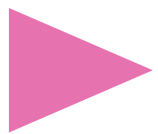


SCHOOL-BASED
ASTHMA THERAPY
PROGRAM



Guide for
**SCHOOL
NURSES**



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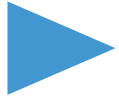
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SCHOOL-BASED
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What is Asthma?

Asthma is a long-term lung disease that causes episodes of coughing, wheezing, chest tightness, and shortness of breath. Symptoms can be mild or severe, and sometimes life threatening. Like all chronic illnesses, asthma cannot be cured, but in most cases, asthma is very manageable and can be controlled with daily medications.

What Causes Asthma in Children?

- Researchers think many genetic and environmental factors play a role, especially during the first years of life when the immune system is developing.
- Family history of asthma or allergies
- Mother's smoking or exposure to secondhand smoke or air pollution during pregnancy
- Early childhood exposure to secondhand smoke, air pollution, or indoor allergens such as dust mites, cockroaches, or mold
- Damage to developing lungs due to premature birth or early childhood respiratory illnesses

Common Asthma Triggers

- Indoor allergens: mold, pet dander, dust mites, cockroaches
- Outdoor allergens: pollen, mold
- Irritants: secondhand smoke, diesel exhaust, air pollution, perfume, cleaning products, candles
- Respiratory viruses: colds, flu, sinus infections
- Cold air or sudden changes in temperature
- Strong emotions such as laughing or crying
- Hormonal changes
- Humidity
- Exercise
- Stress

How is Asthma Treated?

Asthma medications play a central role in a treatment plan. Children with frequent or severe symptoms are usually prescribed a 'controller' medication and a 'quick-relief' medication.

Controller medications are taken every day, regardless of whether the child is having symptoms. These medications help prevent asthma flare-ups by preventing or reducing airway inflammation.

Quick-relief medications are used 'as needed' to quickly treat symptoms making it easier to breathe.



Asthma Action Plan

After being diagnosed with asthma, the child's healthcare provider and the family will create a written personal plan of treatment called an Asthma Action Plan. The plan is easy to use and color-coded based on the child's asthma symptom severity. The Asthma Action Plan spells out:

- How to treat the child's asthma daily
- What to do when symptoms get worse
- How to handle situations such as exercise or when you have a cold or virus



Asthma Control Test

The Asthma Control Test (ACT) can help determine whether a child's asthma is well-controlled. Scores of 20 or higher indicate well-controlled asthma. You will complete the ACT for each student upon enrollment in the program. Follow-up ACTs will be completed as follows:

- If the ACT score <20 : repeat the test every month until score is ≥ 20
- If the ACT score ≥ 20 : complete test every 3 months

For children whose score <20 , report the score to an SBAT team member or contact the child's caregiver and healthcare provider to review the Asthma Action Plan and determine if any changes to the plan or medications are needed.



The School-Based Asthma Therapy (SBAT) Program for Children

- The School-Based Asthma therapy (SBAT) program is designed to improve the health of children with troublesome asthma by enhancing health care team communication, and enlisting school nurses to administer prescribed controller medication doses at school.
- The SBAT team coordinates with healthcare providers, pharmacists, school nurses, and the child's family to ensure prescribed asthma medications are available at school and home.
- The SBAT team will monitor medication adherence and asthma control with the help of the school nurse and the child's family to ensure success for each child in the program.
- The child's controller medication is given daily by the school nurse, or other personnel responsible for medication administration, with the goal of improving symptoms and achieving optimal asthma control.
- The SBAT team facilitates getting medication refills for home and school, necessary physician orders, and follow-up appointments. The team also provides asthma education for the school nurses and staff.

Working Together to Let Kids with Asthma

JUST BE KIDS

Who is Eligible for SBAT?

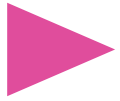
Any student who is prescribed a daily asthma controller medication AND is at high risk for problems related to asthma such as:

- Frequent ER visits and/or hospitalizations
- Emergency squad calls to home or school
- Numerous asthma-related school absences
- Frequent visits to the school nurse's office due to asthma
- Frequent use of quick-relief medications for asthma symptoms
- Concern that difficulty obtaining or taking daily medication at home is leading to poor asthma control



How Do I Refer a Student to the SBAT Program?

- If you know a child who may benefit from our program, provide a flyer to the child's caregiver or refer the caregiver to the Caregiver page of the website.
- The SBAT team member will follow up with the child's caregiver and healthcare provider to obtain all the required documents and medications prior to starting the program.
- If you are unsure if a child qualifies for the SBAT program, contact an SBAT team member for follow up.



