| **Case Finding** | **Case Finding** |
| 1. Notify LSN of students with asthma or symptoms of asthma following established communication procedure. | 1. Conduct case finding for asthma by reviewing data from a variety of sources including the student/ family, school staff, health/medical records, health history form, emergency cards, field trip permission forms. 2. Record health data in the *Pupil Health Record* and on *Campus Health Condition List* as indicated. 3. Obtain additional history as needed. |
| **Delegated Nursing Care/Procedures** | **Delegated Nursing Care/Procedures** |
| 2. Collect asthma questionnaire, medication authorization, Asthma Action Plans or other communications from parent/guardian and/or health care provider. | 1. The LSN uses the *Asthma Questionnaire(AQ)* as a tool to:    1. determine if the student’s asthma is under control    2. help determine severity level    3. develop an appropriate plan of care (IHP or ECP) 2. The *AQ* is given to:  * Annually to students who have asthma * newly identified or newly discovered students with asthma * students with asthma where more information is needed * students whose asthma is out of control  1. Information from the *AQ* is summarized in the narrative notes of the pupil health record. 2. The *AQ* may be sent home with the student, mailed or given to the parent/guardian. 3. Document that the *AQ* was given or sent to parent/guardian on the asthma tracking sheet and/or SHOAR. |
|  | 1. The LSN uses the *Student Breathing Questionnaire (SBQ)* for students in grades 6 – 12 in conjunction or in lieu of Asthma Questionnaire to:    1. help determine if student’s asthma is under control    2. determine the student’s severity level    3. develop a plan of care (IHP or ECP) 2. Administer *SBQ* to any student in Grades 6 – 12 with asthma:  * on initial visit with asthma symptoms to the Health Office during the school year * who takes medications on a routine basis * who is reported as absent due to asthma or suspicious of asthma 1-daywho frequently presents with asthma symptoms   3. If the student’s asthma status appears to be changing, the LSN can repeat the *SBQ* if indicated.  (continued on page 2) |

| **Delegated Nursing Care/Procedures (continued)** | **Delegated Nursing Care/Procedures (continued)** |
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|  | 1. Assist student with *SBQ* if student cannot read at 3rd grade level or needs interpreter services. 2. Summarize findings in narrative notes of the P*upil Health Record*. 3. Document that the *SBQ* was given to the student on the asthma tracking sheet and/or SHOAR*.* |
| Provide episodic care to students with symptoms of asthma. | 1. Provide ongoing support and monitoring to school staff and designee regarding asthma care. 2. Train Designee/s on all delegated tasks and supervise performance. |
| Assessment | 1. Perform assessments[1](#_bookmark0) on students with symptoms of asthma, which include:    * Physical Assessment: visual inspection, auscultation of breath sounds (anterior/posterior, skin to skin), respiratory rate, peak flow.    * School: learner performance, ability to function in physical education /sports/ socially/ and attendance patterns.    * Resources: insurance status, transportation, finances, access to Health Care Provider (HCP). 2. Assessment can also include the following areas:    * Emotional/social status: student’s reaction to illness, abuse, neglect.    * Environmental: home and school environment    * Family support |
|  | **Asthma Visit Notification (AVN)**   1. Document asthma visit on *Daily Log* and/or *Pupil Health Record.* 2. Complete *Asthma Visit Notification form* (*AVN*)[2](#_bookmark1) when student is seen in the Health Office **with asthma symptoms** and/or distress and send home with student. 3. Using the *MPS Pathway For School Asthma Care*, provide appropriate level of intervention for students with exacerbation of asthma. 4. Phone parent/guardian if student is seen in the Health Office 2 times a week with asthma symptoms. 5. Document that *AVN* Form was sent to parent/guardian on the   *SHOAR.*   1. File *AVNs* with the SHOAR, destroy AVN’s at the end of the year or upon student withdrawal. 2. Determine if additional medical information is needed. Parental authorization can be used from the medication authorization form, Asthma Questionnaire (AQ) or Release of Information form. |

1 Use the *MPS Pathway for Acute Asthma Care* in making decisions regarding the provision of acute asthma care in the school setting.

2 If you make a phone call in lieu of sending the *AVN*, complete the form anyway. The call is documented on the *daily log* or on the *AVN* form.

