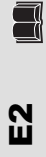


# Components of Asthma Management in the Health Office



Health Service Assistant (HSA)	Licensed Practical Nurse (LPN)	Licensed School Nurse (LSN)
Case Finding	Case Finding	Case Finding
<p>1. Identify students with asthma by reviewing the following:</p> <ol style="list-style-type: none"> <li><i>Emergency Referral Cards, Annual Health Information forms, Medication forms, Health Problem List, Early Childhood Screening forms, Physical Exams, new Pupil Health Record,</i> and.</li> <li>Asthma identified by parent, staff or student report</li> <li>ED/hospital admissions due to asthma.</li> </ol> <p>2. Document students seen in the Health Office with symptoms of asthma (frequent cough, wheezing, difficulty breathing) on the <i>Daily Log</i>.</p> <p>3. Notify LSN of students with asthma or symptoms of asthma following established communication procedure.</p>	<p>See activities under Health Service Assistant</p>	<ol style="list-style-type: none"> <li>Conduct case finding for asthma by reviewing data from a variety of sources including the student/ family, health/medical records, information and/or referrals from Health Office staff, school staff, medical and other health providers.</li> <li>Review health data provided by Health Office staff on students with asthma.</li> <li>Record health data in the <i>Pupil Health Record</i> and on the <i>Health Problem List</i> as indicated.</li> <li>Obtain additional history as needed.</li> </ol>
Delegated Nursing Care/Precedures	Delegated Nursing Care/Precedures	Nursing Care/Precedures
<ol style="list-style-type: none"> <li>Distribute <i>Parent Guardian Questionnaire (PQ)</i> to: <ul style="list-style-type: none"> <li>newly diagnosed or newly discovered students with asthma in Pre-K through 5<sup>th</sup> grade.</li> <li>any student indicated by the LSN.</li> </ul> </li> <li>The <i>PQ</i> may be sent home with the student, mailed or given to the parent/guardian.</li> <li>Document that the <i>PQ</i> was given or sent to parent/guardian on the <i>Daily Log</i>.</li> </ol>	<p>See activities under Health Service Assistant</p>	<ol style="list-style-type: none"> <li>The <i>Parent Guardian Questionnaire (PQ)</i> is a tool used to help the LSN: <ol style="list-style-type: none"> <li>determine if the student's asthma is under <b>control</b> (in grades Pre-K through 5);</li> <li>determine severity level, and</li> <li>to develop an appropriate <b>plan of care</b> (IHP).</li> </ol> </li> <li>The <i>PQ</i> is given to: <ul style="list-style-type: none"> <li>newly identified or newly discovered students with asthma in Pre-K through 5<sup>th</sup> grade.</li> <li>students with asthma where more information is needed.</li> </ul> </li> <li>Information from the <i>PQ</i> is summarized in the narrative notes of the pupil health record.</li> <li>The <i>PQ</i> may be sent home with the student, mailed or given to the parent/guardian.</li> <li>Document that the <i>PQ</i> was given or sent to parent/guardian on the <i>Daily Log</i>.</li> </ol>
Delegated Nursing Care/Precedures	Delegated Nursing Care/Precedures	Delegated Nursing Care/Precedures
<ol style="list-style-type: none"> <li>Administer <i>Student Breathing Questionnaire (SBQ)</i> to any student in Grades 6 – 12 with asthma: <ul style="list-style-type: none"> <li>on initial visit with asthma symptoms to the Health Office during the school year,</li> <li>who takes medications on a routine basis,</li> <li>per request of LSN,</li> <li>who is reported to the Health Office staff as absent due to asthma <math>\geq</math> 1-day.</li> </ul> </li> <li>Assist student with <i>SBQ</i> if student cannot read at 3<sup>rd</sup> grade level or needs interpreter services.</li> <li>Document that <i>SBQ</i> was given to student on the <i>Daily Log</i>.</li> </ol>	<p>See activities under Health Service Assistant</p>	<ol style="list-style-type: none"> <li>The LSN uses the <i>Student Breathing Questionnaire (SBQ)</i> to: <ol style="list-style-type: none"> <li>help determine if student's asthma is under <b>control</b> (for students in grades 6 - 12);</li> <li>help determine the student's severity level, and</li> <li>develop a plan <b>of care</b>.</li> </ol> </li> <li>Administer <i>SBQ</i> to any student in Grades 6 – 12 with asthma: <ul style="list-style-type: none"> <li>on initial visit with asthma symptoms to the Health Office during the school year.</li> <li>who takes medications on a routine basis.</li> <li>who is reported to the Health Office staff as absent due to asthma <math>\geq</math> 1-day.</li> </ul> </li> <li>If the student's asthma status appears to be changing, the LSN can repeat the <i>SBQ</i> if indicated (persistent asthma, moderate to severe asthma, out-of-control asthma).</li> <li>Assist student with <i>SBQ</i> if student cannot read at 3<sup>rd</sup> grade level or needs interpreter services.</li> <li>Summarize findings in narrative notes of the <i>Pupil Health Record</i>.</li> <li>Document that the <i>SBQ</i> was given to the student on the <i>Daily Log</i>.</li> </ol>

