



Asthma Navigator Training

Day 1
June 17, 2024

**Please complete
the Inhaler Pre-
Assessment as
you arrive!**

Agenda

- 12:00-12:15 Icebreakers and lunch
- 12:15-12:30 Community Agreement and lunch
- 12:30-1:30 Discussion about asthma
- 1:30-2:30 Inhaler technique
- 2:30-3:30 Interviewing for data collection
- 3:30-4:00 Partnering with schools, HCPs, and Families

Dinner: Happy hour and dinner at the Hyatt

Introductions

Let's meet each other!

Share your name, background, something about yourself you'd like for everyone to know, and your favorite pizza toppings



Core Research Team

- **Stan Szeffler MD (Co-PI)** –Asthma/School-based research
- **Lisa Cicutto RN, ACNP(CERT), PhD (Co-PI)** – Rural community engagement, Asthma/School-based research
- Amy Huebschmann MD, MSCS (Co-PI) – Dissemination and Implementation science
- **Melanie Gleason PA, MS** – Asthma/School-based programs – major role in implementing/training
- Arthur McFarlane - Asthma/School-based evaluation and social determinants of health outreach
- John Brinton, PhD – Biostatistician, design and analysis
- Lisa DeCamp MD, MSPH – general pediatrician, health disparities research
- Sarah Brewer PhD – Mixed methods and qualitative research
- Julia Reedy MA – Qualitative Analysis
- **Misha Brtnikova, PhD, MPH** - project manager
- Holly Coleman, MSW – Trailhead partner, Director of Philanthropy & Community Engagement
- Anowara Begum, MPH – Senior research services professional
- **Rachel Armstrong** – Research services professional

Community Agreement Discussion

- What expectations do you have for your peers?
- What expectations do you have for the research staff?
- What values do you want our team to be centered around?
- What norms would you like to establish?

BACK Asthma Navigator Community Agreement



Remember we are all humans

Encourage a supportive and honest environment

Respect: Use inclusive language, respect each others time, respect each other's opinions

Commit to cultural humility

Know each other's strengths to share knowledge

Learn from each other's experiences

Open communication

- Open door policy for questions
- Speak freely
- Set up network for troubleshooting

Asthma Discussion (Lisa)

12:30-1:30

You have completed AAFA Asthma training, Asthma Basics, and BLANK. What questions do you have from those trainings?

Guiding questions

- Why is asthma such a big deal?
- What causes asthma?
- How do we treat asthma?
- Do you know the different types of asthma medication?
- What triggers asthma?
- What is an Asthma Action Plan?
- What is asthma control?
- What did you start to learn about in your training and want to dive into more?
 - Triggers vs. irritants
 - Red/yellow/green zones



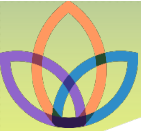
Better Asthma Control for Kids

Inhaler Technique

1:30-2:30

Inhaler technique teaching

Post-assessment



Accurate Inhaler Technique: A Must

**Students should know
how to:**

- Use the device.
- Tell when the device is empty.
- Clean the device.

**Check inhaler
technique at every visit.**



Better Asthma Control for Kids

Inhalational Devices



Allergy & Asthma Network
AllergyAsthmaNetwork.org
800.878.4403

Respiratory Treatments

2021

DOSE INDICATOR:  = GENERIC AVAILABLE
DISEASE STATES:  = ASTHMA  = COPD



Allergy & Asthma Network is a national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.

SHORT-ACTING BETA₂-AGONIST BRONCHODILATORS

relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

ProAir® Digihaler™ 90 mcg albuterol sulfate inhalation powder DOSE: A	ProAir® HFA 90 mcg albuterol sulfate DOSE: A, G	ProAir® RespiClick® 90 mcg albuterol sulfate inhalation powder DOSE: A	Proventil® HFA 90 mcg albuterol sulfate DOSE: A, G	Ventolin® HFA 90 mcg albuterol sulfate DOSE: A, G	Xopenex® HFA™ 45 mcg levalbuterol tartrate DOSE: A, G
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LONG-ACTING BETA₂-AGONIST BRONCHODILATORS

relax tight muscles in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

Servent® Diskus™ 50 mcg salmeterol xinafoate inhalation powder DOSE: A, C	Striverdi® RespiMat® 2.5 mg olodaterol hydrochloride DOSE: C
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INHALED CORTICOSTEROIDS

reduce and prevent swelling of airway tissue; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

Alvesco® HFA 90, 180 mcg dexamethasone DOSE: A	Amosair® Digihaler™ 15, 113, 232 mcg fluticasone propionate inhalation powder DOSE: A	Arnuity® Ellipta® 50, 100, 200 mcg fluticasone furoate inhalation powder DOSE: A	Asmanex® HFA 50, 100, 200 mcg mometasone furoate DOSE: A	Asmanex® Twisthaler® 110, 220 mcg mometasone furoate inhalation powder DOSE: A	Flovent® Diskus™ 50, 100, 250 mcg fluticasone propionate inhalation powder DOSE: A	Flovent® HFA 44, 110, 220 mcg fluticasone propionate DOSE: A	Pulmicort® Flexhaler® 90, 180 mcg budesonide inhalation powder DOSE: A	QVAR® Redihaler™ 40, 80 mcg budesonide dipropionate DOSE: A
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MUSCARINIC ANTAGONISTS (ANTICHOLINERGIC)

relax airway muscle, reduce mucus production, enhance and clear mucus associated with chronic lung disease

Atrovent® HFA 10 mcg ipratropium bromide DOSE: C	Long-acting Incusep® Ellipta® 48.5 mcg tiotropium bromide inhalation powder DOSE: C	Spivert® HandiHaler® 18 mcg tiotropium bromide inhalation powder DOSE: C	Spiriva® Respimat® 5.4, 10.8, 21.6 mcg tiotropium bromide DOSE: A, C	Tudorza® Pressair® 400 mcg aclidinium bromide inhalation powder DOSE: C
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COMBINATION MEDICATIONS

contain both inhaled corticosteroid and long-acting beta₂-agonist (LABA)

Advair® Diskus™ 100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder DOSE: A, C, G	Advair® HFA 45/21, 115/21, 230/21 mcg fluticasone propionate and salmeterol inhalation powder DOSE: A, G	AirDuo® RespiClick® 15/14, 113/14, 232/14 mcg fluticasone propionate and salmeterol inhalation powder DOSE: A, G	Breo® Ellipta® 100/25, 200/25 mcg fluticasone furoate and vilanterol inhalation powder DOSE: A, G	Dulera® 50/5, 100/5, 200/5 mcg mometasone furoate and formoterol fumarate dihydrate DOSE: A	Symbicort® 90/6, 180/6, 270/6 mcg budesonide and formoterol fumarate dihydrate DOSE: A, C, G	Wixela™ Inhub™ <tr><td>100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder (not for use with inhaler)</td><td>DOSE: A, C</td></tr>	100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder (not for use with inhaler)	DOSE: A, C
100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder (not for use with inhaler)	DOSE: A, C							

COMBINATION MEDICATIONS

contain both long-acting beta₂-agonist (LABA) and long-acting muscarinic antagonist (LAMA)

Anoro® Ellipta® 22.5/5 mcg vilanterol and umeclidinium inhalation powder DOSE: C	Bovespi Aerosphere® 94.8 mcg glycopyrronium and formoterol fumarate DOSE: C	Daaklin® Pressair® 400, 12 mcg aclidinium bromide and formoterol fumarate DOSE: C	Stiolto™ RespiMat® 2.5/2.5 mcg tiotropium bromide and olodaterol DOSE: C	Trelegy® Ellipta® 200/62.5/25 mcg, 100/62.5/25 mcg fluticasone furoate, umeclidinium and vilanterol inhalation powder DOSE: A, C	Bretri Aerosphere™ 100/64.8 mcg budesonide, glycopyrronium and formoterol fumarate DOSE: C
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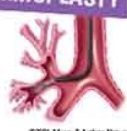
BIOLOGICS

target cells and pathways that cause airway inflammation; delivered by injection or IV

Cinqair® rilonacept A	Depixent® dupilumab A	Fasenra® bambasudimab A	Nucala® mepolizumab A	Xolair® omalizumab A
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BRONCHIAL THERMOPLASTY

A minimally invasive procedure that uses mild heat to reduce airway smooth muscle, leading to fewer severe asthma flares, ER visits, and days lost from activities.
www.cribasthma.com



PDE4 INHIBITORS

relax airway muscle and reduce inflammation

Daliresp® 250, 500 mcg roflumetastat DOSE: C

Reviewed by Dennis Williams, PharmD ©2021 Allergy & Asthma Network

Types of Devices

- **Metered Dose Inhaler (MDI)**
 - A pressurized canister of propellant and medicine in a plastic holder with a mouthpiece.
 - Delivers a reliable and consistent dose of medication.





