

# Asthma Management

Presented by Tricia Strickland, DNP, RN  
August 17, 2023

# Learning Objective

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- Identify four key elements to achieve optimal asthma control.
- Identify ways to control asthma triggers in the school setting.
- Describe updated asthma guidelines for SMART therapy.



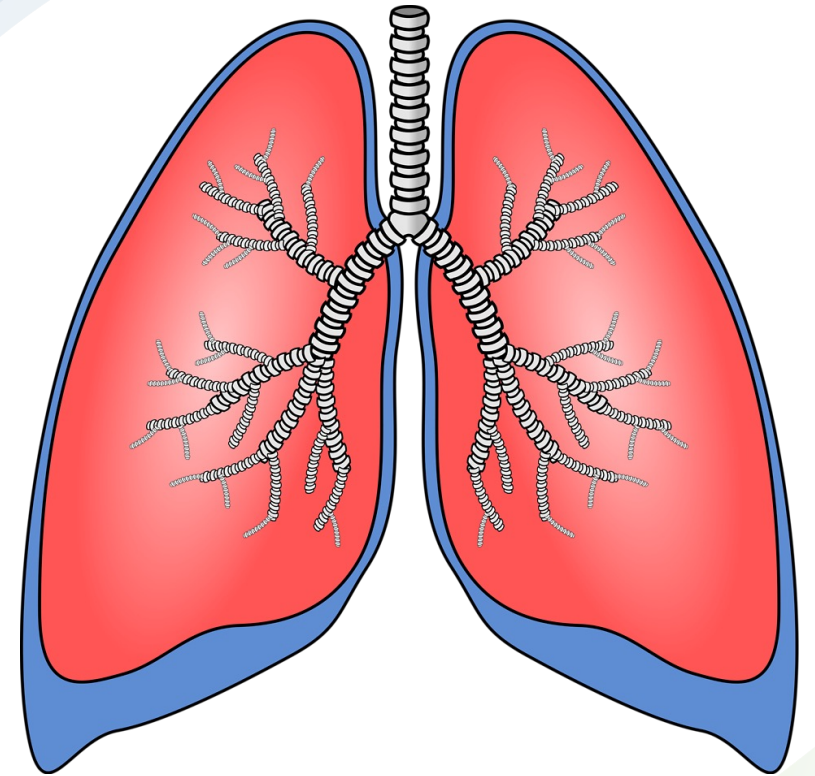


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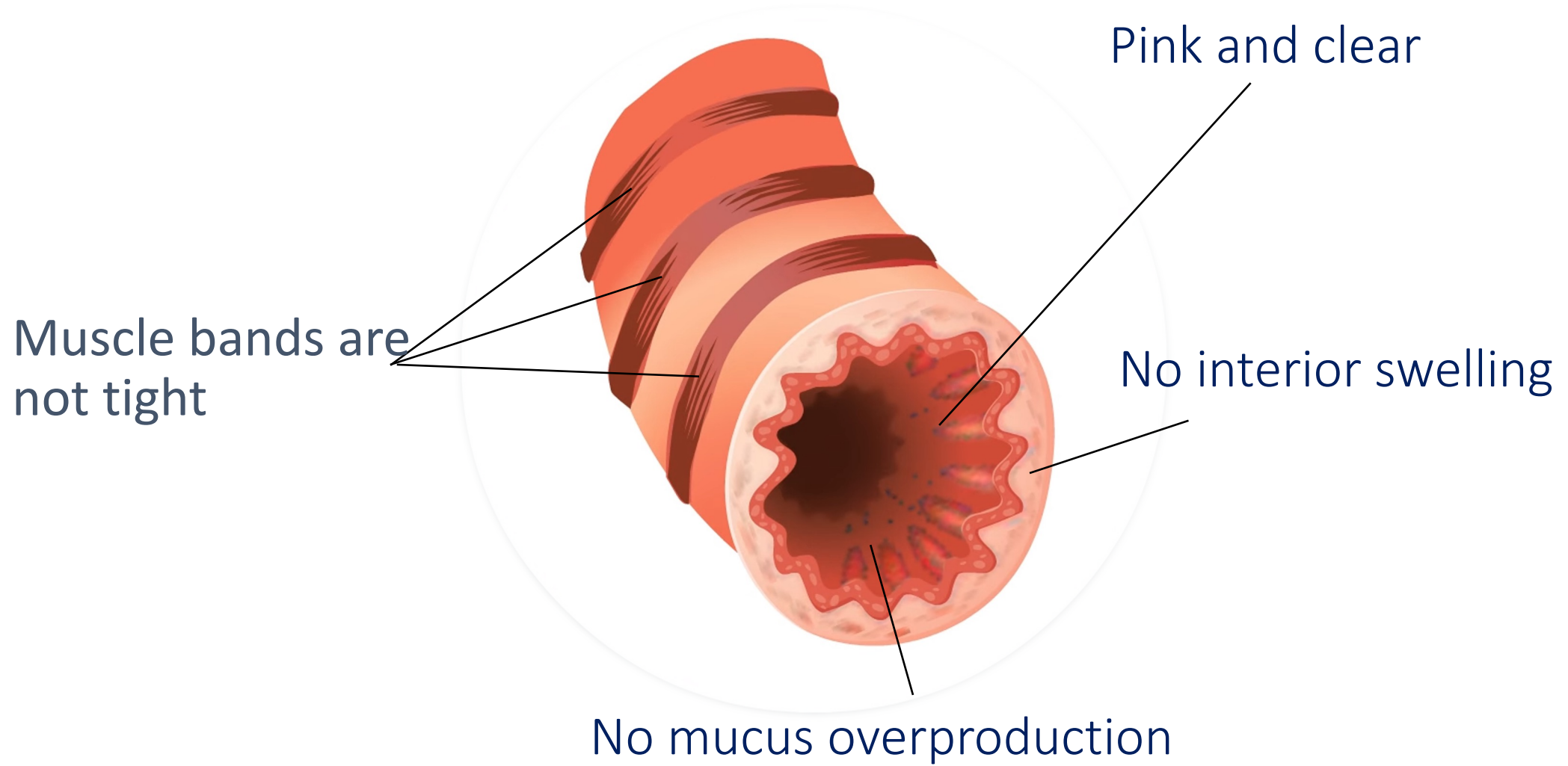
- Asthma Basics
- Keys elements of asthma management
  - Assessing Asthma Control
  - Monitoring Symptoms
  - Controlling Triggers
  - Taking Medications
- NHLBI Guideline 2020 Updates
- Asthma Action Plan & Medication at School Form
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# Asthma Basics