## Components of Asthma Management in the Health Office

<b>Delegated Nursing Care/Procedures (HSA) [continued]</b>	<b>Delegated Nursing Care/Procedures (LPN) [continued]</b>	<b>Nursing Care/Procedures (LSN) [continued]</b>
<p>Provide episodic care to students with symptoms of asthma.</p>	<p>Provide episodic care to students with symptoms of asthma, which includes physical assessment in the following areas: visual inspection, auscultation of breath sounds (anterior/posterior, skin to skin), respiratory rate, peak flow.</p>	<p>1. Perform assessments<sup>2</sup> on students with symptoms of asthma, which include:</p> <ul style="list-style-type: none"> <li>• Physical Assessment: visual inspection, auscultation of breath sounds (anterior/posterior, skin to skin), respiratory rate, peak flow.</li> <li>• School: school performance, ability to function in physical education, sports, socially, and attendance.</li> <li>• Resources: insurance status, transportation, finances, access to Health Care Provider (HCP).</li> </ul> <p>2. Assessment can also include the following areas:</p> <ul style="list-style-type: none"> <li>• Emotional/social status: student's reaction to illness, abuse, neglect.</li> <li>• Environmental: home and school environment</li> <li>• Family support.</li> </ul>
<ol style="list-style-type: none"> <li>1. Document asthma visit on <i>Daily Log</i> and/or <i>Pupil Health Record</i>.</li> <li>2. Complete <i>Asthma Visit Notification form (AVN)</i><sup>3</sup> when student is seen in the Health Office <b>with asthma symptoms</b> and/or distress and send home with student. Retain one copy for LSN to review and file.</li> <li>3. Document that <i>Asthma Visit Notification Form (AVN)</i> was sent to parent/guardian on <i>Daily Log</i> (communication section).</li> </ol>	<p>See activities under Health Service Assistant</p>	<ol style="list-style-type: none"> <li>1. Document asthma visit on <i>Daily Log</i> and/or <i>Pupil Health Record</i>.</li> <li>2. Complete <i>Asthma Visit Notification form (AVN)</i><sup>4</sup> when student is seen in the Health Office <b>with asthma symptoms</b> and/or distress and send home with student.</li> <li>3. Review and file AVNs completed by Health Office staff.</li> <li>4. Using the <i>MPS Pathway For School Asthma Care</i>, provide appropriate level of intervention for students with exacerbation of asthma.</li> <li>5. Phone parent/guardian if student is seen in the Health Office <math>\geq 2</math> times a week with asthma symptoms.</li> <li>6. Document that AVN Form was sent to parent/guardian on the <i>Daily Log</i> (communication section).</li> <li>7. Review AVNs weekly and file in the <i>Pupil Health Record</i>.</li> <li>8. Determine if additional medical information is needed; request <i>Consent to Release Information</i> from parent/guardian. If AAP includes "consent to release information", use AAP as "release or <i>Medication Authorization form</i>."</li> </ol>
<ol style="list-style-type: none"> <li>1. Complete or initiate the <i>School Health Office Asthma Record (SHOAR)</i> 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).</li> <li>2. The SHOAR is used to: <ul style="list-style-type: none"> <li>• Record asthma medication</li> <li>• Record peak flow readings</li> <li>• Document asthma symptoms</li> <li>• Document education.</li> </ul> </li> </ol>	<p>See activities under Health Service Assistant.</p>	<ol style="list-style-type: none"> <li>3. Complete or initiate the <i>School Health Office Asthma Record (SHOAR)</i> 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).</li> <li>4. The SHOAR is used to: <ul style="list-style-type: none"> <li>• Record asthma medication</li> <li>• Record peak flow readings</li> <li>• Document asthma symptoms</li> <li>• Document education.</li> </ul> </li> </ol>