Metered Dose Inhaler (MDI)

Pros:

- Pressurized propellant pushes the drug into the airways.
- Accidentally breathing out a little while using will not cause a problem in the delivery of the medicine.

Cons:

- Requires coordination- must coordinate breathing in with actuation/release of medication.
- Most difficult to use.
- Patients can commit critical error and not receive any medicine.



Valved Holding Chambers (Spacers)



Spacers are available
in for students.



Valved- Holding Chambers/Spacers

- **NOT** used with DPIs or Breath-Actuated Devices.
- **Purpose:**
 - Ensures medication is delivered to lungs.
- **Advantages:**
 - Easy to use: Less coordination required for MDI use.
 - May breathe in and out several times to receive complete dose.
 - Faster delivery than nebulizer and less expensive.
- **Disadvantages:**
 - More cumbersome than MDI alone
 - Extra expense
- **Still must rinse mouth with inhaled steroid use.**

Selecting Appropriate Devices

- **MDI alone:** most difficult to use and often results in sub-optimal medication delivery to airways
- **MDI with spacer:** easier to correctly use MDI.
 - **With mask:**
 - Children < 4 years
 - Older people experiencing difficulties with MDI technique
 - People with cognitive delays and/or developmental issues
 - **With mouthpiece:**
 - Children > 4 years
- **Dry powder inhalers**
 - Children >4-5 years



Better Asthma Control for Kids

Inhaler Technique

Basics



Basic Technique

1. Prepare device.
2. Breath out.
3. Breath in appropriately for device.
4. Hold count of 10.
5. Breath out.

Spacer PLUS MDI

MDI with a Mouthpiece Spacer

1. Remove caps (spacer and MDI).
2. Shake MDI.
3. Insert inhaler into spacer.
4. Breathe out normally and place mouthpiece between teeth with closed lips around it. Opening should not be blocked by tongue.
5. Spray **one** puff into the spacer by pressing down on the inhaler.
6. Breathe in slowly and deeply.
7. Hold breath for the count of 10.
8. Exhale.

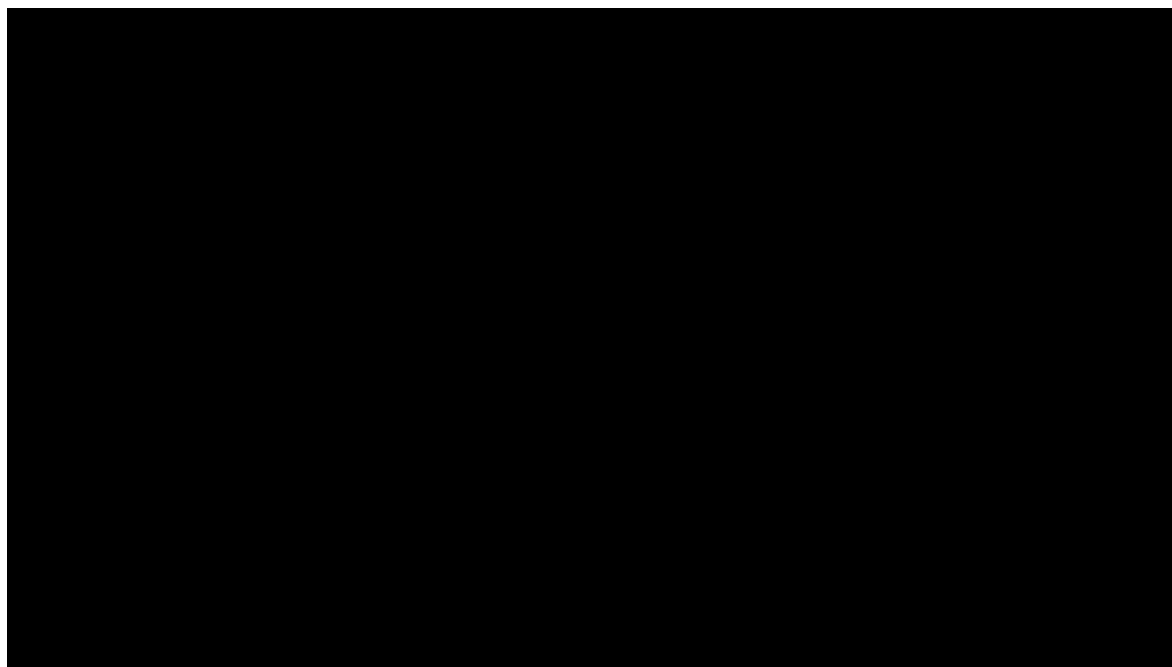
Using a Spacer (Aerochamber®)



<https://www.youtube.com/watch?v=ItB-ZOjkgY&feature=youtu.be>



Spot the errors: MDI + Spacer





MDI + Spacer Errors

1. **Did not shake inhaler.** This does not mix the medication and the propellant. Propellant is heavier and sits at the bottom of the canister, so mixing is important.
2. **Too many (3) puffs.** This results in more propellant being delivered than medication, so the overall dose delivered is less.
3. **Did not hold breathe** for count of 10. This decreases delivery of medicine to smaller, distal airway branches.



MDI with a Mask Spacer

1. Remove caps (spacer and MDI).
2. Shake inhaler.
3. Attach inhaler to end of spacer.
4. Place mask over the person's nose and mouth. Ensure good fit/mask seals around nose and mouth.
5. Spray **one** puff into the spacer.
6. Watch person breathe in and out for 5 breath cycles (breathing in and out).

Spacer (Aerochamber®) with mask



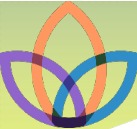
<https://youtu.be/q6Q366RIIE8>

Preparing and Cleaning Spacers



Cleaning spacer

- Powder residue not harmful.
- Clean periodically in warm soapy water, let air dry, no need to rinse.
- Rinsing in water alone can cause an electrostatic charge, reducing effectiveness.



Better Asthma Control for Kids

Metered Dose Inhalers

Pressurized MDI Technique

1. Remove cap.
2. Shake vigorously.
3. Place the mouthpiece in your mouth (between teeth) with lips sealed around.
4. Following a slow, relaxed exhalation, start a **slow** inhalation.
5. Depress canister once during start of inspiration. Continue to inspire/inhale (about 5 secs).
6. Hold breath 10 seconds.