- What is Asthma?
  - Asthma is a chronic lung condition with reversible airway constriction.
- Three main components of Asthma
  - Bronchoconstriction
  - Inflammation
  - Increased mucus production



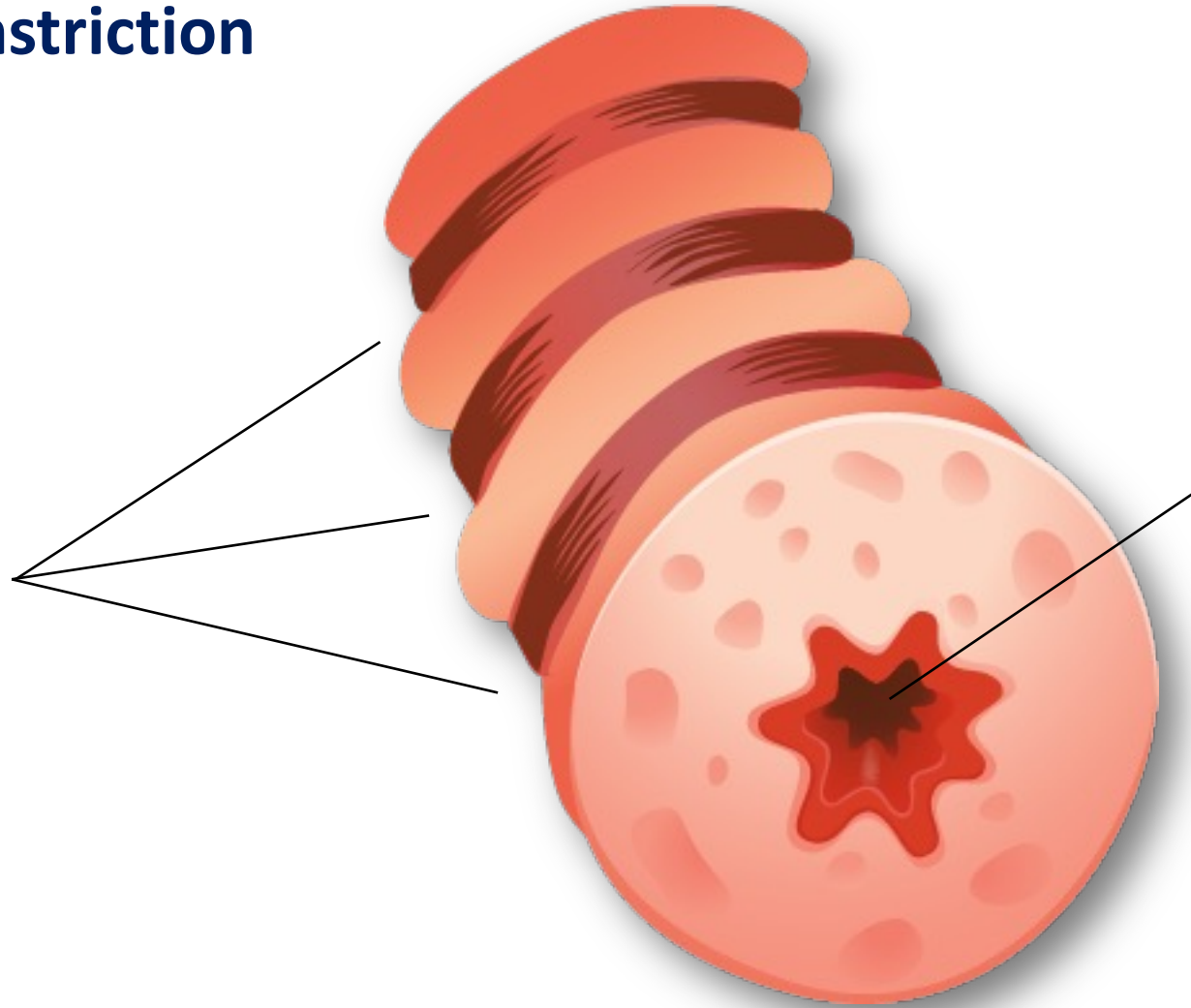
# Healthy Airway



# What is asthma?

## Bronchoconstriction

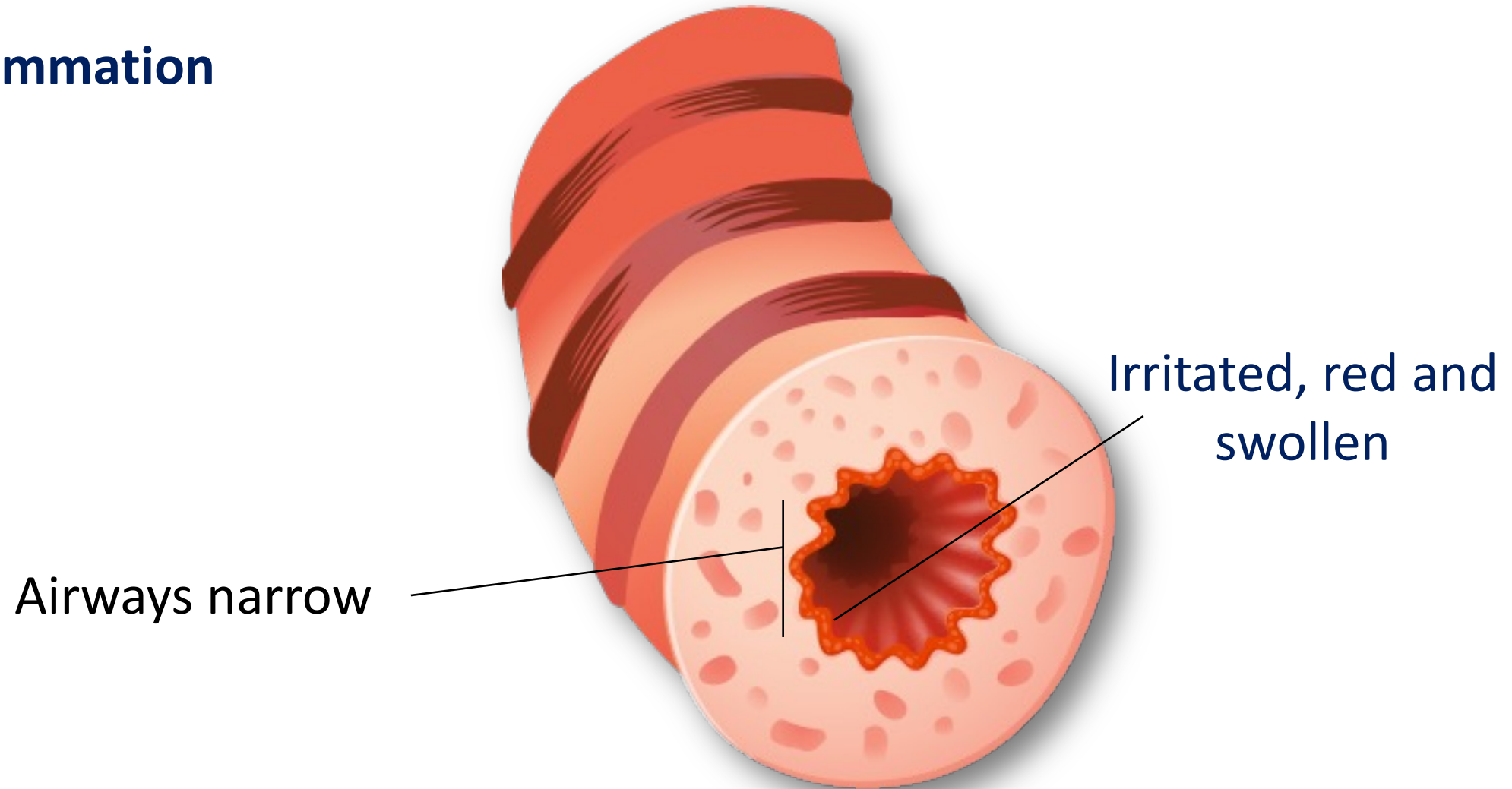
Tightening of  
Muscles



Airway opening  
reduced

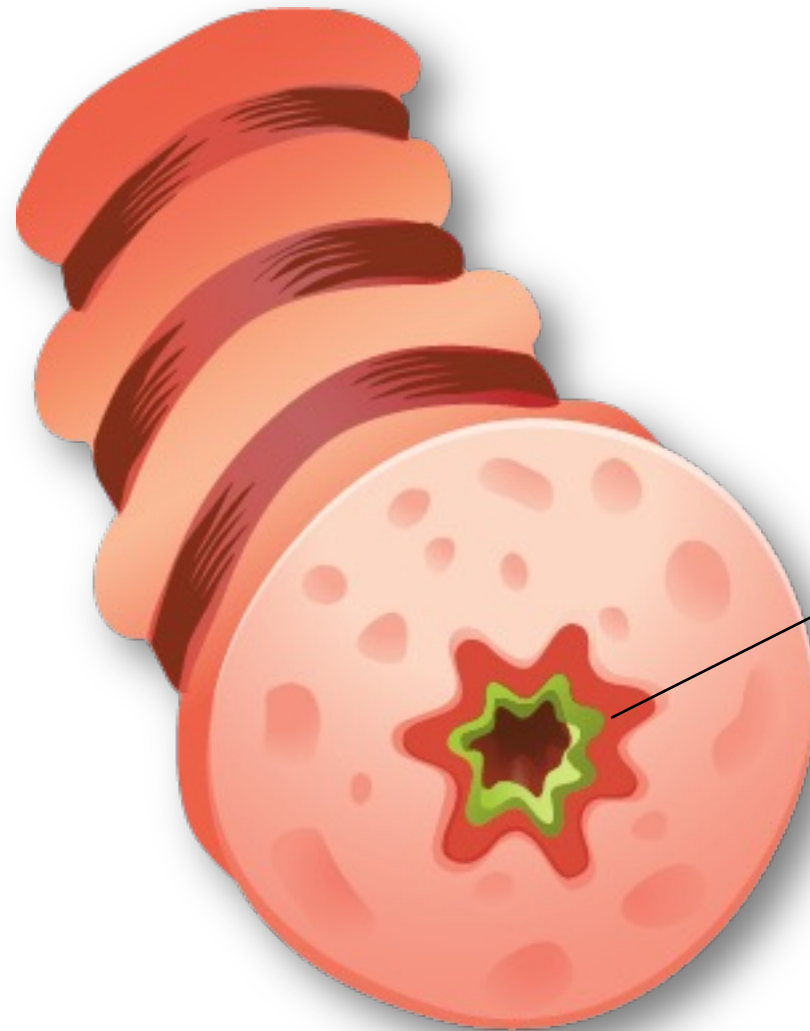
# What is asthma?

## Inflammation



# What is asthma?

## Increased Mucus



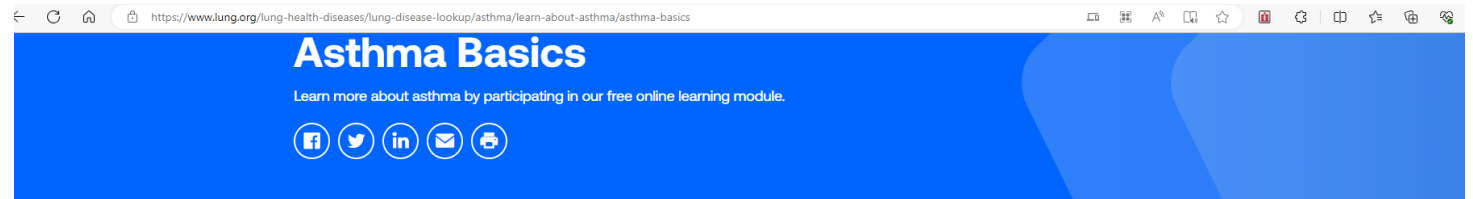
Secretion of mucus blocks the airway



# Asthma Basics Learning Module

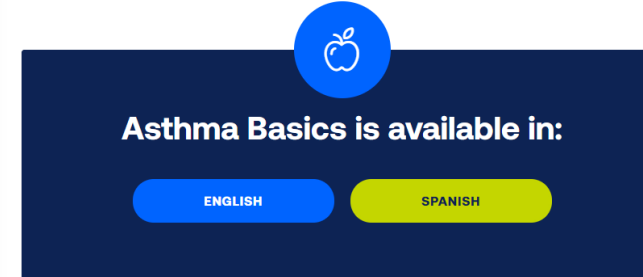
(American Lung Association)

- <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-basics>



Asthma
Learn About Asthma
What Is Asthma?
• Asthma Basics
Causes & Risk Factors
Types of Asthma
Asthma Research
Asthma Awareness Month
Symptoms & Diagnosis
Treatment
Managing Asthma
Finding Support
Resource Library
Health Professionals & Educators

The American Lung Association's Asthma Basics program is offered as a self-paced online learning module or an in-person workshop and designed to help people learn more about asthma. The program is ideal for frontline healthcare professionals, such as school nurses or community health workers, as well as individuals with asthma, parents of children with asthma, and co-workers, friends and family who want to learn more about asthma.



