Best Practices: Asthmatic Student in Respiratory Distress

Initial Response

1. **Remain calm and reassuring** – Approach the student in a composed manner to prevent increasing their anxiety, which can worsen symptoms.
2. **Assess symptoms immediately** – Observe for:
    - Wheezing
    - Labored or rapid breathing
    - Coughing
    - Complaints of chest tightness or shortness of breath
3. **Position the student for easier breathing** – Have them sit upright; do *not* have them lie down.
4. **Administer prescribed inhaler** – Follow the student's individual Asthma Action Plan or doctor's orders:
    - Assist with or supervise proper use of the inhaler.
    - Use a spacer if prescribed. (**Always store inhaler in a ziploc with the spacer/ chamber)**
    - Administer prescribed the dose, typically **2 puffs,** with several seconds in between, then reassess. A second dose may be given only if prescribed in the plan.

Ongoing Assessment

5. **Monitor for improvement** – Wait 10–15 minutes and reassess:
    - Breathing rate
    - Presence or absence of wheezing
    - Work of Breathing (use of accessory muscles)
    - Monitor O2 sat, if possible
    - Ability to speak in full sentences
    - Skin color or signs of fatigue
6. **If symptoms improve:**
    - Document time of inhaler use and symptom resolution.
    - Notify the parent/guardian of the episode and care given.
    - Schedule a **follow-up check-in later in the day** (within 2–3 hours):
        - Reassess lung sounds (if possible), respiratory rate, and verbal report from the student.
        - Document and notify the parent if concerns persist or resurface.

If symptoms do NOT improve or worsen:

7. **Escalate care promptly**:

- Contact parent/guardian immediately.
- If symptoms persist despite inhaler use or escalate (e.g., inability to speak, blue lips, severe wheezing, retractions), **call 911** without delay.
- Continue to monitor the student until EMS arrives.
- Send the student's health forms, asthma plan, and medication list with EMS if possible.

🔹 **Other Best Practices**

8. **Maintain updated Asthma Action Plans** for all known asthmatic students.
9. **Ensure accessibility**:
    - Student's inhaler is available, not expired, and stored per protocol.
    - Backup inhalers are available, if prescribed.
10. **Document thoroughly**:
    - Date/time of incident
    - Symptoms observed
    - Interventions administered
    - Response to treatment
    - Communications made with parent/guardian and/or EMS
11. **Provide education**:
    - Encourage age-appropriate asthma education with the student (if able) to recognize triggers and early signs.
12. **Collaborate with staff**:
    - Ensure teachers and coaches are aware of students with asthma and their emergency protocols.