MDI: Closed-Mouth Technique



<https://youtu.be/9ipqxF-4p5g>

Cleaning MDIs

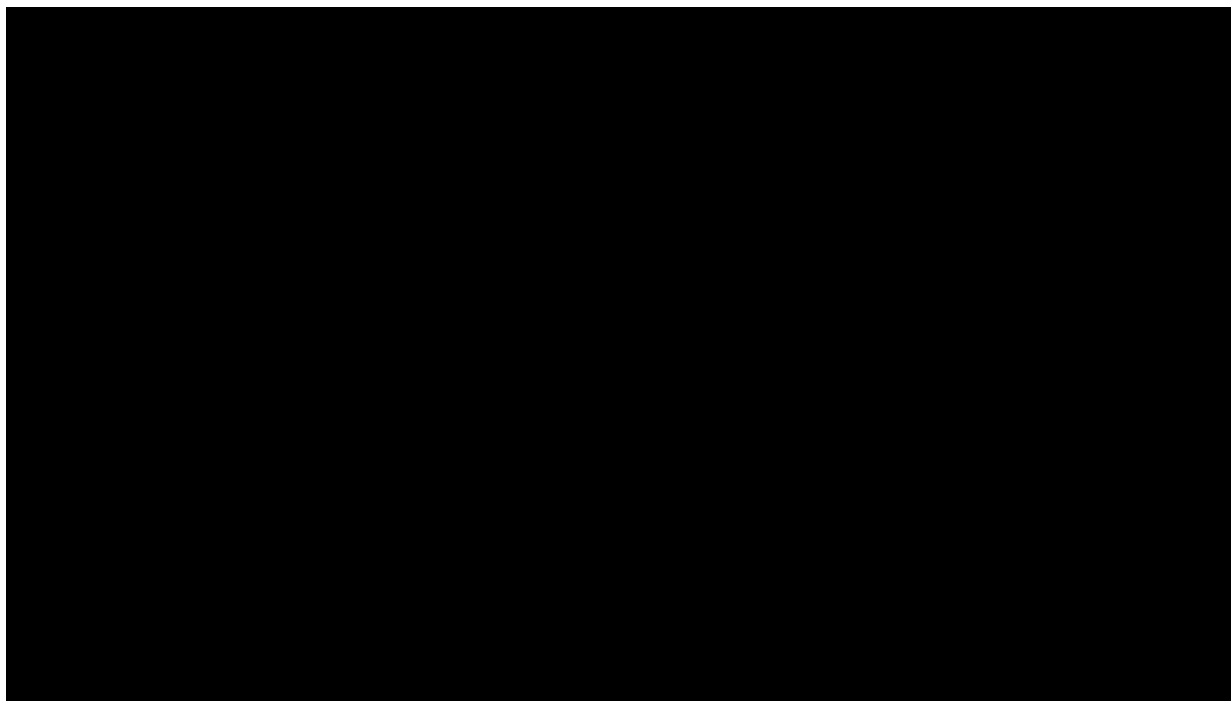
- **Clean mouthpiece once per week (if using daily).**
 - Remove medication metal canister and mouthpiece.
 - **Do not wash or immerse the metal canister in water.**
 - Run warm tap water through the top and bottom of plastic mouthpiece for 30 seconds.
 - Shake off excess water and allow the mouthpiece to dry completely (overnight is recommended).
 - If inhaler needed before the mouthpiece is dry, shake off excess water, replace the canister, and test spray two times (away from the face).

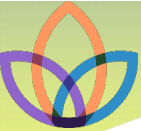
Common Mistakes: MDI

- Inhaling too fast.
- Failure to hold the inhaler upright.
- Not breathing out before inhaling the medication.
- Not shaking inhaler before use; incorrect dose loading.
- Inhaling through nose instead of mouth.
- Pushing the inhaler/actuating more than 1 spray.
- Not cleaning the inhaler.



Spot The Errors: MDI





MDI Errors

1. **Did not shake inhaler.** This does not mix the medication and the propellant. Propellant is heavier and sits at the bottom of the canister, so mixing is important.
2. **Did not exhale** first so will not be able to inhale fully.
3. **Inhaled too quickly and not deeply** for the device so not delivering the full dose to the airways.
4. **Did not hold breathe for count of 10.** This decreases the delivery to smaller, distal airway branches.

Let's practice!

Interviewing for Data Collection (Rachel)

2:30-3:30

- Completing consent and assessment questions
- Practice consent and Baseline Navigator data entry

Consent

You have already read the consent, the BACK Information Sheet, and the Consent Checklist so let's review

- Any questions about what you read?
- What stood out to you about the consent?
- What are the must cover items?
- What questions does the Information Sheet answer?
 - These are the questions you want to know the answers to and be able to talk with the family about

Consent

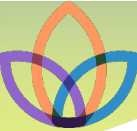
- Consent must be completed with parents before moving onto the rest of the visit 1 activities
- Assent can be completed with the child at the beginning of their school visit via a printed version of assent

Assessment Questions

- Baseline Navigator Questionnaire guides the first visit
 - First section covers family basics and contact information
 - Second section covers assessment questions
 - The rest covers the child's asthma
- In the school database, blue font must be asked as is and purple font is asking a question directly to the asthma navigator

Locate the assessment questions in your paper BN Questionnaire. Why do you think these are these important?

Let's pair up and practice completing the consent and BN Questionnaire



Better Asthma Control for Kids

Working in School Settings

(Lisa)

3:30-4:00

Foundation Blocks Laid

- “Baseball Cards” for all your schools that should be reviewed.
 - Provides basic demographics of school and their current practices related to asthma and social determinants of health
- Schools and their nurses know about the program and are excited to get your help
- We kick off the new school year by attending in-person school registration and back to school events

GOAL: Students in school and ready to learn but asthma can

cause absenteeism, about 13 million days/year



decrease academic performance



limit student participation
in classroom activities,
physical education, and
school events



Identifying Students with Asthma: Asthma Intake Form

- Should be completed for each student with asthma annually
- Schools we are working with have agreed to use the AIF although it might not be part of their normal work flow already
- Tools for assessing asthma
 - Asthma control
 - Triggers
 - Asthma medications
 - Burden
- Indicates asthma risk for experiencing excess asthma burden
- Assists in prioritizing level of care needed to support student
- We use this form to determine student eligibility

School forms related to asthma: CO Dept Education

Asthma Intake Form

Colorado Asthma Care Plan and
Medication Order for Schools
and Child Care Settings



Asthma Intake Form



DOES YOUR CHILD HAVE ASTHMA?

- ☐ No – STOP HERE
☐ Yes – Please complete this form

If you have any questions, please contact your child's school nurse.

Date form completed: _____ Student ID: _____
Student Name: _____ Birth date: _____

Parent/Guardian Name & Phone #: _____

Name of person completing form and relationship (i.e. mom, dad, grandma): _____

Health Care Provider for asthma (name & phone #): _____

1. In the past 12 months, how many times has your child visited the ER/urgent care or had an urgent doctor's office visit for asthma?
☐ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
2. In the past 12 months, how many times has your child been hospitalized overnight for asthma?
☐ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
3. In the past 12 months, how many times has your child used oral steroids (prednisone, Orapred) to treat an asthma attack?
☐ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
4. How many days of school did your child miss this past school year because of asthma?
☐ 0 days ☐ 1-2 days ☐ 3-5 days ☐ 6-10 days ☐ 11-15 days ☐ 16 or more days
5. In the past 4 weeks, how often has your child used a rescue or reliever medicine (a syrup, inhaler, or breathing machine) to relieve coughing, trouble breathing, or wheezing?
☐ Never ☐ 1-2 days/week ☐ 3 or more days/week but not every day ☐ Every day
6. In the past 4 weeks, how often has your child had coughing, trouble breathing, or wheezing in the morning or during the day?
☐ Never ☐ 1-2 days/week ☐ 3 or more days/week but not every day ☐ Every day
7. In the past 4 weeks, how often has your child awakened at night because of coughing, trouble breathing, or wheezing?
☐ Never ☐ 1-2 times/month ☐ 3 or more times/month ☐ 2 or more times/week ☐ Every night
8. In the past 4 weeks, how often has your child's asthma bothered or interrupted him/her during normal activities (playing, running around, and sports)?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ All of the time
9. What triggers your child's asthma? (Check all that apply)
☐ Illness (colds) ☐ Smoke Allergies: ☐ Cat ☐ Dog ☐ Dust ☐ Mold ☐ Pollen
☐ Emotions (crying, laughing, stress) ☐ Exercise/physical activity ☐ Food: _____
☐ Weather changes ☐ Strong odors/smells Other: _____

10. Please write the names or colors of medicines (inhalers/puffers, pills, liquids, nebulizers) your child takes for asthma and allergies (the ones every day and as needed) and give the nurse a copy of your written asthma treatment plan.