## This program teaches participants to:

- Recognize and manage triggers,
- Understand the value of an asthma action plan, and
- Recognize and respond to a breathing emergency.

One of the highlights of the program is the [What Is Asthma? Animation](#) that shows the three primary changes in the airways during an asthma episode.

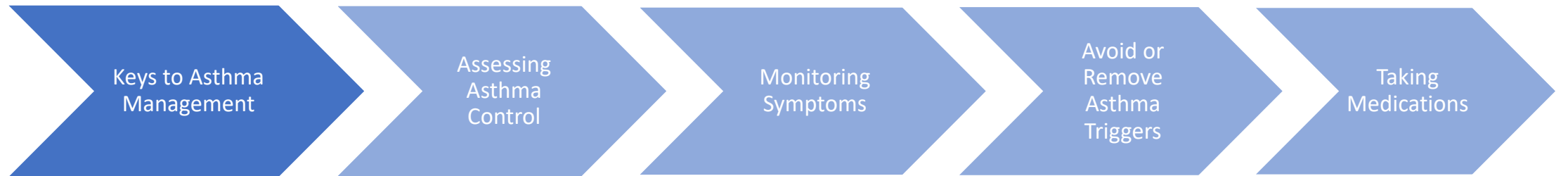
Asthma Basics also includes comprehensive resources, including asthma medication devices and demonstration videos and downloads.

# Role of the School Nurse in Asthma Management

The school nurse is responsible for training school personnel regarding:

- the administration of needed medications
- response to a student's asthma symptoms
- minimizing asthma triggers<sup>1</sup>

# Asthma Management



# Assessing Asthma Control

## Asthma Control Tests (Validated Tools)

- TRACK™ (Test for **R**espiratory and **A**sthma **C**ontrol in **K**ids) age < 5 years
  - caregiver completed questionnaire of respiratory control in preschool-aged children
  - only asthma control test for children < 4 years of age
- C-ACT (**C**hildhood **A**sthma **C**ontrol **T**est) ages 4-11 years
  - both self-reporting and parent report
- ACT (**A**sthma **C**ontrol **T**est™) ≥ 12 years
  - self-reporting

# TRACK™ Test for Respiratory and Asthma Control in Kids

## Who should use TRACK?

This simple test can help determine if your child's breathing problems are not under control.

The test was designed for children who

- Are under 5 years of age **AND**
- Have a history of 2 or more episodes of wheezing, shortness of breath, or cough lasting more than 24 hours **AND**
- Have been previously prescribed bronchodilator medicines, also known as quick-relief medications (eg, albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®), for respiratory problems **OR** have been diagnosed with asthma

For kids  
under  
5 years  
of age

## How to take TRACK

**Step 1:** Make a check mark in the box below each of your selected answers.

**Step 2:** Write the number of your answer in the score box provided to the right of each question.

**Step 3:** Add up the numbers in the individual score boxes to obtain your child's total score.

**Step 4:** Take the test to your child's health care provider to talk about your child's total TRACK score.

						Score	
1	During the <u>past 4 weeks</u> , how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?	Not at all <input type="checkbox"/> 20	Once or twice <input type="checkbox"/> 15	Once every week <input type="checkbox"/> 10	2 or 3 times a week <input type="checkbox"/> 5	4 or more times a week <input type="checkbox"/> 0	<input type="text"/>
2	During the <u>past 4 weeks</u> , how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?	Not at all <input type="checkbox"/> 20	Once or twice <input type="checkbox"/> 15	Once every week <input type="checkbox"/> 10	2 or 3 times a week <input type="checkbox"/> 5	4 or more times a week <input type="checkbox"/> 0	<input type="text"/>
3	During the <u>past 4 weeks</u> , to what extent did your child's breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?	Not at all <input type="checkbox"/> 20	Slightly <input type="checkbox"/> 15	Moderately <input type="checkbox"/> 10	Quite a lot <input type="checkbox"/> 5	Extremely <input type="checkbox"/> 0	<input type="text"/>
4	During the <u>past 3 months</u> , how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?	Not at all <input type="checkbox"/> 20	Once or twice <input type="checkbox"/> 15	Once every week <input type="checkbox"/> 10	2 or 3 times a week <input type="checkbox"/> 5	4 or more times a week <input type="checkbox"/> 0	<input type="text"/>
5	During the <u>past 12 months</u> , how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?	Never <input type="checkbox"/> 20	Once <input type="checkbox"/> 15	Twice <input type="checkbox"/> 10	3 times <input type="checkbox"/> 5	4 or more times <input type="checkbox"/> 0	<input type="text"/>
							Total <input type="text"/>

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Please see reverse side for an explanation of what your child's total TRACK score means.

Patient's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Childhood Asthma Control Test for children 4 to 11 years.

### How to take the Childhood Asthma Control Test

- ▶ **Step 1** Let your child respond to **the first four questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **three questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- ▶ **Step 2** Write the number of each answer in the score box provided.
- ▶ **Step 3** Add up each score box for the total.
- ▶ **Step 4** Take the test to the doctor to talk about your child's total score.

**19**  
or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to your doctor to talk about your results.

### Have your child complete these questions.

1. How is your asthma today?

 <b>0</b> Very bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very good
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SCORE

2. How much of a problem is your asthma when you run, exercise or play sports?

 <b>0</b>	 <b>1</b>	 <b>2</b>	 <b>3</b>
It's a big problem, I can't do what I want to do.	It's a problem and I don't like it.	It's a little problem but it's okay.	It's not a problem.

3. Do you cough because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.
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4. Do you wake up during the night because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.
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### Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
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6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

TOTAL

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

FOR PATIENTS:


## Take the Asthma Control Test™ (ACT) for people 12 yrs and older. Know your score. Share your results with your doctor.


Step 1 Write the number of each answer in the score box provided.

Step 2 Add up each score box for your total.

Step 3 Take the test to the doctor to talk about your score.

1. In the past <b>4 weeks</b> , how much of the time did your <b>asthma</b> keep you from getting as much done at work, school or at home?					SCORE					
All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5	<input type="text"/>
2. During the past <b>4 weeks</b> , how often have you had shortness of breath?										
More than once a day	1	Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5	<input type="text"/>
3. During the past <b>4 weeks</b> , how often did your <b>asthma</b> symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?										
4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5	<input type="text"/>
4. During the past <b>4 weeks</b> , how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?										
3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5	<input type="text"/>
5. How would you rate your <b>asthma</b> control during the past <b>4 weeks</b> ?										
Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5	<input type="text"/>
										TOTAL
										<input type="text"/>

 **AMERICAN LUNG ASSOCIATION**  
The American Lung Association supports the Asthma Control Test and does not endorse products.

