

III. WORKING WITH PARENTS AND STUDENTS TO MANAGE THE STUDENT'S ASTHMA AT SCHOOL

What should be done before school begins?

Before the student with asthma enters school, it is important to prepare for his or her needs. The team caring for the student includes the student, the parent, the school nurse, other school personnel and the student's health care provider. Each member of the team has a role to assure safe and effective care at school. For a checklist to assist in the development and implementation of a plan for the student with asthma see *Appendix G*.

As a chronic health problem, the severity of asthma can vary. Some students will have mild asthma and require medications occasionally, e.g., with colds, whereas other students will have asthma that requires daily medications and frequent monitoring (Appendix H, National Asthma Education and Prevention Program (NAEPP) Asthma Severity Assessment). The Washington State Nursing Care Quality Assurance Commission and the Washington State Office of the Superintendent of Public Instruction developed "Staff Model for the Delivery of School Health Services" (*Appendix I*) that describes four levels of health needs for students. These levels are:

Level A: Nursing Dependent: Student requires 24 hours per day, one-to-one, skilled nursing care for survival.

Level B: Medically Fragile: Student faces daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse in the school building at all times.

Level C: Medically Complex: Student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring. A professional nurse (RN) determines the level of supervision and delegation to other trained, willing and competent school staff.

Level D: Health Concerns: Student condition is uncomplicated and predictable and requires monitoring from biweekly to annually.

Developing a plan of care will depend on the severity of the student's asthma, treatment needs, and assignment of one of the above levels of nursing care.

The parent and student talk with the student's health care provider about the student's asthma and needs at school to control or prevent asthma attacks. This discussion should guide development of an Asthma Management Plan (*Appendix J*).

This written plan should include:

- The student's name
- Routine medications and delivery methods
- Medications needed at school
- Licensed health care provide name & phone number
- Usual triggers and asthma symptoms

- Peak flow measurements (if used for monitoring)
- An emergency plan for an acute asthma attack
- Parent signature

At this visit the health care provider can complete and sign the Authorization for Administration of Oral Medication Form (*Appendix K*).

What should be done when the school nurse is aware that a student has asthma?

1. A phone call or a meeting between the school nurse, student and parent can provide information about the student's asthma, severity, and needs at school and assist the school nurse in assigning a level of nursing care. Sending an Asthma History Form (*Appendix L*) for the parent and student to fill out at home may also be a useful way to gather information.
2. Students assigned Level B (Medically Fragile) will most likely need an Individual Health Plan (IHP)/Section 504 Plan and a School Emergency Asthma Plan (*Appendix A*). Information contained on the Asthma Management Plan and the Authorization for Administration of Oral Medication Form, completed by the health care provider in collaboration with the family, may direct the IHP/504 Plan development.
3. Students assigned Levels C or Level D may need daily, occasional or intermittent medications. The Authorization for Administration of Oral Medication Form and a School Emergency Asthma Plan direct care planning. An IHP/504 Plan may also be appropriate.
4. For students responsible for self-administration of medications, the parent and health care provider should complete and sign the Authorization for Administration of Oral Medication Form giving written permission for self-administration.
5. Parents are informed that medications and procedures cannot be administered or performed by any school personnel without a licensed health care provider order. Washington State law requires that a licensed health care provider order must be given to the school in order for school personnel to give medications. The school nurse is responsible for care given by school staff. Parents cannot direct school staff regarding medications or procedures. The school nurse must follow orders provided by the licensed health care provider. Any change in the order must be in writing to the school nurse.
6. The school nurse and other school personnel will collaborate to implement the IHP/Section 504 Plan if needed. Training of school personnel may need to be initiated by the school nurse.
7. An Authorization for Exchange of Medical Information form (*Appendix M*) signed by the parent may be helpful so that the school nurse can receive essential information from the health care provider.

What state and federal regulations assist in caring for the student with asthma?

