



National Association of School Nurses

POSITION STATEMENT

The Use of Asthma Rescue Inhalers in the School Setting

SUMMARY

It is the position of the National Association of School Nurses to support students with asthma who actively participate in the self-management of their condition and in the self-administration of prescribed, inhaled asthma medications [rescue inhalers]. The self-administration of rescue inhalers should be evaluated on a case-by-case basis with parent, physician, student, and school nurse involvement. Written permission from the parent should be accompanied by documentation from the health care provider confirming that the student has the knowledge and skill to safely possess and use a rescue inhaler in the school setting. The student should have on file a written asthma action plan that includes a plan for monitoring rescue inhaler usage, monitoring of symptoms, and evaluation of the student's self monitoring skills by the school nurse. When administered safely and properly, self-administration of rescue inhalers can be one important step in a student's overall asthma management. Student self-administration of emergency medication must also consider the availability of a full-time school nurse. When full-time school nursing services are available, the administration of medication under supervision of the school nurse provides the student with the assessment for need of medication and proper technique in administration, monitoring for desired and untoward effects and expiration dates of medication, a record of number of times medication has been used for the identification of patterns of concern, an opportunity for valuable one-on-one health education, and most importantly, rapid response if medication is unsuccessful in reversing a student's allergic response.

HISTORY

The Centers for Disease Control reports the prevalence of asthma in school age children as 5-10 percent or 4 to 5 million children under age 18 years. The American Lung Association [ALA] reports that in 2004 that number increased to 9 million children under age 14. ALA also finds that 130 of 1000 students have asthma, which equates to about 3 children per classroom in the United States (2004). Asthma is the number one chronic illness causing school absenteeism. It accounts for nearly 20 million school days lost annually, or an average of 7.6 days per year missed for each student with asthma (Rodehurst, 2003). The normal average is 3 days per year missed by students due to illness. (Tellijohann, Dake, & Price, 2004). In the past, students have typically received medications for all types of health conditions through the school health office. Rescue inhalers do not always fit into this customary model of medication delivery since they must often be dispensed quickly to effectively aid breathing. Additionally, a professional school nurse is not always on site to assess the student and administer medication in the health office.

DESCRIPTION OF ISSUE

For the majority of children with asthma, proper monitoring and management ensures that the child is able to participate in normal, everyday activities. Rescue inhalers are prescribed medications that act rapidly upon the airway to relieve shortness of breath and compromised respiratory status. Timely and rapid administration of the rescue inhaler can be crucial for a student with asthma. Because children spend a good portion of their day in the school setting, students must have appropriate access to rescue medication to control asthma at school.

The decision to allow student self-administration of a rescue inhaler must always include: (1) overall supervision by the professional school nurse with appropriate, periodic nursing evaluation of the student's technique and self-assessment skills and supervision of any delegatory functions that may apply to unlicensed assistive personnel, (2) the consent of the parent/guardian, and (3) collaboration with the prescribing provider. In addition, it is recommended that students who self-carry a rescue inhaler also maintain a back-up inhaler in the school health office.

RATIONALE:

School district medication policies and procedures that provide for the best quality of care for students with asthma while at the same time ensuring the safety of all students must be developed. School district medication policies/procedures should include a provision for students with asthma to carry and self-administer asthma rescue inhalers as part of an overall asthma management and treatment plan. These policies/procedures should take into account the age/developmental level of the student, the recommendations of the student's parent and health care provider, the specific school environment, and the availability of a professional school nurse.

References/Resources

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