

## **STANDING ORDERS FOR MANAGING RESPIRATORY DISTRESS**

1. Evaluate and assess respiratory status for defining characteristics: nasal flaring, respiratory rate, retractions, auscultation for wheezes, crackles, or stridor, and color.
  - Use student's peak flow meter if appropriate
2. Children with prior history of asthma or reactive airway disease:
  - Follow the asthma action plan if available (medication is administered by a school nurse or trained or authorized trained person, or student if able and authorized to self-administer medication).
  - Students without an asthma action plan should be given a single albuterol aerosol treatment according to the dosage chart below while the parent/guardian is being contacted (Recommend that the parent/guardian call primary care provider to inform them the child is being sent to the hospital due to a respiratory emergency. The provider cannot direct medical care without parent consent).
  - The written asthma action plan covers the necessary steps to follow. When you reach the parent, you can provide the number for them to contact their health care provider from the chart. The parent can call you back or have the physician call back if the child will remain in school with instructions.
  - Students who respond favorably to the treatment should be observed until the primary care physician or parent/guardian can be reached, or for at least one (1) hour after treatment
  - Call 911 if NO RESPONSE TO ASTHMA QUICK RELIEF MEDICATION.
  - Note where student is transported and by which EMS vehicle.
  - CONTACT PARENT OR RESPONSIBLE PERSON.
3. Children in respiratory distress without prior history of asthma:
  - Call 911.
  - Begin assembling medication to alleviate respiratory distress.
  - Administer medication according to protocols and observe response.
  - Have someone else contact the parent/guardian while waiting for ambulance.
  - DO NOT CALL child's physician or PARENTS FIRST FOR A CHILD IN RESPIRATORY DISTRESS! If the child's physician has not diagnosed asthma before, now is not the time to try and get a medical opinion over the phone as to the possible causes for the acute breathing difficulty.
  - Note where student is transported and by which EMS vehicle.

**Dosing of albuterol nebulizer solution 0.5% (5mg/ml), trade name Ventolin or Proventil, to be given in saline over ten (10 minutes by a nebulizer.)**

<b>Respiratory Distress Dosage Chart</b>			
<b>By Age</b>	<b>Student Age</b>	<b>Dosage of Albuterol</b>	<b>Dosage of Bronchosaline</b>
	< 7 years	0.5 ml	2.5 ml
	> 7 years	1.0 ml	2.0 ml

**Primary Care Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_