

J&J School Health Leadership
Fellows Present:



Camden City School District Asthma Management Initiative

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Camden



New Jersey



Pediatric Asthma Rates



- NJ State – 8.7%
- Camden County – 9.3%
- Camden City School District – **33%**

1 in 3 Camden students is diagnosed with asthma



Effects of Untreated Asthma



- An asthma attack is a frightening experience
- Asthma is the leading cause of absenteeism
- Increased utilization of emergency and medical services
- Lost time from work for parents

WAITING...



Asthma Treatment Plan – Student

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)



(Please Print)

Name	Date of Birth	Effective Date
Doctor	Parent/Guardian (if applicable)	Emergency Contact
Phone	Phone	Phone

HEALTHY (Green Zone) IIIII



You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

If exercise triggers your asthma, take _____ puff(s) _____ minutes before exercise.

Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Advair® HFA	<input type="checkbox"/> 45, <input type="checkbox"/> 115, <input type="checkbox"/> 230 _____ 2 puffs twice a day
<input type="checkbox"/> Aeroplan™	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Alvesco®	<input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Dulera®	<input type="checkbox"/> 100, <input type="checkbox"/> 200 _____ 2 puffs twice a day
<input type="checkbox"/> Flovent®	<input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ 2 puffs twice a day
<input type="checkbox"/> Qvar®	<input type="checkbox"/> 40, <input type="checkbox"/> 80 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Symbicort®	<input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Advair Diskus®	<input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500 _____ 1 inhalation twice a day
<input type="checkbox"/> Asmanex® Twisthaler®	<input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Flovent® Diskus®	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 _____ 1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler®	<input type="checkbox"/> 90, <input type="checkbox"/> 180 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Pulmicort Respules® (Budesonide)	<input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0 _____ 1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Singulair® (Montelukast)	<input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 10 mg _____ 1 tablet daily
<input type="checkbox"/> Other	
<input type="checkbox"/> None	

Remember to rinse your mouth after taking inhaled medicine.

CAUTION (Yellow Zone) IIIII



You have **any** of these:

- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other: _____

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room.

And/or Peak flow from _____ to _____

Continue daily control medicine(s) and ADD quick-relief medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®)	<input type="checkbox"/> 2 puffs every 4 hours as needed
<input type="checkbox"/> Xopenex®	<input type="checkbox"/> 2 puffs every 4 hours as needed
<input type="checkbox"/> Albuterol	<input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg _____ 1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Duoneb®	<input type="checkbox"/> _____ 1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Xopenex® (Levalbuterol)	<input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg _____ 1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Combivent Respimat®	<input type="checkbox"/> _____ 1 inhalation 4 times a day
<input type="checkbox"/> Increase the dose of, or add:	
<input type="checkbox"/> Other	

If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.

EMERGENCY (Red Zone) IIIII



Your asthma is getting worse fast:

- Quick-relief medicine did not help within 15-20 minutes
- Breathing is hard or fast
- Nose opens wide
- Ribs show
- Trouble walking and talking
- Lips blue
- Fingernails blue
- Other: _____

And/or Peak flow below _____

Take these medicines NOW and CALL 911. Asthma can be a life-threatening illness. Do not wait!

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®)	<input type="checkbox"/> 4 puffs every 20 minutes
<input type="checkbox"/> Xopenex®	<input type="checkbox"/> 4 puffs every 20 minutes
<input type="checkbox"/> Albuterol	<input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg _____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Duoneb®	<input type="checkbox"/> _____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Xopenex® (Levalbuterol)	<input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg _____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Combivent Respimat®	<input type="checkbox"/> _____ 1 inhalation 4 times a day
<input type="checkbox"/> Other	

Triggers

Check all items that trigger patient's asthma:

- Colds/flu
- Exercise
- Allergens
 - Dust Mites, dust, stuffed animals, carpet
 - Pollen - trees, grass, weeds
 - Mold
 - Pets - animal dander
 - Pests - rodents, cockroaches
- Odors (Irritants)
 - Cigarette smoke & second hand smoke
 - Perfumes, cleaning products, scented products
 - Smoke from burning wood, inside or outside
- Weather
 - Sudden temperature change
 - Extreme weather - hot and cold
 - Ozone alert days
- Foods: _____
- Other: _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

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Revised August 2014. Permission to reprint this form is granted by the American Lung Association of New Jersey. For more information, visit www.pacnj.org.

Permission to Self-administer Medication:

This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.

This student is not approved to self-medicate.

PHYSICIAN/WPIWA SIGNATURE _____ DATE _____
 Physician's Orders

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

Make a copy for parent and for physician file, send original to school nurse or child care provider.

Air Quality Flag Program at School





Green means air quality is good.



Yellow means air quality is moderate.



Orange means air quality is unhealthy for sensitive groups -- people with heart disease or lung disease such as asthma, children & teens, people who are active outdoors, and older adults.



Red means air quality is unhealthy.



Purple means air quality is very unhealthy.





- No Bus Idling
- Enforcement of New Jersey's Idling Requirements
- Idling limit is 3 minutes, may allow slightly longer time if vehicle is discharging or picking up passengers
- Fines range from \$250-\$1000



Achievable Goals



- Asthma Treatment Plan: Standard of Care
- Reduce the number of ED visits and hospital admissions
- Decrease school absences related to asthma
- Increase communication between the School Health Office and the Students Medical Home to promote parent + child awareness of asthma management

References



1. Camden City School District Genesis Information System Genesis Student Profile 2015–2016.
2. Kuhn, Lindsay. Planning for Action: The impact of an asthma action plan decision support tool integrated into an electronic health record at a large health care system. May–June 2015 Journal of the American Board of Family Medicine. May-June 2015; Vol 28:No.3.
3. State of New Jersey Department of Environmental Protection. Diesel Risk Reduction Program. September 2012.
4. State of New Jersey Department of Health and Senior Services. New Jersey Asthma Strategic Plan 2008–2013.
5. State of New Jersey Department of Health. Asthma Awareness program; Camden County Asthma Profile 2011–12.
6. United States Environmental Protection Agency. Air Quality Flag Program: Fact Sheet. April 2015.



Q & A