List Names or Colors of	
Medicines Used for Asthma	

11. How well does your child take asthma medicines? (Only one answer)



Better Asthma Control for Kids

Asthma Intake Form

Should be completed for each student with asthma annually

Tool for assessing asthma

- Asthma control

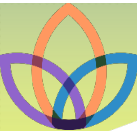
- Triggers

- Asthma medications

- Burden

Indicates asthma risk for experiencing excess asthma burden

Assists in prioritizing level of care needed to support student



Asthma Control

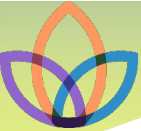
Asthma control criteria based on

- Night-time awakenings

- Experience of symptoms

- Use of quick relief inhaler (beta₂ agonist bronchodilator)

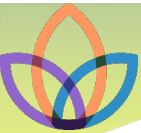
- Activity level



Asthma Control

Asthma control criteria based on

- Night-time awakenings
- Experience of symptoms
- Use of quick relief inhaler (beta₂ agonist bronchodilator)
- Activity level



Uncontrolled Asthma

Cut points for uncontrolled asthma (one or more of the following)

- Nighttime asthma awakening >2 times per month
- Daytime asthma symptoms >2 days per week
- Rescue/quick relief medication >2 days per week
 - If use for pre treat before exercise, it doesn't count it's a freebie
- Limiting activity due to asthma 'often' or 'all of the time'



At-Risk for Unnecessary Asthma Burden

At-risk factors indicating closer monitoring and intervention- our eligibility criteria

- Indicators of impairment during the last year

 - 2 or more urgent care/ED visits for asthma

 - Any hospitalization for asthma

 - 2 or more courses of prednisone or systemic corticosteroids for asthma

 - >5 missed school days due to asthma in the previous school year

- Current uncontrolled asthma

All information contained on AIF



Your cheat sheet

ASTHMA INTAKE FORM

DOES YOUR CHILD HAVE ASTHMA?

☐ **No** – STOP HERE

☐ **Yes** – Please complete this form

If you have any questions, please contact your child's school nurse.

Date form completed: _____ Student ID _____

Student Name: _____ Birth date: _____

Parent/Guardian Name & Phone #: _____

Name of person completing form and relationship (i.e. mom, dad, grandma): _____

Health Care Provider for asthma (name & phone #): _____

- 1. In the past 12 months, how many times has your child visited the ER/urgent care or had an urgent doctor's office visit for asthma?
☐ 0 times ☐ 1 times ☒ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
- 2. In the past 12 months, how many times has your child been hospitalized overnight for asthma?
☐ 0 times ☒ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
- 3. In the past 12 months, how many times has your child used oral steroids (prednisone, Orapred) to treat an asthma attack?
☐ 0 times ☐ 1 times ☒ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
- 4. How many days of school did your child miss this past school year because of asthma?
☐ 0 days ☐ 1-2 days ☐ 3-5 days ☒ 6-10 days ☐ 11-15 days ☐ 16 or more days
- 5. In the past 4 weeks, how often has your child used a rescue or reliever medicine (a syrup, inhaler, or breathing machine) to relieve coughing, trouble breathing, or wheezing?
☐ Never ☐ 1-2 days/week ☒ 3 or more days/week but not every day ☐ Every day
- 6. In the past 4 weeks, how often has your child had coughing, trouble breathing, or wheezing in the morning or during the day?
☐ Never ☐ 1-2 days/week ☒ 3 or more days/week but not every day ☐ Every day
- 7. In the past 4 weeks, how often has your child awakened at night because of coughing, trouble breathing, or wheezing?
☐ Never ☐ 1-2 times/month ☒ 3 or more times/month ☐ 2 or more times/week ☐ Every night
- 8. In the past 4 weeks, how often has your child's asthma bothered or interrupted him/her during normal activities (playing, running around, and sports)?
☐ Never ☐ Rarely ☐ Sometimes ☒ Often ☐ All of the time
- 9. What triggers your child's asthma? (Check all that apply)
☐ Illness (colds) ☐ Smoke Allergies: ☐ Cat ☐ Dog ☐ Dust ☐ Mold ☐ Pollen
☐ Emotions (crying, laughing, stress) ☐ Exercise/physical activity ☐ Food: _____
☐ Weather changes ☐ Strong odors/smells Other: _____

10. Please write the names or colors of medicines (inhalers/puffers, pills, liquids, nebulizers) your child takes for asthma and allergies (the ones every day and as needed) and give the nurse a copy of your written asthma treatment plan.

List Names or Colors of Medicines Used for Asthma	

- 11. How well does your child take asthma medicines? (Only one answer)
☐ Takes medicine by self ☐ Needs help taking medicine ☐ Not using medicine now

Parent Signature _____ Date _____ School Nurse Reviewed _____ Date _____



Prioritizing and Triageing

- **No/Lowest priority:** Inactive asthma (no asthma symptoms or asthma meds used in the last 3 yrs.)
- **Normal priority:** Active asthma that is under control with no at-risk factors
- **Moderate priority:** Current uncontrolled asthma or other at-risk factors indicating previous impairment
- **Highest priority:** Current poorly controlled asthma PLUS additional at-risk factors indicating previous impairment

Benefits of Completed Asthma Intake Forms

- Permits triaging and prioritizing the work of school nurses
- Identifies who needs completed CO Asthma Care Plan and Medication Order plus accompanying inhaler at school
- Identifies who needs to be monitored more and most closely
- Also identifies who, ideally, needs follow-up
 - Contact with parents/guardians re: poorly controlled asthma
 - Contact with health provider
 - Visit with student to re-assess



Let's Practice

Cases Pulling it Together



Better Asthma Control for Kids

DOES YOUR CHILD HAVE ASTHMA? No – STOP HERE Yes – Please complete this form

If you have any questions, please contact your child's school nurse.

Student Name: Dylan Larson Birth date: 6/6/05

Parent/Guardian Name & Phone #: Michelle 867-5309

Name of person completing form and relationship (i.e. mom, dad, grandma): mom

Health Care Provider for asthma (name & phone #): Dr. Quick Relief 855-1555

- In the past 12 months, how many times has your child visited the ER/urgent care or had an urgent doctor's office visit for asthma?
☒ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
- In the past 12 months, how many times has your child been hospitalized overnight for asthma?
☒ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
- In the past 12 months, how many times has your child used oral steroids (prednisone, Crapred) to treat an asthma attack?
☒ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times
- How many days of school did your child miss this past school year because of asthma?
☒ 0 days ☐ 1-2 days ☐ 3-5 days ☐ 6-10 days ☐ 11-15 days ☐ 15 or more days
- In the past 4 weeks, how often has your child used a rescue or reliever medicine (a syrup, inhaler, or breathing machine) to relieve coughing, trouble breathing, or wheezing?
☒ Never ☐ 1-2 days/week ☐ 3 or more days/week but not every day ☐ Every day
- In the past 4 weeks, how often has your child had coughing, trouble breathing, or wheezing in the morning or during the day?
☒ Never ☐ 1-2 days/week ☐ 3 or more days/week but not every day ☐ Every day
- In the past 4 weeks, how often has your child awakened at night because of coughing, trouble breathing, or wheezing?
☒ Never ☐ 1-2 times/month ☐ 3 or more times/month ☐ 2 or more times/week ☐ Every night
- In the past 4 weeks, how often has your child's asthma bothered or interrupted him/her during normal activities (playing, running around, and sports)?
☐ Never ☒ Rarely ☐ Sometimes ☐ Often ☐ All of the time

9. What triggers your child's asthma? (Check all that apply)
- | | | |
|--|---|--|
| ☐ Illness (colds) | ☐ Smoke | Allergies: ☐ Cat ☐ Dog ☐ Dust ☐ Mold ☐ Pollen |
| ☐ Emotions (crying, laughing, stress) | ☐ Exercise/physical activity | ☐ Food: _____ |
| ☐ Weather changes | ☐ Strong odors/smells | Other: _____ |

10. Please write the names or colors of medicines (inhalers/puffers, pills, liquids, nebulizers) your child takes for asthma and allergies (the ones every day and as needed) and give the nurse a copy of your written asthma treatment plan.