 **WISCONSIN ASTHMA COALITION**

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Asthma Control Test is a trademark of QualityMetric Incorporated.

**If your score is 19 or less, your asthma may not be controlled as well as it could be.  
Talk to your doctor.**

FOR PHYSICIANS:

### The ACT is:

- Clinically validated by spirometry and specialist assessment<sup>1</sup>
- Supported by the American Lung Association
- A self-administered, brief, 5-question assessment that can help you assess your patients' asthma during the past 4 weeks

Reference: 1. Nathan RA et al. *J Allergy Clin Immunol*. 2004;113:59-65.

# Monitoring Symptoms

## Early Warning Signs and Symptoms

- May progress to an asthma attack

## Signs and Symptoms of Asthma Attack

- Not all students experience the same symptoms during an asthma attack



# Early Warning Signs and Symptoms of Asthma

- cough
- itchy throat or chin (tickle in throat)
- stomachache (younger children)
- grumpiness or irritability
- fatigue
- headache
- behavioral changes
- decrease appetite
- persistent cough
- agitation
- drop in peak flow meter
- less active than normal at recess or during PE

# Possible Signs and Symptoms of Asthma Attack

- becoming anxious or scared
- shortness of breath
- rapid labored breathing
- incessant coughing
- nasal flaring
- pulling-in of neck or chest with breathing (retractions)
- sweaty, clammy skin
- requiring rescue medications every four hours or more frequently
- tightness in chest (chest pain)
- wheezing while breathing in or out
- vomiting from hard coughing
- shoulders hunched over

# Asthma Triggers

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Respiratory illnesses

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Allergens

---

Weather

---

Irritants

---

Emotions

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Exercise

A young boy with dark hair, wearing a bright yellow sweater, is shown in profile, coughing into his right elbow. The background is a light blue wall with vertical paneling.

# Asthma Triggers

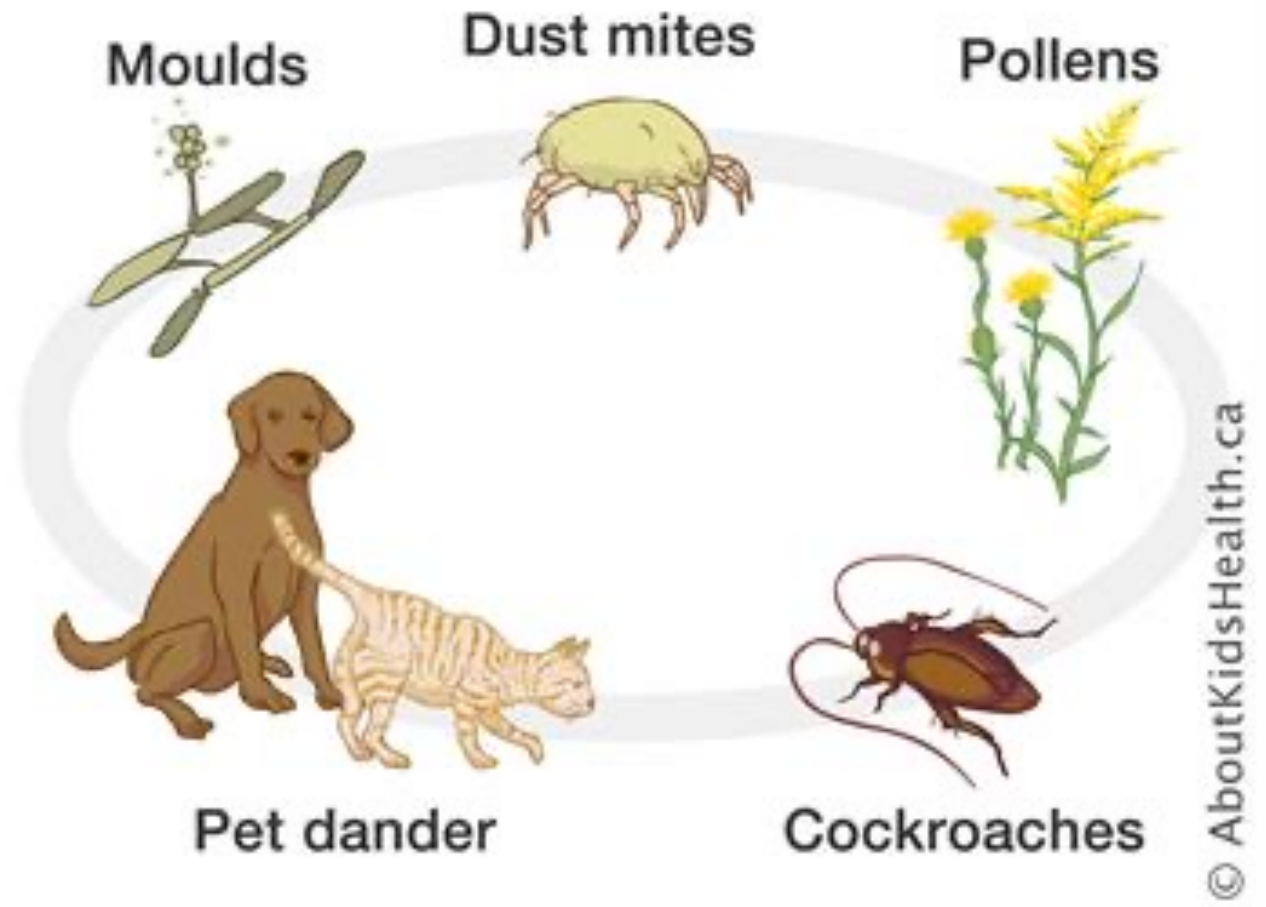
## Respiratory Illnesses

- Colds
- Viral infections
- Ear infections
- Sinus infections
- Bronchitis
- Pneumonia

# Asthma Triggers

## Allergens

- Pollen (trees, grasses, weeds)
- Animal dander (dogs, cats, birds, gerbils, mice, rats)
- Dust and dust mites
- Molds
- Cockroaches





# Asthma Triggers

## Weather

- Cold air
- Sudden changes in temperature
- Humidity

A young boy with a backpack is walking past a yellow school bus. He is wearing a checkered shirt over a white t-shirt and grey pants. In the background, two other children are visible near the bus. The scene is set outdoors on a sunny day.

