



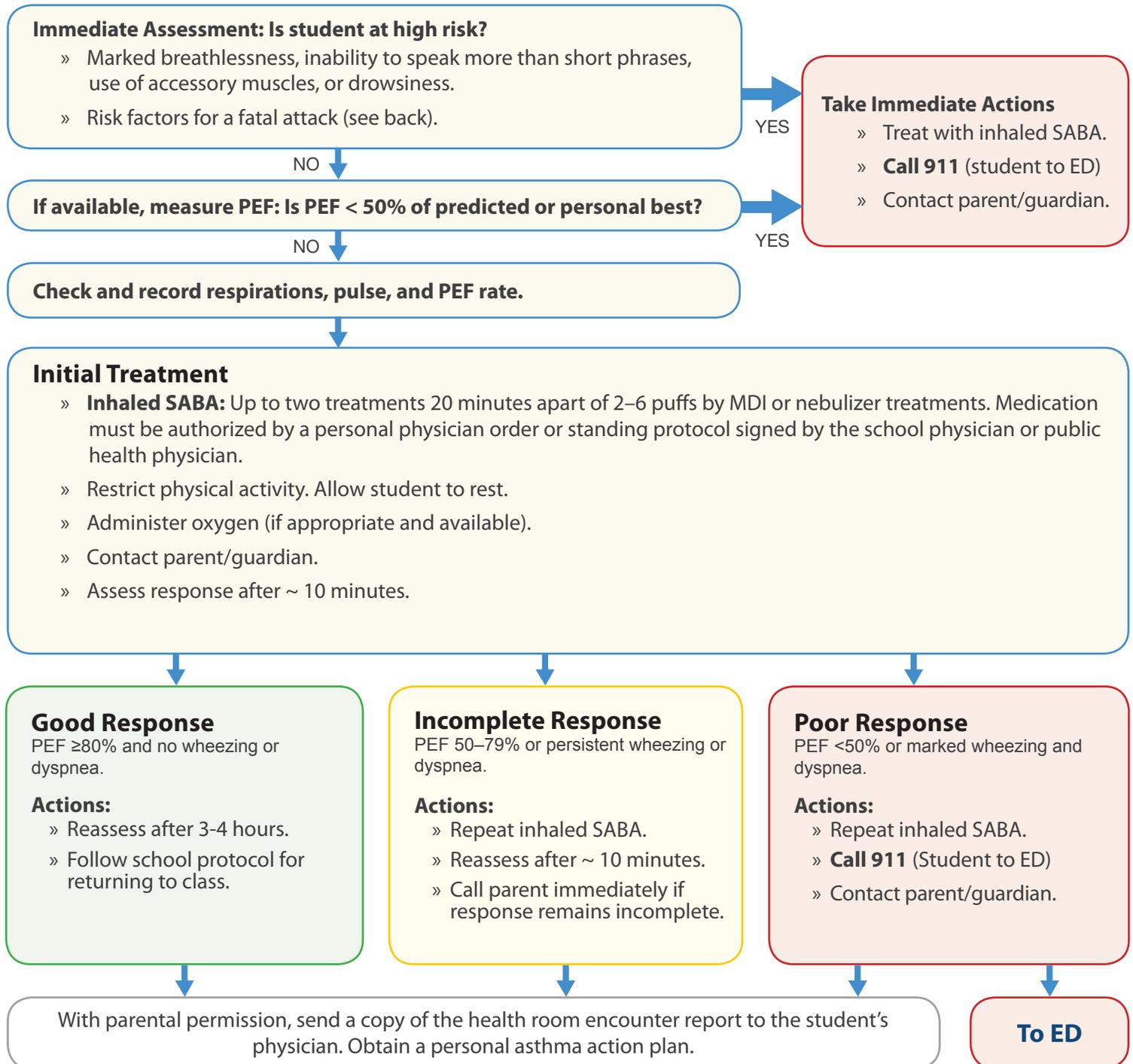
National Asthma Education and
Prevention Program

MANAGEMENT OF ASTHMA EXACERBATIONS: *School Treatment*

Suggested Emergency Nursing Protocol for Students with
Asthma Symptoms Who Don't Have a Personal Asthma Action Plan

A student with asthma symptoms should be placed in an area where he/she can be closely observed. Never send a student to the health room alone or leave a student alone. Limit moving a student who is in severe distress. Go to the student instead.

See list of **Possible Observations/Symptoms** on back.



ED: emergency department
PEF: peak expiratory flow

MDI: metered-dose inhaler
SABA: short-acting beta2-agonist (quick-relief inhaler)

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Possible Observations/Symptoms (May include one or more of the following):

- » Coughing, wheezing, noisy breathing, whistling in the chest.
- » Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/or fast.
- » Nasal flaring (nostril opens wide to get in more air).
- » Can only speak in short phrases or not able to speak.

Risk Factors for Death from Asthma

Asthma history

- » Previous severe exacerbation (e.g., intubation or ICU admission for asthma).
- » Two or more hospitalizations for asthma in the past year.
- » Three or more ED visits for asthma in the past year.
- » Hospitalization or ED visit for asthma in the past month.
- » Using >2 canisters of SABA per month.
- » Difficulty perceiving asthma symptoms or severity of exacerbations.
- » Other risk factors: lack of a written asthma action plan, sensitivity to Alternaria.

Social history

- » Low socioeconomic status or inner-city residence.
- » Illicit drug use.
- » Major psychosocial problems.

Comorbidities

- » Cardiovascular disease.
- » Other chronic lung disease.
- » Chronic psychiatric disease.