List Names or Colors of Medicines Used for Asthma	<u>None at this time</u>

11. How well does your child take asthma medicines? (Only one answer)
- ☐ Takes medicine by self ☐ Needs help taking medicine ☒ Not using medicine now

Parent Signature Michelle Larson Date _____ School Nurse Reviewed _____ Date _____

Asthma Intake Form Review

- Dylan
 - Interpretation: Inactive asthma
 - Triage/Priority level: No/lowest priority level
 - Next steps: None
 - Asthma status can always change



Better Asthma Control for Kids

Student Name: _____ Dominic Johnston _____ Birth date: 1/11/08

Parent/Guardian Name & Phone #: _____ Shanlee Ward _____

Name of person completing form and relationship (i.e. mom, dad, grandma): _____ step-mom _____

Health Care Provider for asthma (name & phone #): _____ Dr. Quick Relief at 855-1555 _____

1. In the past 12 months, how many times has your child visited the ER/urgent care or had an urgent doctor's office visit for asthma?
☐ 0 times ☒ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times

2. In the past 12 months, how many times has your child been hospitalized overnight for asthma?
☒ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times

3. In the past 12 months, how many times has your child used oral steroids (prednisone, Orapred) to treat an asthma attack?
☒ 0 times ☐ 1 times ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 or more times

4. How many days of school did your child miss past school year because of asthma?
☐ 0 days ☐ 1-2 days ☐ 3-5 days ☒ 6-10 days ☐ 11-15 days ☐ 15 or more days

5. In the past 4 weeks, how often has your child used a rescue or reliever medicine (a syrup, inhaler, or breathing machine) to relieve coughing, trouble breathing, or wheezing?
☐ Never ☐ 1-2 days/week ☒ 3 or more days/week but not every day ☐ Every day

6. In the past 4 weeks, how often has your child had coughing, trouble breathing, or wheezing in the morning or during the day?
☐ Never ☐ 1-2 days/week ☒ 3 or more days/week but not every day ☐ Every day

7. In the past 4 weeks, how often has your child awakened at night because of coughing, trouble breathing, or wheezing?
☐ Never ☐ 1-2 times/month ☒ 3 or more times/month ☐ 2 or more times/week ☐ Every night

8. In the past 4 weeks, how often has your child's asthma bothered or interrupted him/her during normal activities (playing, running around, and sports)?
☐ Never ☐ Rarely ☐ Sometimes ☒ Often ☐ All of the time

9. What triggers your child's asthma? (Check all that apply)
☒ Illness (colds) ☐ Smoke Allergies: ☐ Cat ☐ Dog ☐ Dust ☐ Mold ☒ Pollen
☐ Emotions (crying, laughing, stress) ☒ Exercise/physical activity ☐ Food: _____
☒ Weather changes ☐ Strong odors/smells Other: _____

10. Please write the names or colors of medicines (inhalers/puffers, pills, liquids, nebulizers) your child takes for asthma and allergies (the ones every day and as needed) and give the nurse a copy of your written asthma treatment plan.

List Names or Colors of	ProAir
Medicines Used for Asthma	Advair

11. How well does your child take asthma medicines? (Only one answer)
☒ Takes medicine by self ☐ Needs help taking medicine ☐ Not using medicine now

Parent Signature: _____ Shanlee Ward _____ Date: _____ School Nurse Reviewed _____ Date _____

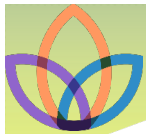
Asthma Intake Form Review

Dominic

- Interpretation: Active asthma
 - Evidence
 - Current use of asthma medication and symptoms
- Triage/Priority level: Moderate priority level
 - Evidence
 - Poorly controlled asthma: day and night-time symptom frequency
 - 1 emergency department visit in past year and some missed school
- Next steps:
 - Follow-up with family for fuller assessment and education
 - Advise to follow up with MD/DO/NP/PA to regain asthma control
 - Closer monitoring
 - Completed Colorado School Asthma Care Plan
 - Ensure easy access to quick relief inhaler
 - Assess and coach for accurate inhaler technique
 - Assess student's self management skills and ability to implement/follow Colorado School Asthma Care Plan

CO Asthma Care Plan and Medication Order

- Completed annually
- Allows for the administration of inhaler at school with or without supervision (self-carry)
- Directs how the inhaler should be used and under what conditions
- HIPAA- Health Insurance Portability and Accountability Act release
- FERPA- Family Educational Rights and Privacy Act- HIPAA for schools – allows people in school community to communicate about student
- You will not be able to fully support completion of this form as we don't have the appropriate agreements from schools and parents/guardians
 - Can't call/contact providers
- May be part of the asthma packets you help assemble



Better Asthma Control for Kids

CO Asthma Care Plan and Medication Order

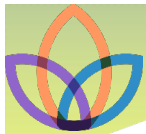
COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS*

PARENT/GUARDIAN COMPLETE, SIGN AND DATE:	
Child Name: _____	Birthdate: _____
School: _____	Grade: _____
Parent/Guardian Name: _____	Phone: _____
I approve this care plan and give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our health care provider. I assume responsibility for providing the school/program prescribed, non-expired medication and supplies (such as a spacer), and to comply with board policies, if applicable. I am aware 911 may be called if a quick relief inhaler is not at school and my child/youth is experiencing symptoms.	
Parent/Guardian Signature _____	Date _____
HEALTH CARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:	
QUICK RELIEF MEDICATION: ☐ Albuterol ☐ Other: _____	
Common side effects: ☐ heart rate, tremor ☐ Use spacer with inhaler (MDI)	
Controller medication used at home: _____	
TRIGGERS: ☐ Weather ☐ Illness ☐ Exercise ☐ Smoke ☐ Dust ☐ Pollen ☐ Poor Air Quality ☐ Other: _____	
☐ Life threatening allergy specify: _____	
QUICK RELIEF INHALER ADMINISTRATION: With assistance or self-carry.	
☐ Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler.	
☐ Student understands proper use of asthma medications, and in my opinion, can self-carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.	
IF YOU SEE THIS:	DO THIS:
GREEN ZONE: No Symptoms Pretreat	- No current symptoms - Strenuous activity planned PRETREATMENT FOR STRENUOUS ACTIVITY, please choose ONE: ☐ Not required OR ☐ Student/Parent request OR ☐ Routinely Give QUICK RELIEF MED 10-15 minutes before activity: ☐ 2 puffs ☐ 4 puffs Repeat in 4 hours, if needed for additional physical activity. <i>If child is currently experiencing symptoms, follow YELLOW or RED ZONE.</i>
YELLOW ZONE: Mild symptoms	- Trouble breathing - Wheezing - Frequent cough - Chest tightness - Not able to do activities 1. Give QUICK RELIEF MED: ☐ 2 puffs ☐ 4 puffs 2. Stay with child/youth and maintain sitting position. 3. REPEAT QUICK RELIEF MED if not improving in 15 minutes: ☐ 2 puffs ☐ 4 puffs <i>If symptoms do not improve or worsen, follow RED ZONE.</i> 4. Child/youth may go back to normal activities, once symptoms are relieved. 5. Notify parents/guardians and school nurse.
RED ZONE: EMERGENCY Severe Symptoms	- Coughs constantly - Struggles to breathe - Trouble talking (only speaks 3-5 words) - Skin of chest and/or neck pull in with breathing - Lips/fingernails gray/blue 1. Give QUICK RELIEF MED: ☐ 2 puffs ☐ 4 puffs <i>Refer to the anaphylaxis care plan if the student has a life threatening allergy. If there is no anaphylaxis care plan follow emergency guidelines for anaphylaxis.</i> 2. Call 911 and inform EMS the reason for the call. 3. REPEAT QUICK RELIEF MED if not improving: ☐ 2 puffs ☐ 4 puffs Can repeat every 5-15 minutes until EMS arrives. 4. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 5. Notify parents/guardians and school nurse.
Health Care Provider Signature _____ Print Provider Name _____ Date _____ Good for 12 months unless specified otherwise in district policy.	
Fax _____	Phone _____ Email _____
School Nurse/CCHC Signature _____ Date _____ ☐ Self-carry contract on file. ☐ Anaphylaxis plan on file for life threatening allergy to: _____	