# Asthma Triggers

## Irritants

- Diesel exhaust
- Smoke (cigarette, wood)
- Air pollution
- Dust
- Air fresheners
- Perfumes
- Disinfectants
- Cleaners
- Laboratory and vocational education chemicals
- Art supplies
- Pesticides
- Chemical with volatile organic compounds (permanent & dry erase markers, paints, glues, cleaners)



# Asthma Triggers

## Emotions

- Laughter
- Crying
- Excitement
- Anxiety
- Tension
- Stress





# Asthma Triggers

## Exercise

- Exercise-Induced Bronchospasm (EIB)
  - While some students perceive symptoms of asthma only when exercising, EIB in the absence of other triggers is rare.
  - The student may have chronic airway inflammation and EIB is evidence of poor control.

# Asthma Severity Rating

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Intermittent

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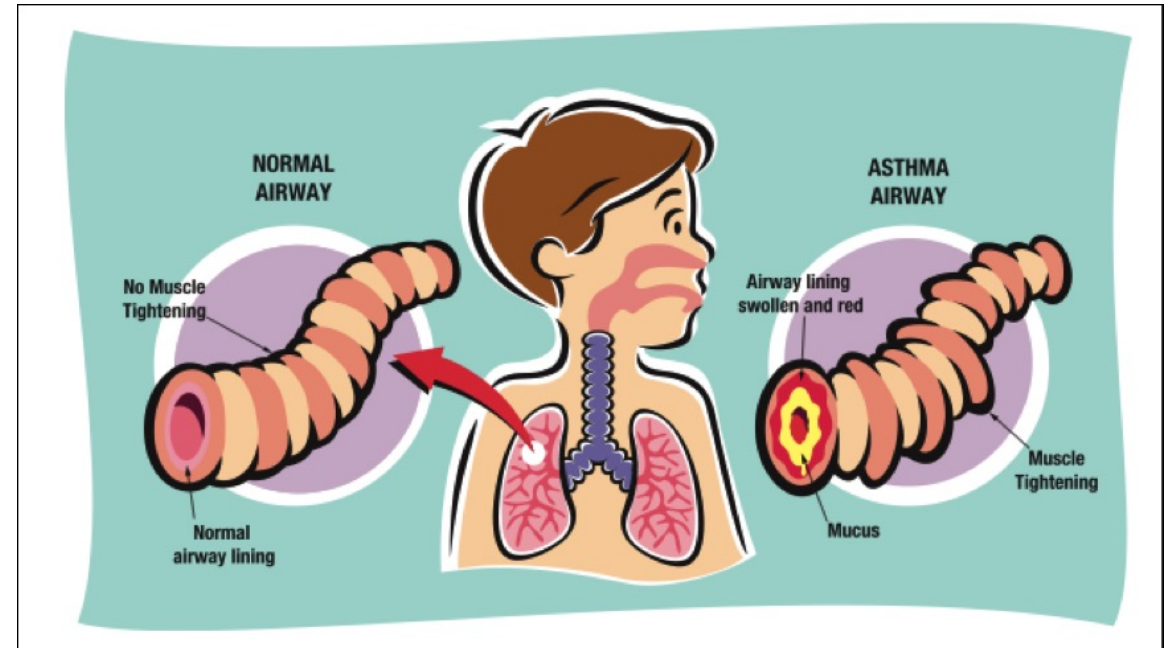
Mild Persistent

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Moderate Persistent

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Severe Persistent



# Asthma Medications

## Long-term Control Medications

Work slowly over time to prevent episodes from occurring.

- Inhaled corticosteroids (ICS)
- Long-acting beta-agonist
- Combination of inhaled corticosteroids and long-acting beta-agonists

**Used daily even when feeling well**

## Quick Relief Medications

Work quickly to relieve symptoms usually within 30 minutes.

- Short acting beta agonist (SABA)
- Help keep an asthma episode from getting worse.

**If need it more than 2x per week, notify Primary Care Provider**

# Taking Medications

- Metered Dose Inhalers (MDI)
- Always require a spacer



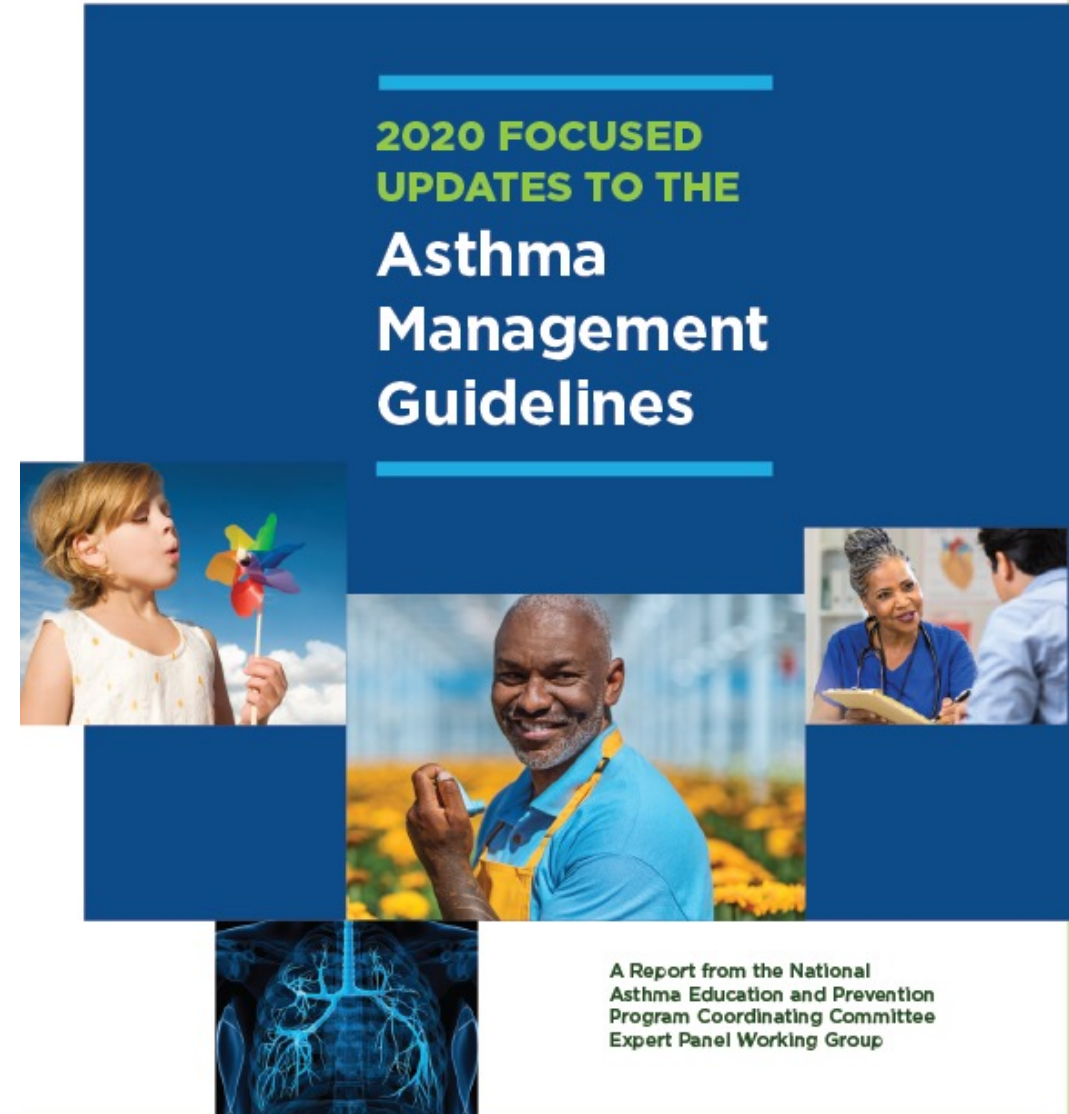
For more videos, handouts, tutorials and resources, visit [Lung.org](https://www.lung.org).