School Nurse Visits & Medication Administration

Daily Controller Medication Administration

- Students enrolled in SBAT will receive their controller medication EVERY DAY they are in school.
- Typically ordered as 1-2 puffs with spacer in the morning.
- Some students receive an additional dose in the afternoon; orders will specify.
- It is okay to administer quick-relief medication (typically albuterol) during this time in addition to controller medication, if needed.



Commonly Prescribed Daily Controller Medications

- > Fluticasone
- > Asmanex
- > QVAR
- > Dulera
- > Advair
- > Symbicort

Commonly Prescribed Quick Relief Medications

- > Proair (albuterol)
- > Ventolin (albuterol)
- > Proventil (albuterol)

Nurse's Office for Symptoms – What to Do



- If a child presents with coughing, wheezing or shortness of breath, administer quick-relief medication as ordered.
- Children often feel symptoms coming on before they are visible to others.
- Always give quick relief medication (typically albuterol) if a child asks for it, even if they do not appear to be having symptoms.
- A child may report:
 - “My chest is tight” or “My chest hurts.”
 - “I can’t catch my breath.”
 - “I can’t stop coughing.”
 - “I don’t feel well.”
- Allow the child to rest.
- If symptoms do not resolve, check the doctor’s order to see if more doses of quick-relief medication can be given and follow school policy to call the caregiver.

Instructions

How to Administer the Controller and Quick Relief Medications

For the controller and quick relief medications to work properly, a spacer should always be used with the inhaler. The spacer helps disperse the medication particles so they can be inhaled deep into the lungs. Lack of a spacer or incorrect technique leaves most of the medication on the tongue or throat.

1. If the inhaler is new, it must be primed before giving it to the child. To do this, spray the medication into the air 4 times.
2. Insert the end of the inhaler into the spacer.
3. Shake the inhaler for 10 seconds.
4. Have the child breathe out then close their mouth tightly around the spacer mouthpiece.
5. Press down on the inhaler canister which will spray the medication into the spacer.
6. Tell the child to take a slow, deep breath, hold for a count of 10, then breathe out slowly.
7. If 2 puffs are prescribed, wait 1 minute and then repeat steps 3-6.
8. Have the child rinse out their mouth with water.
9. Clean the inhaler opening weekly by wiping the opening with a cotton swab.
10. Clean the spacer weekly by soaking in warm soapy water for 15 minutes, rinse, and then air dry.



In an Emergency, Always Call 911:

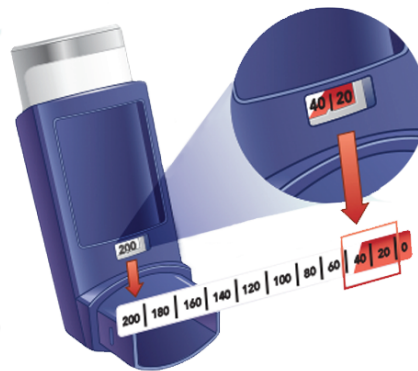
- Lips or fingernails turn gray or blue.
- Breathing is very hard and fast.
- Nose opens wide when breathing (nasal flaring).
- Respiratory muscles are used (belly breathing, rib and neck muscles show).
- It's hard to walk, talk, eat or drink due to being short of breath.
- You see panic (scared look).
- There is confusion or loss of consciousness.

Medication Refills

Most inhalers have a counter which reflects how many puffs are remaining. When 20 puffs remain, you should request a refill by contacting an SBAT team member. Children may also need a refill if the healthcare provider changes the medication. Here are several examples of counters:



Ventolin HFA



Fluticasone HFA

Frequently Asked Questions

Q Is it OK to give a child their quick relief medication before gym class or recess?

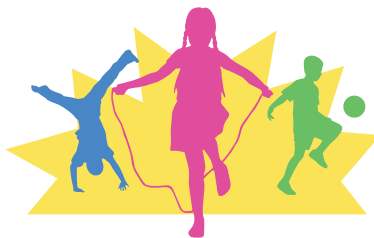
A Always refer to the healthcare provider's orders first but yes, it is OK. Using the quick relief medication 15-20 minutes prior to exercise can help prevent asthma symptoms during the activity.

Q A student notified me that they do not have any asthma medication at home. What should I do?

A Notify an SBAT team member who will contact the caregiver and healthcare provider to arrange for medications to be delivered to the home.

Q Can I use an inhaler that was stored at school over the summer break?

A Yes, as long as it's not expired and was stored properly (e.g., out of direct sunlight or heat). Use the old inhaler first before starting the new one unless it's a different strength.



School-Based Asthma Therapy Program

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