Template Standing Delegation Orders for Unassigned Albuterol 2024-2025

The following standing delegation orders are to be used to assist those experiencing respiratory distress. They will be implemented by individuals who have completed documented training aligned with that required by Texas physical mandates and authorized to administer albuterol in accordance with district health policy and procedures.

Those conducting assessments and administering inhaled treatment, such as albuterol, will practice infection control measures aligned with district policy and CDC and state guidelines.

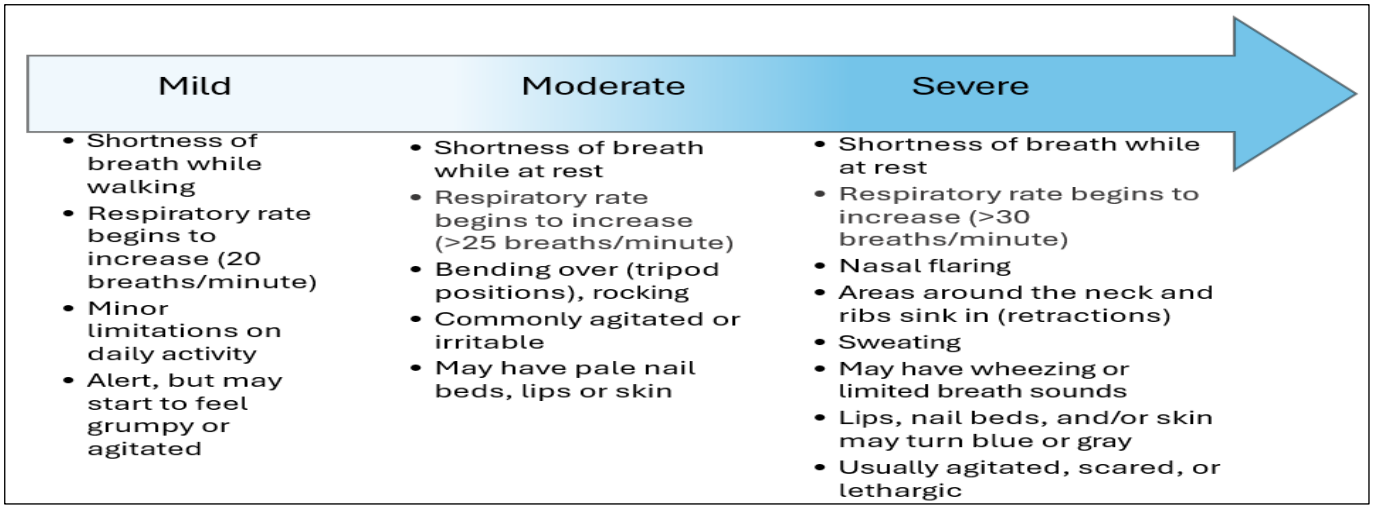
In all instances, school district policies and Texas state requirements will be followed including but not limited to implementation of these orders and notification of families. Physical assessment, pulse oximeter use, and monitoring are essential.

One metered dose actuator (MDI) will be maintained on each campus in a secure and easily accessible location. The number of doses used and available will be monitored and if 20 doses or fewer remaining, a replacement MDI will be obtained from district health administration.

At least four LiteAire Chambers shall also be maintained on each campus, that are compatible with the MDI for provided. One pulse oximeter shall be maintained on each campus.

All those presenting with signs and symptoms of respiratory distress will receive an assessment and pulse oximetry. The chart below will assist in identifying severe distress.

<u>Severe Respiratory Distress:</u> Activate EMS immediately, administer unassigned albuterol, and follow standing orders and procedures for a medical emergency.



<u>In all cases:</u>

Verbal communication through emergency contact provided by the parent or legal guardian will be initiated as soon as possible, while assuring the safety of the child.

Students who initially present with a p02 result < 92% will be dismissed to parent/guardian for a same day visit or urgent care visit following treatment, regardless of improvement.

If a student has not had a prior diagnosis of asthma, the student will also be dismissed to parent/guardian for a same day visit with the primary care provider. If the student does not have a

primary care provider, the school nurse or designated authorized school staff will provide information to identify a primary care provider.

I. <u>SEVERE RESPIRATORY DISTRESS:</u>

Students with signs and symptoms of severe respiratory distress and no prescribed medications, contact EMS and to the following:

A. Perform a physical assessment and pulse oximetry
B. Immediately administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 8 puffs inhaled, with LiteAire Chamber; each puff 15-30 seconds apart.
C. Follow emergency distress protocol including:
    1. Document the time 911 was called.
    2. Restrict physical activity, encourage slow breaths & allow individual to rest.
    3. Do not recline or leave the individual unattended. Instruct office staff to contact parent/ caregiver AND school nurse and/or principal.
    4. Document the time EMS services arrived AND the name of the EMS provider.
    5. Observe individual after 15 minutes if EMS has not yet arrived.
    6. If the individual shows improvement,
        a. wait for EMS to arrive & assess the individual.
    7. If no Improvement After 15 Minutes & EMS has not yet arrived
        a. Repeat 8 puffs of albuterol with LiteAire device, each 15-30 seconds apart.