Scan the QR Code to access How-To Videos



# NHLBI Guideline 2020 Updates

- National Heart Lung Blood Institute (NHLBI)
- 13 years since the last revision
- Stepwise Approach
  - clinician escalates treatment as needed by moving to a higher step
  - deescalates treatment by moving to a lower step once asthma is well controlled for at least 3 consecutive months.



U.S. Department of Health and Human Services  
National Institutes of Health  
National Heart, Lung, and Blood Institute

# Ages 5 Through 11

## EPR3 and 2020 Update Comparison



# Stepwise Approach for Management of Asthma

## Ages 5-11: EPR3 Compared to 2020 Update

	Step 1 Intermittent	Step 2 Mild Persistent	Step 3 Moderate Persistent	Step 4 Moderate Persistent	Step 5 Severe Persistent	Step 6 Severe Persistent
<b>EPR3 Preferred</b>	PRN SABA	Low-dose ICS  Note*	Low-dose ICS + either LABA, LTRA, or Theophylline(b) or medium-dose ICS  Note*	Medium-dose ICS + LABA  Note*	High-dose ICS + LABA  <i>Consider</i> Omalizumab	High-dose ICS + LABA + oral corticosteroids  <i>Consider</i> Omalizumab
<b>2020 Updates</b>	PRN SABA	Daily low-dose ICS + PRN SABA  Note*	Daily + PRN combination low-dose ICS-formoterol  Note*	Daily + PRN combination medium-dose ICS-formoterol  Note*	Daily high-dose ICS-LABA + PRN SABA  <i>Consider</i> Omalizumab	Daily high-dose ICS-LABA + oral systemic corticosteroids (OCS) + PRN SABA  <i>Consider</i> Omalizumab
	Intermittent Asthma	Mild Intermittent Asthma	Moderate Persistent Asthma	Moderate Persistent Asthma	Severe Persistent Asthma	Severe Persistent Asthma

Note Steps 2-4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment in ≥5 years of age. If Step 4 or higher is needed, consider asthma specialist.

# SMART Therapy

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Single maintenance and reliever therapy.

- Ages 5-11 Years & Ages 12+ Years
  - Steps 3 and 4
  - For individuals with moderate to severe persistent asthma already taking low- or medium- dose ICS
  - Preferred treatment is a single inhaler with ICS-fomoterol
  - SMART used for controller therapy AND quick-relief therapy.



## Current SMART Therapy Options

### Symbicort MDI (budesonide/formoterol)

6-11 yr.: 80/4.5 2 puffs 2x/day  
≥12 yr.: 80-160/4.5 2 puffs  
2x/day

Spacer recommended

Max doses/day: 8 for children;  
12 for adults

### Dulari MDI (mometasone/ formoterol)

5-11 yr.: 50/5 2 puffs 2x/day  
≥12 yr.: 100-200/5 2 puffs 2x/day

Spacer recommended

Max doses/day: 8 for kids; 12 for  
adults

**Ages 12 years and older**

**EPR3 and 2020 Update Comparison**



# Stepwise Approach for Management of Asthma

## 12 Years and Older: EPR3 and 2020 Updates Comparison

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
<b>EPR3 Preferred</b>	PRN SABA	Low-dose ICS <i>Alternative:</i> Cromolyn, LTRA, Nedocromil, or Theophylline	Low-dose ICS + LABA <i>or</i> medium-dose ICS <i>Alternative:</i> Low-dose ICS + either LTRA, Theophylline	Medium-dose ICS + LABA <i>Alternative:</i> Medium-dose ICS + either LTRA, Theophylline, or Zileuton	High-dose ICS + LABA <i>and consider:</i> Omalizumab for patients who have allergies	High-dose ICS + LABA + oral corticosteroids <i>and consider:</i> Omalizumab for patients who have allergies
<b>2020 Updates</b>	PRN SABA	Daily low-dose ICS + PRN SABA <i>or</i> PRN concomitant ICS + SABA	Daily + PRN combination low-dose ICS-formoterol	Daily + PRN combination medium-dose ICS-formoterol	Daily medium/high-dose ICS-LABA + LAMA + PRN SABA <i>and consider:</i> asthma biologics (eg, anti-IgE, anti-IL6, anti-IL5R, anti-IL4/IL13)	Daily high-dose ICS-LABA + oral systemic corticosteroids + PRN SABA <i>and consider:</i> asthma biologics (eg, anti-IgE, anti-IL6, anti-IL5R, anti-IL4/IL13)
	Intermittent Asthma	Mild Intermittent Asthma	Moderate Persistent Asthma	Moderate Persistent Asthma	Severe Persistent Asthma	Severe Persistent Asthma

# EPR3 vs. 2020 Update: Quick Relief Medications

5-11 AND 12 years and older

## EPR3 Recommends

PRN SABA for quick-relief only, regardless of asthma severity.

Up to 2 tx of 2-6 puffs by MDI or neb tx, 20 minutes apart. Short course of systemic corticosteroids may be needed. (p. 382)

4-8 puffs every 20 for 4 hours (adults). For 3 doses, then every 1-4 hours (children). (p. 386)

## 2020 Update Recommends

In Steps 1, 2, 5, and 6, use PRN SABA.

In Steps 3 and 4, the preferred option is SMART Therapy.

# Asthma Action Plan

## ASTHMA ACTION PLAN



Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.

