



EASTPOINTE COMMUNITY SCHOOLS

ECS Standard Treatment Protocol for

Inhaler (Albuterol, Maxair, Ventolin, Proventil, Xopenex) and Nebulizer

Student Name: _____ Building: _____

The physician is asked to:

- review this standard treatment protocol in light of the individual student*
- note any medically necessary adjustments/additions and*
- sign/return at the earliest convenience.*

Purpose: Asthma relief inhalers and nebulizers are designed to ease symptoms of wheezing, cough, and breathing difficulties by relaxing the muscle in the airways, this opens the airways to relieve bronchospasm so symptoms usually ease quickly. In addition, some students require inhaler use prior to excessive activity to prevent activity related symptoms.

Care and Storage:

Store the Inhaler/Nebulizer in a place where it is available for quick use at all times.

Training

Staff who works with the asthmatic student, as well as office staff or other emergency responders, will receive training with regard to signs of asthma emergency and how to administer the Inhaler or give a breathing treatment via a nebulizer. This training will be provided by a school designated trained personnel unless the student's physician directs otherwise.

Signs of an asthma attack typically include:

- wheezing
- coughing

- difficulty breathing

- shortness of breath

Administration Procedure:

1. Upon observation of the above symptoms, deliver 1-2 puffs as instructed below or administer a breathing treatment via the nebulizer.
2. When directed below to administer before gym, deliver 1-2 puffs or administer a breathing treatment via the nebulizer.
3. If symptoms do not ease, contact parent for further instructions.

4. In the event of a severe asthma attack, call parent and 911.

Directions for Use of Inhaler/Nebuliser (physician will check all that apply):

Before Gym: _____ To Relieve Symptoms: _____ Other: _____

(describe)

Inhaler Dosage (circle): 1 puff 2 puffs Nebulizer Dosage (circle): 1 Vial Other _____

Spacer Required (circle): Y N Frequency: _____

OTHER MEDICALLY NECESSARY STEPS THAT MUST BE TAKEN WITH REGARD TO INHALER ADMINISTRATION:

I hereby approve the above Inhaler protocol as medically appropriate for this student.

Physician's Signature: _____ **Date:** _____

Return ASAP within 5 business days to

Eastpointe Community Schools

Office of Student Support Services

24685 Kelly Rd.

Eastpointe, MI 48021

586-533-3738