*Including reactive airways, exercise induced bronchospasm, twitchy airways.



Revised: January 2021



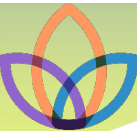
Colorado Asthma Care Plan and Medication Order for School and Child Care Settings

- Student information – make sure it is complete
- Triggers/Allergies – identifies specific triggers
- What to do if no quick relief is available – contact parent/call 911 if student is in distress

COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS*

PARENT/GUARDIAN COMPLETE, SIGN AND DATE:	
Child Name: _____	Birthdate: _____
School: _____	Grade: _____
Parent/Guardian Name: _____	Phone: _____
I approve this care plan and give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our health care provider. I assume responsibility for providing the school/program prescribed, non-expired medication and supplies (such as a spacer), and to comply with board policies, if applicable. I am aware 911 may be called if a quick relief inhaler is not at school and my child/youth is experiencing symptoms.	
Parent/Guardian Signature _____	Date _____

HEALTH CARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:	
QUICK RELIEF MEDICATION: ☐ Albuterol ☐ Other: _____	
Common side effects: ☐ heart rate, tremor ☐ Use spacer with inhaler (MDI)	
Controller medication used at home: _____	
TRIGGERS: ☐ Weather ☐ Illness ☐ Exercise ☐ Smoke ☐ Dust ☐ Pollen ☐ Poor Air Quality ☐ Other: _____	
☐ Life threatening allergy specify: _____	
QUICK RELIEF INHALER ADMINISTRATION: With assistance or self-carry.	
☐ Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler.	
☐ Student understands proper use of asthma medications, and in my opinion, can self-carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.	



Preventing Exercise Induced Asthma

Increase

- Warm-up and cool-down periods to help prevent or lessen episodes of exercise-induced asthma

Alternate

- Run/walk rather than a full distance run

Incorporate

- Less intense aerobic activities (walking, some field events, weight training)

Give

- Pre-treatment, if ordered

Green Zone Goal - prevent EIA symptoms

- **Green zone** – student not experiencing symptoms
- **Action** – pretreatment to facilitate physical activity
 - Who does it apply to?
 - All of the time versus occasionally
 - As needed:
 - recovering from illness,
 - allergy season
 - cold weather
 - specific types of physical activity (mile run)

IF YOU SEE THIS:	DO THIS:
GREEN ZONE: No Symptoms Pretreat • No current symptoms • Strenuous activity planned	PRETREATMENT FOR STRENUOUS ACTIVITY , please choose ONE : ☐ Not required OR ☐ Student/Parent request OR ☐ Routinely Give QUICK RELIEF MED 10-15 minutes before activity: ☐ 2 puffs ☐ 4 puffs Repeat in 4 hours, if needed for additional physical activity. <i>If child is currently experiencing symptoms, follow YELLOW or RED ZONE.</i>

Yellow Zone Goal – Provide quick relief

YELLOW ZONE: Mild symptoms	• Trouble breathing • Wheezing • Frequent cough • Chest tightness • Not able to do activities	1. Give QUICK RELIEF MED: ☐ 2 puffs ☐ 4 puffs 2. Stay with child/youth and maintain sitting position. 3. REPEAT QUICK RELIEF MED if not improving in 15 minutes: ☐ 2 puffs ☐ 4 puffs <i>If symptoms do not improve or worsen, follow RED ZONE.</i> 4. Child/youth may go back to normal activities, once symptoms are relieved. 5. Notify parents/guardians and school nurse.
--------------------------------------	---	---

- Yellow Zone- student experiencing signs and symptoms of asthma worsening.
 - Acute loss of control may be due to a variety of reasons: viral/infectious, allergic, non allergic, irritants
- **Action** – prompt recognition worsening asthma (coughing, wheezing, trouble breathing , chest tightness)
- Assess severity, **provide quick relief**, and reassess
- Do not leave child unattended, maintain sitting position
- Determine next steps based on response



Responding to an Asthma Episode

- Stop the student's current activity and remove trigger
- Keep student in upright position
- Help student to remain calm
- Provide quick relief medication, if not available get help
- Help student use quick relief medication; observe for effect
- Follow the school asthma care plan
- Never leave student alone



Yellow Zone - Making the most of each encounter with student

Teachable moment - Opportunity to teach self-monitoring and self-management skills

Identify trigger – teach how to avoid or manage trigger to prevent further symptoms

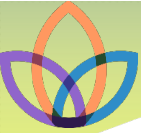
Assess proper self management skills including inhaler technique

Ask about medications taken at home, reinforce adherence with controller medications

Red Zone Goal – Immediate Medical Attention

RED ZONE: EMERGENCY Severe Symptoms	• Coughs constantly • Struggles to breathe • Trouble talking (only speaks 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips/fingernails gray/blue 1. Give QUICK RELIEF MED: ☐ 2 puffs ☐ 4 puffs <i>Refer to the anaphylaxis care plan if the student has a life threatening allergy. If there is no anaphylaxis care plan follow emergency guidelines for anaphylaxis.</i> 2. Call 911 and inform EMS the reason for the call. 3. REPEAT QUICK RELIEF MED if not improving: ☐ 2 puffs ☐ 4 puffs Can repeat every 5-15 minutes until EMS arrives. 4. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 5. Notify parents/guardians and school nurse.
--	--

- **Red Zone** – student experiencing severe flare up/attack
- **Action:**
 - Prompt recognition of severity (struggles to breath, retractions, trouble speaking, cyanosis, decreased LOC)
 - Provide **quick relief** medication, close and continuous monitoring
 - **Call 911**



Get Emergency Help

Student fails to improve.

Any of the following
symptoms are present:

- struggling to breath (retractions, hunched shoulders and increased work of breathing)
- difficulty completing a sentence without pausing for breath
- lips or fingernails turn blue

Always follow your school's
policies and procedures.



Red Zone – Medical Emergency

Children can decompensate quickly

Never leave a child with asthma symptoms unattended

Increased risk of fatality if:

- Frequent exacerbations, previous intubation, overuse of rescue medication, co-existing medical conditions including food allergies.
- However even a student with mild asthma can have a life-threatening attack

Self-carry and Coordination of Care

- Health care provider may recommend self-carry but decision to allow a student to self carry is the school nurse's assessment of readiness /self care skills and parent agreement.
- Need for bi-directional communication on student's asthma and questions regarding the care plan
- Provide copies of plan to appropriate school personnel

Health Care Provider Signature _____			Print Provider Name _____			Date _____		
Good for 12 months unless specified otherwise in district policy.								
Fax _____			Phone _____			Email _____		
School Nurse/CCHC Signature _____						Date _____		
☐ Self-carry contract on file. ☐ Anaphylaxis plan on file for life threatening allergy to:								

*Including reactive airways, exercise-induced bronchospasm, twitchy airways.