**GREEN means Go Zone!**  
Use preventive medicine.

**YELLOW means Caution Zone!**  
Add quick-relief medicine.

**RED means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow: \_\_\_\_\_

GO		Use these daily controller medicines:		
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN
<b>You have <i>all</i> of these:</b> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Sleep through the night</li> <li>Can work &amp; play</li> </ul>	<b>Peak flow:</b> from _____ to _____			
		For asthma with exercise, take:		
CAUTION		Continue with green zone medicine and add:		
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN
<b>You have <i>any</i> of these:</b> <ul style="list-style-type: none"> <li>First signs of a cold</li> <li>Exposure to known trigger</li> <li>Cough</li> <li>Mild wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> </ul>	<b>Peak flow:</b> from _____ to _____			
		CALL YOUR ASTHMA CARE PROVIDER.		
DANGER		Take these medicines and call your doctor now.		
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN
<b>Your asthma is getting worse fast:</b> <ul style="list-style-type: none"> <li>Medicine is not helping</li> <li>Breathing is hard &amp; fast</li> <li>Nose opens wide</li> <li>Trouble speaking</li> <li>Ribs show (in children)</li> </ul>	<b>Peak flow:</b> reading below _____			

**GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important!**  
**If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**  
 Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.

## Asthma ten Asthma Asthma Action Plan - School Medication Form

MRN: 6127046

Description: 9 year old female

Severity: mild persistent

Triggers: dust mites; exercise; smoke, odors, and sprays; pollen

### ✓ Green Zone: Doing Well

You have all of these:

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night

Inhaled Medication  
albuterol  
(PROVENTIL) (5  
MG/ML) 0.5% Nebu  
Soln

How much to take  
2 Puffs

When to take it  
Twice daily

Pre-Exercise  
Medication  
albuterol  
(PROVENTIL) (5  
MG/ML) 0.5% Nebu  
Soln

How much to take  
2 Puffs

When to take it  
Prior to exercise

### ⚠ Yellow Zone: Asthma is Getting Worse

- Cough
- Wheeze
- Tight chest
- Coughing at night
- THEN follow the instructions in the RED ZONE and call the doctor right away!

Inhaled Medication  
albuterol  
(PROVENTIL) (5  
MG/ML) 0.5% Nebu  
Soln

How much to take  
2 Puffs

When to take it  
Every 2 hours PRN

### 🚨 Red Zone: Medical Alert!

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't walk or talk well
- Ribs show
- Call 911 immediately if the following danger signs are present: Trouble walking/talking due to shortness of breath | Lips or fingernails are blue | Still in the Red Zone after 15 minutes

Inhaled Medication  
albuterol  
(PROVENTIL) (5  
MG/ML) 0.5% Nebu  
Soln

How much to take  
4-8 Puffs

When to take it  
Every 15 minutes  
until you get help

Signed by: Kristin MD

Signed on: 7/25/2023

At: 8:05 AM

### PCP and Center

Primary Care Provider  
None Specified

Center  
None



**Asthma ten Asthma**  
**Asthma Action Plan - School Medication Form**

MRN: 6127046  
Description: 9 year old female

ASTHMA,ASTHMA 7/10/14 has asthma and may need to take medication at school.  
TEN

The treatment plan for managing asthma at school is as follows:

Asthma Severity: mild persistent

Asthma Triggers: dust mites, exercise, smoke, odors, and sprays, pollen

Patient's Pre-Exercise Medication albuterol (PROVENTIL) (5 MG/ML) 0.5% Nebu Soln	Pre-Exercise Medication Dose 2 Puffs	Pre-Exercise Medication Frequency Prior to exercise
Patient's Inhaled Medication albuterol (PROVENTIL) (5 MG/ML) 0.5% Nebu Soln	Inhaled Medication Dose 2 Puffs	Inhaled medication Frequency Every 2 hours PRN

Student recognizes symptoms of asthma and will seek assistance if needed.

Student may carry and self-administer the medication ordered above.

Student is to inform school nurse if using albuterol inhaler more than 4 times/day.

Student has been instructed in use of device needed to administer medication.

Student has demonstrated the skill level necessary to use the medication appropriately.

Other Instructions: This is where I put additional instructions.

Health Care Provider's Signature		Date:
Health Care Provider's Printed Name		Phone:

THIS AUTHORIZATION IS GOOD FOR THE CURRENT SCHOOL YEAR ONLY. (Summer School if applicable)


**Parent/Guardian's Permission**

I request that the school nurse, principal, or designated staff member be permitted to discuss my child's medical issues with health care providers and to administer to my child, **Asthma ten Asthma**, or allow my child to carry and self-administer as indicated above, the medication prescribed by **(Kristin, MD)**. The medication is to be furnished by me in the original container labeled by the pharmacy or health care provider with the name of the medicine, the amount to be taken, and when it should be taken. The health care provider's name is on the label. I understand that my signature indicates my understanding that the school accepts no liability for untoward reactions when the medication is administered, or my child self-administers, in accordance with the health care provider's directions. If notified by school personnel that medication remains at the end of the school year, **I will collect the medication from the school or understand that it will be destroyed.** I am the parent or the legal guardian of the child named.

Parent/Guardian Signature		Date:
Phone Contacts	Home:	Cell:
	Work:	Other:

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN COMPLETED FORM TO SCHOOL NURSE.

School Nurse Signature		Date:
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# Resources for Asthma Management in the Educational Setting

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- Bree Collaboration Pediatric Asthma Guidelines
  - [Bree-Pediatric-Asthma-Report-Final.pdf \(qualityhealth.org\)](#)
- American Lung Association/Asthma Basics
  - [Asthma Basics | American Lung Association](#)
- Asthma Management in Educational Setting
  - [Taking Asthma Care to School \(www.k12.wa.us\)](#)



# References

1. American Lung Association (n.d.). *Asthma*. lung.org. Retrieved July 20, 2023, from <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma>.
2. Bree Collaborative (n.d.). *Pediatric Asthma*. Retrieved July 20, 2023, from <https://www.qualityhealth.org/bree/topic-areas/pediatric-asthma/>.
3. National Heart, Lung, and Blood Institute (February 4, 2021). *Asthma Management Guidelines: Focused Updates 2020*. nhlbi.nih.gov. Retrieved July 20, 2023. <https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates>.
4. National Heart, Lung, and Blood Institute National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Full Report 2007.; 2007. [https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3\\_Asthma\\_Full\\_Report\\_2007.pdf](https://www.nhlbi.nih.gov/sites/default/files/media/docs/EPR-3_Asthma_Full_Report_2007.pdf)