Section 504

The Rehabilitation Act of 1973, Section 504, was written to provide all individuals access to federally funded facilities and programs including public schools. This law pertains to any child who has an impairment that substantially limits one or more major life activities such as caring for one's self, walking, hearing, or breathing. Asthma may be a handicapping condition requiring special provisions to assure a student's safety. Accommodations may include trigger reduction and medication administration.

Washington State Medication Delivery

Washington State regulations allow medication administration to students by trained, non-licensed personnel at school when these guidelines are met. These guidelines refer to both prescription and over-the-counter medications.

- School personnel must be informed of the student's need for medications during school hours.
- An Authorization for Administration of Oral Medications is completed and signed by a licensed health professional prescribing within the scope of his or her prescriptive authority, and by the parent.
- Medication brought to school must have a pharmacy label indicating the child's name, name of medication, dose, time to be given, delivery method and frequency.
- The medication must be stored in a secure place in the school.
- A written record of medication administration is kept in the school.

What if non-routine asthma medications are given at school?

Notifying parents when non-routine asthma medications are given to the student during school will assist the parent and student in managing asthma. A sample form for Notification of Non-Routine Medication Delivery is found in *Appendix N*.

Delegation of care by registered nurses in schools

Who can monitor or give medications to students at school?

This section describes who may assume responsibility for activities in the Individual Health (IHP)/Section 504 Plan as determined by statute, regulation, Nursing Care Quality Assurance Commission (NCQAC) guidelines or advisory opinions. While they are only guidelines or opinions, it is strongly recommended that they be applied in individual situations as determined and delegated by the supervising school nurse in order to maintain the safety and quality of care. Determinations that relate to these guidelines become part of the student's IHP/Section 504 plan.

Registered nurses in school settings function under a special provision that allows them to delegate and supervise the administration of oral medications to unlicensed school personnel who are willing, competent and trained. There is no provision in the law to

permit a licensed practical nurse to delegate oral medication delivery; however licensed practical nurses can administer medications ordered by a licensed health care provider.

The NCQAC assumes that the registered nurse uses the nursing process to assess the care needed, verify orders, individualize standard guidelines based on the student's needs and the nurse's assessment, and that certain tasks will not be delegated when the registered nurse determines that care is too complex.

Monitoring – Peak Flow Measurements

Peak flow measurements at school ordered by a health care provider should include the number of times to do the measurement (i.e., best of 3 consecutive measurements) and the ranges of peak flow measures for the individual student. Routine peak flow measurements should be completed in the nurse's or another school office where measurements can be recorded. It will be necessary for the school nurse to establish a peak flow-monitoring plan with the student, parent, and other school personnel in advance as part of the Individual Health Plan.

School nurses may choose to monitor peak flow readings for any student with asthma as part of the individual health plan. School personnel may assist the student to identify emergent and urgent situations, including the use by the student of a peak flow meter so that the student may determine his or her own status, as long as the registered nurse has included these activities in the plan of care. The registered nurse may not delegate nursing assessment or the nursing process (clinical decision making) to an unlicensed individual.

Medications Administration – Nebulized Medications

Administration of nebulized medications requires a written order stating the type of medication, method of delivery (mask or mouthpiece), dose, and frequency. If multiple medications are to be delivered through the nebulizer, the licensed health care provider must include in the order, the medications that can be mixed for delivery through the nebulizer. The medication must be labeled by a pharmacy with the student's name, medication, dose, frequency, and delivery method.

Pharmacy labeled medications given via nebulizer may be sent to the school in premeasured or pre-mixed vials (unit dose) or in containers that require the dose be drawn up. Often multiple medications are ordered to be delivered together via the nebulizer. Most often the medication dosage to be delivered via nebulizer will remain the same on a daily basis. Occasionally, doses may change based on peak flow measurements. In this case the licensed health care provider order must clearly indicate each dose for a given peak flow measurement range. The supervising school nurse must indicate in the student's IHP that this activity can be delegated to unlicensed staff based on the nurse's assessment. Parents may not order treatments or changes to the individual health treatment plan independently as they are not authorized to prescribe.