Revised: February 2021

Checklist for implementing Colorado School Asthma Care Plan

- ☐ Ensure plan is current and filled out completely
- ☐ Ensure quick relief medication is accessible at school and check expiration date and doses remaining
- ☐ Meet with parent and child to understand child's needs and build rapport
- ☐ Review and take necessary steps to implement plan (prevent exposure to triggers and schedule for pretreatment)
- ☐ Communicate with pertinent school staff, i.e. teachers, PE instructors, recess attendants
- ☐ Contact parent and HCP if the plan is not working
- ☐ Update the plan as needed
- ☐ Send copies of plan with medication on field trips

Building Relationships with School Communities

Schools are a trusted entity in the community and must do all they can to maintain public trust and protect the rights and privacy of students (FERPA).

They will want to know more about you and your purpose for working with the school: Who, what, when, how, where and for how long?

The Planning for Partnering Guide helps you to track these important tasks.

Building and Maintaining Trust

Getting to know you – what is the best way to communicate?

Security clearance – may require background check/security badges

School culture: dress codes, communication, checking in

Data sharing and Confidentiality Agreements – agreement with school regarding use of data and privacy protection language

Research review and approval – does school have a research review committee? If yes, how often do they meet? When is the next meeting?

Security Checks, Ethics, Confidentiality, FERPA, HIPAA and self-study

Security checks- schools often require security checks before you can work in schools

Confidentiality Agreements: To protect private information of students, families and school personnel

HIPAA: ??

FERPA: ??

Ethics: Puts all of the above together. Colorado Multiple Institutional Review Board (COMIRB) has training modules that lay out best practices and regulatory requirements



HIPAA

- Health Insurance Portability and Accountability Act of 1996, Public Law 104-191
- Fully enacted 2003
- Federal Oversight

VS

FERPA

- Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99)
- Since 1976
- Federal Oversight



HIPAA

- Protects Individually Identifiable Health Information(PHI)
- Covered Entities: Health Care Providers, Health Care Plans, for example
- School-based programs could be covered entities if billing Medicaid Services ie-SBHC

VS.

FERPA

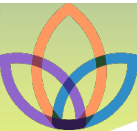
- Protects student education records/data(PII)
- Entities: Public & Private Schools who accept Federal funds
- Student records include health information, school nurse notes*, special education records
- Parents/Students have Rights to request review and amendment of records and the right to privacy of PII



Questions?



©Mike Lester



Better Asthma Control for Kids

Working in Healthcare Settings

HCP Communication templates

Expectations for collaboration

Asthma Action Plans

Circle of Support

- Providers are often the missing link in SBAPs
- BACK will help facilitate provider engagement through coordinated strategies
- Asthma Care Plans provide a line of communication.
- Providers value contextual information about asthma related experiences in the school setting.



Asthma Navigators role in Bridging Communication Gaps

Foster personal relationships among parents, PCPs and school nurses

- Identify point of contact in the healthcare setting
- Provide information about the program and agreed upon expectations
- Determine preferred method of contact
- Encourage bi-directional communication

Facilitate completion and transmission of the School Asthma Care Plan

- Problem solve around barriers to form completion
- Advocate for extra quick relief medication Rx and spacer for use at school

Be an ambassador for the program and advocate for the student!

HCP Communication Templates

Initial Letter

- Sent upon enrollment
- Purpose - Briefly describes the program and informs provider that their patient is participating in BACK.
- Shares asthma assessment and information from the SDOH screener
- Checklist of components needed to support asthma management at school
- Response section – allows provider to efficiently communicate back to the program
- Copy shared with family for transparency and to maintain trust

HCP Communication Templates

Reminder Checklist:

- Sent as a reminder if needed
- Checklist of components needed to support asthma management at school
- Response section – allows provider to efficiently communicate back to the program

Follow up Visit and End of Year Letter

- Upon completion of Visit 2 and Visit 3 (final visit)
- Summarizes pertinent findings at the visit including contextual information about asthma experiences at school and self care skills, and barriers to asthma control
- Response section – allows provider to efficiently communicate back to the program



HCP Template

Expectations for Collaboration

Plan for Partnering

Communication shared with healthcare providers prior to start of the study

Gives clear expectations of the partnership

- What we will do
- What we need you to do

Plan for Partnering Letter can be found in your binder

WHAT IS THE PROGRAM?

Better Asthma Control for Kids (BACK) is an evidence-based school asthma program that pairs an Asthma Navigator with a school nurse in selected schools to support and provide program delivery. BACK is a four-year study funded by the National Institutes of Health to identify the best practices for how to implement BACK. What happens once a student and their family is enrolled in BACK?

Asthma Navigators facilitates care coordination for students with uncontrolled asthma between schools, families, and your health care team.

They also meet with the child/family 3 times during the school year to

- Provide asthma education
- Obtain information related to asthma and barriers to care
- Address needs related to social determinants of health



Better Asthma Control for Kids (BACK)



WHY THIS MATTERS

- Asthma is the most prevalent chronic disease in children, affecting 8% of children in Colorado
- Uncontrolled asthma can cause big problems
 - School absences
 - Impaired school performance from nighttime awakenings
 - Limited participation in sports, activities, and PE

WHAT YOUR CLINIC GETS

- Insider information from school nurses to help identify kids who aren't doing well with their asthma.
- Support FOR your team to provide quality asthma care coordination with school nurses.
- Support FOR your patients to avoid preventable asthma exacerbations.
- Provide guidance on recent updates to the pediatric asthma guideline.

THE ASK

- Identify a clinic point person to serve as a point-of-contact for our program by using the QR code to fill out a contact information form.
- Our goal is to streamline your workload - we will ONLY be contacting you for students whose asthma is not well-controlled.

If you have any questions, please email us at BACK@cuanschutz.edu



Clear Role Delineation

Role of Parents/Caregivers

- Ultimate responsibility/oversight of child's asthma management. Primary conduit of communication with PCP and School.

Role of Primary Care Provider

- Diagnosis, treatment plan, initiating asthma education, proactive with forms.