## Components of Asthma Management in the Health Office

Delegated Nursing Care/Precedures (HSA) [continued]	Delegated Nursing Care/Precedures (LPN) [continued]	Nursing Care/Precedures (LSN) [continued]
		<ol style="list-style-type: none"> <li>1. The <i>Asthma Medical Request</i> form (AMR) is used for communication between the Health Care Provider (HCP) and the LSN.</li> <li>2. Complete the AMR or contact the HCP when there are asthma control or management concerns. Attach <i>SHOAR</i> if HCP requests.</li> <li>3. The AMR should be sent to the HCP only after parent/guardian consent is obtained, except in the event of an emergency.</li> <li>4. When a student is transported by ambulance to the ED, the AMR form should be sent along with the student. Fax copy to HCP (if known).</li> <li>5. When a student needs immediate care (based on the <i>MPS Pathway for Acute Asthma Care</i>) 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.</li> <li>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 <i>AVV</i> form home informing parent/guardian of AMR faxed to clinic.</li> <li>7. The LSN will send the AMR when:                         <ul style="list-style-type: none"> <li>• Student is seen in the Health Office 2 or more times a week with asthma symptoms.</li> <li>• Medication/peak flow meter/spacer are needed at school.</li> <li>• There are other questions about medications.</li> <li>• Student experiences an acute asthma episode requiring immediate care.</li> <li>• Student has missed 5 or more days of school due to asthma within the current school year.</li> </ul> </li> <li>8. Document on the <i>Daily Log</i> and narrative notes of <i>Pupil Health Record</i> that the AMR was sent to the clinic or HCP. File original/copy in the <i>Pupil Health Record</i>.</li> </ol>
		<ol style="list-style-type: none"> <li>1. Summarize Health Office asthma visits (intervention and response) at least annually in the narrative notes of the <i>Pupil Health Record</i>.</li> <li>2. Develop <i>Individual Health Plan IHP</i> for students with moderate to severe asthma who require nursing care (see IHP instructions).</li> <li>3. Review and modify IHP as needed.</li> </ol>

## Components of Asthma Management in the Health Office

Delegated Nursing Care/Precedures (HSA) [continued]	Delegated Nursing Care/Precedures (LPN) [continued]	Nursing Care/Precedures (LSN) [continued]
<ul style="list-style-type: none"> <li>• Request Asthma Action Plan (AAP) and/or Release of Medical Information or Medication Authorization form per LSN request (see form letter in Asthma Manual). Send AAP form and explanatory cover letter home with request. The AAP form serves as a medication consent and release of information consent when signed by Health Care Provider and parent.</li> <li>• AAPs will be faxed to HRS who will fax them directly to the student's school. HSA and LPN will notify LSN of new AAPs.</li> <li>• Place AAPs in medication book behind SHOAR form. File copy in chart.</li> </ul>	<p>See activities under Health Service Assistant.</p>	<ol style="list-style-type: none"> <li>1. Review asthma visits on the <i>daily log</i> on a weekly basis).</li> <li>2. Develop or modify nursing care interventions as needed. . (I.e. Initiate medical referrals as needed).</li> <li>3. Summarize visits at least annually in the <i>Pupil Health Record</i> and modify care plan if needed.</li> </ol> <ol style="list-style-type: none"> <li>1. Send request for AAP on students: <ul style="list-style-type: none"> <li>• whose asthma is out of control,</li> <li>• with mild, moderate and severe persistent asthma,</li> <li>• who take asthma medications at school on a daily basis,</li> <li>• with ED or hospital visits within the last year.</li> </ul> </li> <li>2. Review new AAPs on a weekly basis.</li> <li>3. Place AAPs in medication book behind SHOAR form. File copy in chart.</li> </ol>
<p>Check peak flow:</p> <ul style="list-style-type: none"> <li>• on students with asthma symptoms,</li> <li>• to determine if medication is needed per AAP</li> <li>• on students designated by the LSN</li> <li>• Document peak flow readings, signs, symptoms and medications given on SHOAR form<sup>6</sup>. "o" = peak flow reading before medication, "x" = peak flow after prn medication. Record actual PF number above "o" or "x" on graph section of SHOAR.</li> <li>• 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 the student's personal best or calculate student's predicted peak flow using the table: "Average Peak Flow Rate For Healthy Children."</li> </ul>	<p>See activities under Health Service Assistant</p>	<ol style="list-style-type: none"> <li>1. Review PQ, SBQ, AVN Form, and AAP to determine student's current level of control<sup>6</sup> and/or severity.</li> <li>2. Determine control and/or severity level on any student who comes into the health office with problems related to asthma.</li> <li>3. Document in <i>Pupil Health Record</i> and on <i>Health Problem List</i>. Update severity level on <i>Health Problem List</i>.</li> </ol> <p>Check peak flow on students:</p> <ul style="list-style-type: none"> <li>• with persistent asthma</li> <li>• with asthma symptoms</li> <li>• to determine if medication is needed per AAP.</li> <li>• Document peak flow readings, signs, symptoms and medications given on SHOAR form<sup>7</sup>. "o" = peak flow reading before medication, "x" = peak flow after prn medication. Record actual PF number above "o" or "x" on graph section of SHOAR.</li> <li>• 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 the values based upon the student's personal best or calculate student's predicted peak flow using the table: "Average Peak Flow Rate For Healthy Children."</li> </ul>