If the registered nurse has taught and supervised school personnel to place medications in a nebulizer chamber, and if the school nurse has determined this is a safe procedure within an individual plan of care, this activity is part of the process of administration of oral medications.

A plan needs to be developed by the nurse in conjunction with the student, parent, and licensed health care provider prior to nebulized medication being delivered at school.

Delivery

Nebulized medications are most often delivered through a mouthpiece. In some instances, usually for young children or children who cannot cognitively or physically use a mouthpiece, the nebulized medications are given via a mask that is attached to the end of the tubing or a spacer. If the medication is ordered for oral inhalation, it falls within the category of “PO” or “by mouth” even if a mask is used. Medications ordered to be administered intra-nasally are not included within this category. (Reference: telephone communication with Joe Honda, Pharmacy Board Consultant, 8/24/00.) (NCQA Advisory Opinion to the American Lung Association, Seattle Headquarters, Asthma Management in School Settings Committee, September 2000)

Medication Administration- Metered Dose Inhalers

Administration of metered dose inhaler (MDI) medications require a written order stating the type of medication, method of delivery (MDI, MDI with spacer, MDI with spacer and mask), dose and frequency. The medication must be pharmacy labeled with the student’s name, medication, dose, frequency, and delivery method.

Most often the medication dosage to be delivered via metered dose inhaler will remain the same on a daily basis. Occasionally, doses may be adjusted within the parameter of the licensed practitioner’s order based on the student’s signs and symptoms, or peak flow measurements. Primary health care provider orders must clearly indicate each dose for a given peak flow measurement range if there are variations in the doses for routine metered dose inhaler medications. For example the primary care provider may order one puff of the MDI pre exercise, but two puffs if the student is having an asthma attack and feels the signs and symptoms or if peak flow readings indicate the need for treatment.

Unlicensed personnel may supervise metered dose inhaler medications via a MDI, MDI with a spacer, or MDI with a spacer and mask after training, supervision and delegation by the school nurse and according to the student’s IHP.

Self Administration of Medications

Assessment of the student’s ability to independently take metered dose inhaled medications will be determined by the student, parent/guardian, school nurse, the primary health care provider and school district policy. If a student is responsible for self-administration of his/her own medications on a routine basis or for acute asthma attacks, the metered dose inhaler will be in the possession of the student and may be taken as needed. A licensed health care provider order should be obtained if the student self-administers medications at school. *Appendix N.2*

Personnel Guidelines for Care of Children with Asthma in Schools

<i>Skill/Topic</i>	<i>Who Can Do/Interpret</i>					<i>Location</i>
	Student #	Parent	Licensed Staff ~	Designated Staff +	Any School Staff	
I. Peak Flow Measurement	X	X	X	X		As indicated in the IHP
II. Nebulized Medications* <ul style="list-style-type: none"> • Premeasured Medications • Medication measurement required • Mixing 2 or more medications • Dose as ordered by HCP based on peak flow measurement • Nebulizer with mouthpiece • Nebulizer with mask 		X	X	X		As indicated in the IHP
III. Metered Dose Inhaler Medications <ul style="list-style-type: none"> • MDI • MDI & spacer • MDI & spacer & face mask 	X	X	X	X		Health Room, School Office, or any pre-approved location as designated in the IHP
IV. Decision on Activity Participation	X	X	X	X	X	When needed as designated in the IHP

Student's developmental ability: The student possesses the cognitive, emotional, behavioral, motor skills, and physical maturity necessary to perform the required activity and can demonstrate it consistently and across multiple settings. A release should be included that is signed off by the parent, primary health care provider, and school nurse.

~ Licensed staff: Must be a registered nurse (RN) or licensed practical nurse (LPN). A primary health care provider's order is required for licensed person to test or give medications.

+Designated staff: School employee trained and supervised by RN who has delegated the tasks such as verifying numbers on peak flow meter. A release should be included that is signed off by the parent and school nurse.

*Generally students do not possess sufficient developmental ability to self administer nebulized medication treatments.