Role of School Nurses

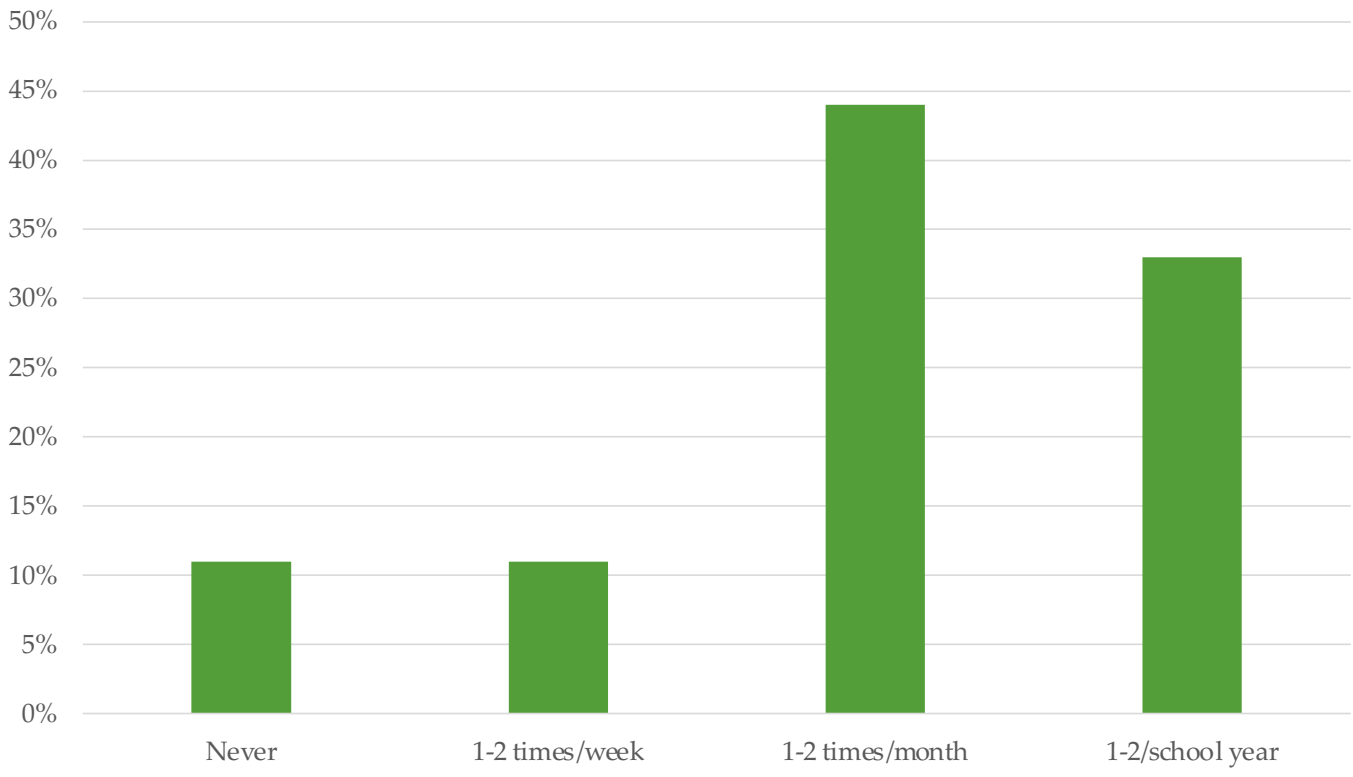
- Reinforcing asthma self management education, monitoring, managing and referring parents to PCP if needed.

Challenge

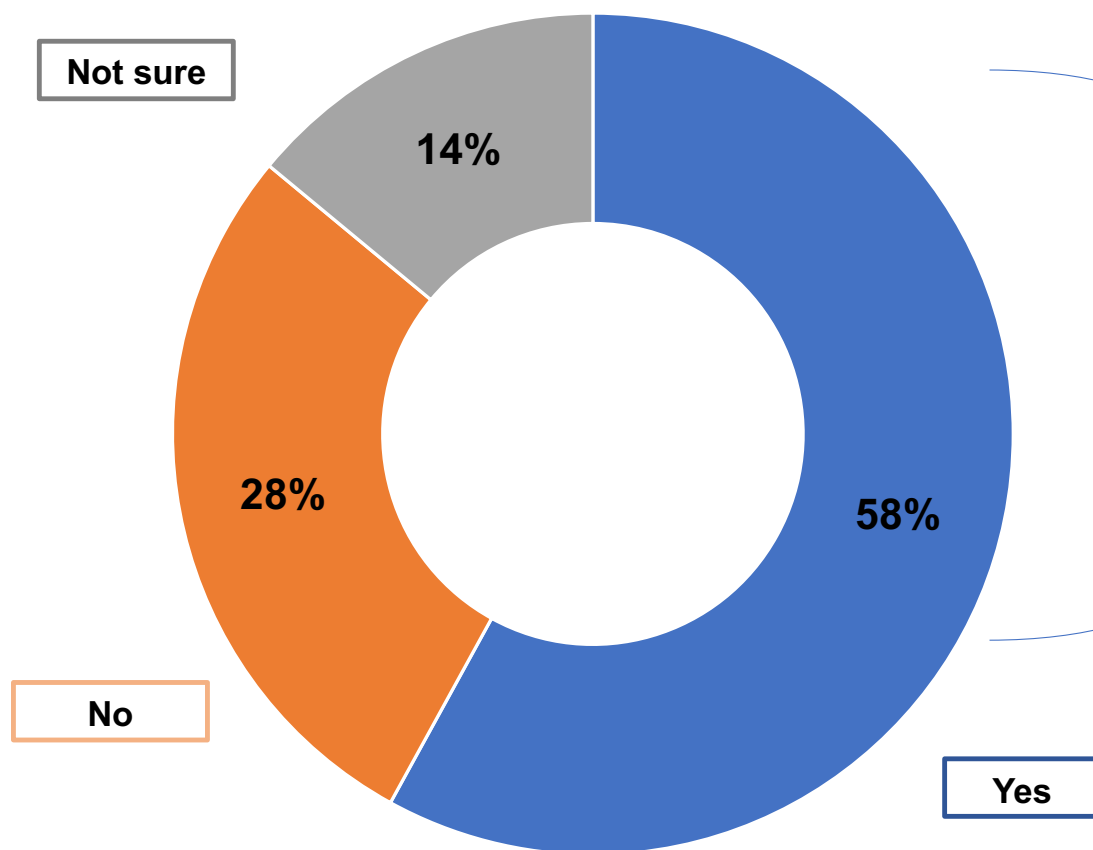
- Time and lack of staff training as barriers to communication.



Frequency of School Nurses Contacting Health Care Providers to Support Asthma Care for Students



Provider Awareness of Colorado Asthma Care Plan and Medication Order for Schools and Child Care Settings Form (n=69)



Ways for accessing form:

- ☐ Parent/family brings it to me (29%)
- ☐ Provided by my health care organization apart from the electronic medical record (21%)
- ☐ CDE website (13%)
- ☐ School nurse faxes or emails the form to me/clinic (24%)
- ☐ Embedded in electronic medical record (13%)
- ☐ Don't know (0%)

Strategies to Increase Asthma Care Plans and Quick Relief Inhalers at School

1. Identify potential barriers/pitfalls

- Access to forms?
- Questions on how to complete forms?
- Who needs a form?
- How often do you have to complete the forms
- Do all schools accept the standardized Colorado School Asthma Care Plan?
- Is it ok for my nurse to sign the forms?

Strategies to Increase Asthma Care Plans and Quick Relief Inhalers at School

2. Partner with the designated point person to address barriers

- Access to fillable forms on-line or paper copies
- Integrate forms into electronic healthcare system
- Identify the importance of having a school asthma care plan
 - Staffing of school nurses; UAPs cover health office, keeps kids in school; reduce inappropriate 911 calls
- Review components of the care plan that are completed by the provider
- Advocate for prescribing 2 inhalers, 1 for home and 1 for school

Strategies to Increase Asthma Care Plans and Quick Relief Inhalers at School

3. Encourage providers to be proactive

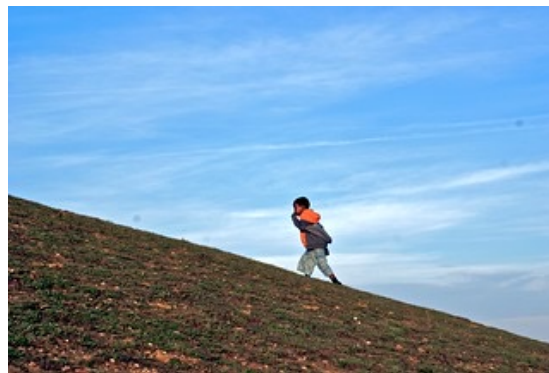
- When seeing a child with asthma they should say: “You are going to need an asthma care plan and quick relief inhaler for use at school. We can complete it together and you can sign and return to the school”
- Shared decision making - Do you need to take a pretreatment prior to activities to prevent symptoms?

Circle of Support/Goal - communication and engagement of the child's asthma team

Not this...



more like this...



the answer!