| **Delegated Nursing Care/Procedures (continued)** | **Delegated Nursing Care/Procedures (continued)** |
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| 1. Complete the *School Health Office Asthma Record (SHOAR)* on all students with asthma medication or asthma symptoms. 2. The *SHOAR* is used to:    * Record asthma medication    * Document asthma symptoms | **School Health Office Asthma Record (SHOAR)**   1. Complete or initiate the *School Health Office Asthma Record (SHOAR)* on all students with asthma medication and/or students who need documentation of Peak Flow or Education. (See instructions under peak flow and *SHOAR* instructions).    1. The *SHOAR* is an asthma management tool used to:       * Document asthma medication administration       * Record peak flow readings       * Document asthma symptoms       * Document student education       * Document nursing interventions       * Document student outcomes |
|  | **Asthma Medical Request (AMR)**   1. The *Asthma Medical Request* form *(AMR)* is used for communication between the Health Care Provider (HCP) and the LSN. 2. Complete the *AMR* or contact the HCP when there are asthma control or management concerns. Attach *SHOAR* as appropriate. 3. The *AMR* should be sent to the HCP only after parent/guardian consent is obtained, except in the event of an emergency. 4. When a student is transported by ambulance to the Emergency Dept. (ED), the *AMR* form should be sent along with the student. Fax copy to HCP (if known). 5. When a student needs immediate care (based on the *MPS Pathway for Acute Asthma Care)* and he/she is going to their primary clinic or urgent care, the LSN should call the HCP to inform them of the referral. The *AMR* should be sent with the student and faxed to the HCP. 6. For situations not requiring immediate attention, the LSN should fax the *AMR* to the clinic without calling the clinic. The LSN should call the parent/guardian or send the *AVN* form home informing parent/guardian of *AMR* faxed to clinic. 7. The LSN will send the *AMR* when:    * Student is seen in the Health Office 2 or more times a week with asthma symptoms.    * Medication/peak flow meter/spacer are needed at school.    * There are other questions about medications.    * Student experiences an acute asthma episode requiring immediate care.    * Student has missed 5 or more days of school due to asthma within the current school year. 8. Document on the *SHOAR* and/or the narrative notes of *Pupil Health Record* that the *AMR* was sent to the clinic or HCP. File original/copy with the SHOAR*.* |

| **Delegated Nursing Care/Procedures (continued)** | **Delegated Nursing Care/Procedures (continued)** |
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|  | **Individual Health Plan (IHP)**   1. Develop *Individual Health Plan (IHP)* for students with moderate to severe asthma who require nursing care (see IHP instructions). 2. Review and modify *IHP* as needed. 3. Summarize progress towards goals / education on IHP form annually or upon student’s withdrawal from school. |
|  | **Asthma Action Plan (AAP)**   1. Send request for *AAP* on students:    * whose asthma is out of control    * with mild, moderate and severe **persistent** asthma    * who take asthma medications at school on a daily basis    * who have had ED or hospital visits within the last year 2. Review new *AAPs* on a weekly basis. 3. Place *AAPs* in with *SHOAR* form. 4. Enter AAP treatment code (329) under appropriate health condition code in Campus. |
|  | **Campus**   1. Review/add appropriate health condition code in campus. 2. Review *AQ, SBQ, AVN Form, and AAP* to determine student’s current level of control[3](#_bookmark2) and asthma severity level and enter in Campus. 3. Enter AAP treatment code (329) under appropriate health condition code in Campus. |

3 DEFINITION OF CONTROL: Complete or total control of asthma can be defined as (1) no asthma symptoms; (2) no rescue bronchodilator use; (3) no nighttime or early morning awakening; (4) no limitations on exercise, work, or school; (5) complete control of asthma by patient and physician assessment; and (6) normal or personal best PEF or FEV1. (Excerpted from: Attaining optimal asthma control: A practice parameter.; developed by the Joint Task Force on Practice Parameters, AAAAI,ACAAI & Joint Council of AAI 2015)

**Components of Asthma Management in the School**

| **Delegated Nursing Care/Procedures (continued)** | **Delegated Nursing Care/Procedures (continued)** |
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|  | **Peak Flow Meter**   * Check peak flow on students: * with **persistent** asthma * with asthma symptoms * to determine if medication is needed per *AAP* * Periodic evaluation for students receiving pre-exercise meds.   + Document peak flow readings, signs, symptoms and medications given on *SHOAR form*[*4*](#_bookmark3): “**a**” = peak flow reading before medication, “**p**” = peak flow after prn medication. Record actual PF number above “**a**” or “**p**” on graph section of *SHOAR.* * If student returns with symptoms a second time on that same date and requires repeat peak flow monitoring, the following adjacent vertical column is used to document the peak flow (If *AAP* is not available, calculate student’s predicted peak flow using the table: “Average Peak Flow Rate For Healthy Children.” |
| 1. Administer medications per LSN delegation and/or Health Care Provider (HCP) order. | **Medication**  Assess, monitor, and/or administer medications.   * Document medication in the same vertical column, that peak flow is recorded on the *SHOAR* form, in the first available box corresponding to the medication given. [5](#_bookmark4) * If student returns with symptoms a second time on that same date and receives PRN medication and/or requires peak flow monitoring, the following adjacent vertical column is used to document the peak flow and medication given (use one line only for PRN medication). * Use one line for each medication unless a medication is routinely given twice during the each school day. In this case, use a separate line for each administration time. |
|  | **Pupil Health Record**   1. Document all 911 calls on the pupil health record. 2. Document all medication orders on the pupil health record when med is received. 3. Document other pertinent information in narrative notes per LSN judgement. 4. At end of year or upon student withdrawal, file SHOAR, AMR, AQ, SBQ, IHP/ECP, AAP, and medication authorization in the pupil health record. |
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4 Peak Flow readings may be recorded on the *Daily Log* or the narrative notes of the *Pupil Health Record* if student is not checking peak flows on an ongoing basis.