## Components of Asthma Management in the Health Office

<p>1. Administer medications per AAP or Health Care Provider (HCP) order.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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).</li> <li>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.</li> </ul>	<p>See activities under Health Service Assistant</p>	<p>1. Assess, monitor, and/or administer medications.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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).</li> <li>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.</li> </ul>
<p><b>Care Coordination (HSA)</b></p> <p>Request AAP on students per LSN delegation.</p>	<p><b>Care Coordination (LPN)</b></p> <p>Request AAP on students per LSN delegation.</p>	<ul style="list-style-type: none"> <li>Summarize triggers, significant history, education and progress toward goals in the <i>IHP</i> and on narrative notes of <i>Pupil Health Record</i> at the end of the year or on withdrawal.</li> <li>Provide ongoing support and monitoring to Health Office staff regarding asthma care.</li> <li>Train Health Office staff on all delegated tasks and supervise performance.</li> </ul>
<p><b>Care Coordination (HSA)</b></p> <p>Request AAP on students per LSN delegation.</p>	<p><b>Care Coordination (LPN)</b></p> <p>Request AAP on students per LSN delegation.</p>	<p><b>Care Coordination (LSN)</b></p> <p>1. Request AAP on students:</p> <ul style="list-style-type: none"> <li>whose asthma is out of control,</li> <li>with persistent mild, moderate or severe asthma.</li> <li>seen daily for administration of asthma medications.</li> </ul> <p>2. Document request in narrative notes of <i>Pupil Health Record</i>.</p> <p>1. Review <i>IHP</i> and AAP</p> <p>2. Develop or modify plan for case coordination as needed.</p>
<p>Refer students who have no insurance to the New Family Center using the <i>Health Insurance Information Questionnaire</i>.</p> <p>1. Arrange transportation per LSN request.</p> <p>2. Arrange interpreters for parents or students as needed.</p>	<p>Refer students who have no insurance to the New Family Center using the <i>Health Insurance Information Questionnaire</i></p> <p>1. Arrange transportation per LSN request.</p> <p>2. Arrange interpreters for parents or students as needed.</p>	<p>1. Determine if students have insurance.</p> <p>2. Assess family's understanding of health care system and ability to access preventive and emergency care.</p> <p>3. For students who have no insurance, refer to the New Family Center using the <i>Health Insurance Information Questionnaire</i> and <i>Resource Directory</i>.</p> <p>Arrange transportation and interpreters for students as needed.</p>
<p>1. Arrange transportation per LSN request.</p> <p>2. Arrange interpreters for parents or students as needed.</p> <p>Communicate with parent/guardian regarding asthma care, asthma episodes, <i>Release of Information Consents</i> and need for medication or supplies.</p>	<p>Communicate with parent/guardian regarding asthma care, asthma episodes, <i>Release of Information Consents</i> and need for medication or supplies.</p>	<p>1. Consistent communication with parents/guardians and providers regarding asthma care, need for medication, supplies, <i>Release of Information Consents</i>, asthma episodes.</p> <p>2. Refer students to Health Care Provider to ensure consistent asthma care and follow-up according to NIH guidelines.</p>
		<p>Initiate referrals to:</p> <ul style="list-style-type: none"> <li>community based asthma programs,</li> <li>asthma case management services @ health plan, hospital or clinic,</li> <li>home visiting services for f/u coordination, education or home environment assessment.</li> <li>other services as needed.</li> </ul>