II. <u>MILD to MODERATE DISTRESS:</u>

Students with signs and symptoms of mild to moderate respiratory distress and no prescribed medications, please do the following:

A. Perform a physical assessment and pulse oximetry
B. Administer Albuterol sulfate HFA / Metered Dose Actuation Aerosol inhaler, 2 puffs inhaled, with LiteAire Chamber; reassess in 5-10 minutes following treatment
    1. If symptoms persist, repeat the two puffs inhaled X 1 only then reassess within 20 minutes following treatment
        a. If initial p02< 92%, initiate student dismissal to parent/guardian and referral to same day or urgent care visit regardless of improvement post treatment. Continue to monitor student until dismissed to parent/guardian, and initiate EMS if indicated by district policy
        b. If initial p02 ≥ 92% reassess within 20 minutes following treatment.
            i. If post-treatment p02 is ≥ 95% 20 minutes following treatment, signs and symptoms are relieved.
                1. Discharge the student from the health office to return to class with close follow up.
                2. Document and communicate with parent/guardian in accordance with district policy and stated in these delegation orders.
            ii. If post-treatment p02 <95%, or signs and symptoms not fully resolved after receiving **4** puffs of albuterol within 4 hours, or symptoms recur during the school day:
                1. 4 additional puffs may be provided as indicated above.
                2. **Initiate student dismissal to parent/guardian and referral to same day or urgent care visit regardless of improvement post treatment.**
                3. Continue to monitor student until dismissed to parent/guardian, and initiate EMS and protocol for severe distress if indicated.
C. Document all albuterol treatments provided via standing delegation orders and all follow-up according to state and district policies and protocols. Please see the “Follow-Up” section of this document for students

who have used standing orders more than twice within one week, or more than three times during the school year.

D. **If a student does not have a diagnosis of asthma on file, the school must refer the student to the student's primary care provider on the day the medication is administered and inform the parent or guardian about the referral**. The referral shall include the following, which are included in the Asthma 411 visit report
    1. Respiratory distress symptoms observed
    2. Name of medication administered
    3. Patient care instructions given to the student

If student does not have an asthma diagnosis on file or a primary care provider, the family must be provided with information to assist in selecting a primary care provider for the student.

III. EMERGENCY USE OF NEBULIZER

A. In the event a student is not able to effectively use the MDI and LiteAire Chamber, emergency use of a nebulizer is permitted under the following circumstances:
    1. ISD policy permits nebulizer use
    2. An infection control protocol for nebulizer treatment is in place that aligns with current guidelines from the CDC or the Texas Department of State Health Services.
    3. health office staff are educated on the protocol including infection control.
    4. all supplies and equipment needed to implement the protocol are available.
B. Administer 2.5 mg albuterol sulfate nebulizer solution in 3 cc saline via nebulizer over 10 minutes.
C. Follow-all actions in Sections above related to physical assessment, pulse oximetry, and follow-up.

IV. MANAGEMENT OF SEVERE ALLERGIC ANAPHYLACTIC REACTION

Symptoms may include: severe Itching rash with swelling of face, lips, mouth or tongue, tightness of the throat, airway blockage, hoarse voice, sometimes with vomiting, nausea, abdominal pain, diarrhea, dizziness, fainting, confusion, losing control of urine or bowel movements, and /or feeling very anxious.

A. Initiate Emergency protocol (Epinephrine /Epipen)
B. Call 911 for immediate emergency transport

V. FOLLOW-UP: FOR ALL CHILDREN RECEIVING CARE UNDER THESE STANDING DELEGATED ORDERS, PLEASE DO THE FOLLOWING:

A. Initiate communication with parent or legal guardian as soon as possible, while assuring the safety of the child.
    a. Verbal communication with parent should follow education outlined in the FAQ document, and discussion of activity restrictions for the school day and any after-school activities.
B. Provide parent/guardian with written information, as required by state legislation and district policy.
    1. Asthma 411 provides the following tools to meet this need:
        a. FAQ for parents: information and education regarding the treatment (available in 5 languages)
        b. Asthma visit report with instructions to take the report to the physician or primary care provider (available in 5 languages)

   c. Resources to obtain health care for those without a medical home

C. Provide a follow-up note and recheck student for symptom resolution the next day or on Monday, if treatment was on a Friday.
D. Document treatment and follow-up in accordance with state and district policies and the Asthma 411 implementation plan.
E. If student require greater than two administrations of unassigned albuterol within one week, or requires unassigned albuterol more than three times in one school year, parents are to receive the following information: (Template are available from Asthma 411)
   a. Using albuterol more than two times a week for acute symptoms may indicate a risk of poor asthma control and adverse outcomes.
   b. Texas legislative requirement for medication authorization specifies unassigned albuterol may only be provided for unanticipated emergencies.
F. Recommended Actions:
   1. One-week follow-up visit
   2. After one week of use (5 days), send the LiteAire Chamber home with student along with education on spacer use (available in 5 languages) after one week of use (5 days)

These orders are reviewed at least annually and approved by Asthma 411 Medical Advisory Council with additional consultation from emergency medical physicians within the Asthma 411 Consortium.