5 Do not document students coming in for routine pre-exercise asthma medications on the *Daily Log*. Students coming for PRN medications because of symptoms should be documented on the *Daily Log.*

| **Care Coordination** | **Care Coordination (LSN)** |
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| 1. Communicate regularly with LSN regarding concerns and care of students with asthma. | 1. Request *AAP* on students:    * whose asthma is out of control    * with mild, moderate and severe **persistent** asthma    * who take asthma medications at school on a daily basis    * who have had ED or hospital visits within the last year 2. Document request sent in narrative notes of *Pupil Health Record or on SHOAR*. |
|  | 1. Review *IHP* and *AAP* 2. Develop or modify plan for care coordination as needed. |
|  | 1. Determine if students have insurance. 2. Assess family’s understanding of health care system and ability to access preventive and emergency care. 3. For students who have no insurance, refer to Community Resources*.* |
|  | 1. Assist with transportation and interpreters for students as appropriate. |
|  | 1. Consistent communication with parents/guardians and providers regarding asthma care, need for medication, supplies, *Release of Information Consents*, asthma episodes. 2. Refer students to Health Care Provider to ensure consistent asthma care and follow-up according to NHLBI/NAEPP guidelines. |
|  | Initiate referrals to:   * community based asthma programs, * asthma case management services @ health plan, hospital or clinic, * home visiting services for f/u coordination, education or home environment assessment * other services as needed i.e. asthma camp |
| **Emergency Care** | **Emergency Care** |
| 1. Provide first aid in accordance with ***First Aid for Asthma and Breathing Trouble*** or Emergency ***Medical Care Flipchart* found in Student Wellness Site Plan or individualized student** **Emergency Care Plan.** 2. Notify LSN, parent/guardian and HCP of emergency care as needed. | 1. At the beginning of the year. LSN *reviews First Aid for Asthma and Breathing Trouble* and *Emergency Care Flip Chart* with school staff and delegated designees. 2. Ensure Building Site Plan is completed and includes *First Aid for Asthma and Breathing Trouble Emergency Medical Care Flip Chart*. 3. Provide first aid in accordance with *MPS Pathway for Acute School Asthma Care*, *First Aid for Asthma and Breathing Trouble, Emergency Medical Care Flipchart* or individualized student *Emergency Care Plan.* 4. Complete *Emergency Care Plan (ECP)* on student if the following conditions apply:    * previous ICU admission or intubation for asthma    * extreme **labile asthma** (asthma symptoms that come on suddenly and rapidly worsen).    * Poorly controlled moderate or severe persistent asthma.   (continued on page 7) |

| **Emergency Care (continued)** | **Emergency Care (continued)** |
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|  | 1. File *ECP* with SHOAR, sub folder, and site plan. 2. Document development of *ECP* on SHOAR narrative notes. When possible, include the parent and the Health Care Provider in developing the *ECP*. 3. Provide copies of *ECP* to Office Staff, PE teachers, coaches, classroom teachers and other personnel working with student per LSN judgment. |
| **Student Education/Counseling** | **Student Education/Counseling** |
|  | 1. Review correct inhaler and peak flow meter techniques with students who come into the Health Office; do pre/post test of technique. 2. Provide counseling and educate students, families and school staff on key components of asthma self-management. 3. Document education on *SHOAR* or *IHP.* 4. Determine need for Asthma Education materials. |
| **Asthma Education Program** | **Asthma Education Program** |
|  | This is a series of 6 class sessions, 30 minutes long using a curriculum developed by SPPS Student Wellness. The objectives / student performance standards are:   * The student produces evidence that demonstrates understanding of asthma and the respiratory system triggers of asthma attacks, the importance of peak flow meters, their own individual asthma action plan and the role of medications. * The student uses technology and tools to gather data and extend the senses by demonstrating competence with his/her inhaler and spacer and peak flow meter * The student shows or explains something clearly enough for someone else to be able to do it.   The LSN or in conjunction with a PNP or asthma resource nurse:   1. Identifies students who would benefit from attending class:    * Those with medications in school    * Those with frequent exacerbation of asthma symptoms    * Those whose asthma is out of control    * Those who had emergencies (911) during school due to asthma. 2. Coordinates with school staff time, place and dates for classes. 3. Coordinates with school staff time, place and date for parent meeting. 4. Attend and help facilitate each class and parent meeting. |