## Components of Asthma Management in the Health Office

Emergency Care	Emergency Care	Emergency Care
<ol style="list-style-type: none"> <li>1. Provide first aid in accordance with <i>Emergency Medical Care Flipchart</i> or individualized <i>Emergency Care Plan</i>.</li> <li>2. Notify LSN, parent/guardian and HCP of emergency care as needed.</li> <li>3. Ensure <i>Emergency Medical Care Flip Chart</i> available in all classrooms (See policy and procedure manual).</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide first aid in accordance with <i>Emergency Medical Care Flipchart</i> or individualized <i>Emergency Care Plan</i>.</li> <li>2. Notify LSN.</li> <li>3. Ensure <i>Emergency Medical Care Flip Chart</i> available in all classrooms (See policy and procedure manual).</li> </ol>	<ol style="list-style-type: none"> <li>1. At the beginning of the year, LSN reviews first aid for asthma on emergency flip chart with school staff including Health Office back-up staff.</li> <li>2. Ensure <i>Emergency Medical Care Flip Chart</i> available in all classrooms (See policy and procedure manual).</li> <li>3. Provide first aid in accordance with <i>MPS Pathway For Acute School Asthma Care, Emergency Medical Care Flipchart</i> or individualized <i>Emergency Care Plan</i>.</li> <li>4. Complete <i>Emergency Care Plan (ECP)</i> on student if the following conditions apply: <ul style="list-style-type: none"> <li>• previous ICU admission or intubation for asthma</li> <li>• extreme <b>labile asthma</b> (asthma symptoms that come on suddenly and rapidly worsen).</li> <li>• poorly controlled severe persistent asthma.</li> </ul> </li> <li>5. File <i>ECP</i> in student record</li> <li>6. Document development of <i>ECP</i> in health record narrative notes. When possible, include the parent and the Health Care Provider in developing the <i>ECP</i>.</li> <li>7. Provide copies of <i>ECP</i> to Health Office Staff, PE teachers, coaches, classroom teachers and other personnel working with student.</li> </ol>
Student Counseling/Education	Student Counseling/Education	Student Counseling/Education
<ol style="list-style-type: none"> <li>1. Review correct inhaler and peak flow meter techniques with students who come into the HO;</li> <li>2. Educate students and families with asthma on key components of asthma self-management as delegated by the LSN.</li> <li>3. Document on <i>SHOAR</i> or <i>Daily Log</i>.</li> <li>4. Send Asthma Education material home to families of students as indicated by LSN.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review correct inhaler and peak flow meter techniques with students who come into the HO;</li> <li>2. Educate students and families with asthma on key components of asthma self-management as delegated by the LSN.</li> <li>3. Document on <i>SHOAR</i> or <i>Daily Log</i>.</li> <li>4. Send Asthma Education material home to families of students as indicated by LSN.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review correct inhaler and peak flow meter techniques with students who come into the Health Office;</li> <li>2. Provide counseling and educate students, families and school staff on key components of asthma self management.</li> <li>3. Document education on <i>SHOAR</i> or <i>Daily Log</i>.</li> <li>4. Determine need for Asthma Education materials including interactive computer games.</li> </ol>

Based on the:  
 • NASN Standards of Practice  
 • MPS Policy and Procedures  
 • NIH Guidelines for the Diagnosis and Management of Asthma  
 • MPS Asthma Manual

<sup>1</sup>(HSA, LPN role) When a parent/guardian writes back indicating that their child has asthma symptoms but no asthma diagnosis: have student complete SBQ or call parent/guardian and administer PQ. Teach the student how to check a Peak Flow; check the student's height; check predicted Peak Flow value for height; if student's PF is not in the green zone (based on height), or has positive answers on SBQ or PQ, notify the LSN of those students. (LSN role) Call parent/guardian of students with positive finding from SBQ or PQ, and/or PF screening, and discuss evaluation by primary provider or asthma specialist.

<sup>2</sup>Use the *MPS Pathway for Acute Asthma Care* in making decisions regarding the provision of acute asthma care in the school setting.

<sup>3</sup>If you make a phone call in lieu of sending the AVN, complete the form anyway and give to the LSN. The call is documented on the *daily log* or on the AVN form.

<sup>4</sup>If you make a phone call in lieu of sending the AVN, complete the form anyway and give to the LSN. The call is documented on the *daily log* or on the AVN form.

<sup>5</sup>DEFINITION OF GOOD CONTROL: 1. No coughing. 2. No shortness of breath, rapid breathing, wheezing or chest tightness. 3. No waking up at night because of asthma symptom. 4. Normal activities including play, sports and exercise. 5. No episodes of asthma that require a doctor or NP visit, ED visit or urgent care visit. 6. No absences from school or activities. 7. No missed times from work for the parent or caregiver. 8. Normal (or near normal) lung function. (Excerpted from: Pediatric Asthma: Promoting Best Practice – Guide for Managing Asthma in Children: American Academy of Allergy, Asthma and Immunology, NIH, AAAAAI, 1999)

<sup>6</sup>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.

<sup>7</sup>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.

<sup>8</sup>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*.