

# Authorization to Carry and Self-Administer a Prescription Quick-Reliever Asthma Inhaler

The 77th Texas Legislature enacted House Bill 1688 that amended the Texas Education Code to entitle a student with asthma to possess and self-administer a prescription asthma inhaler while on school property or during a school related event. As students enter secondary schools and reach appropriate maturity, self-carry of quick reliever medication is encouraged and necessary to ensure quality of life. Due to the nature of inhaled medications, proper technique and understanding medication actions are crucial. The district has established a process to support quick reliever medication self-administration, ensure proper technique, and the student's ability to understand asthma, symptoms, and disease management. A case-by-case evaluation for each request for a student to carry and self-administer a prescription asthma inhaler will be standard practice and will be in full compliance with House Bill 1688 and North East Independent School District Policy.

In compliance with House Bill 1688, the following protocol exists to support students to self-manage their asthma, self-administer their quick reliever medication in an appropriate, effective manner while providing for the safety of all students. The **NEISD Self-Carry Timeline best-practice guideline** and the **Criteria for Student with Authorization to Self-Carry and Self-Administer form** aligns with this protocol. The school nurse will ensure NEISD students follow these tools/resources as they progress to a Self-Carry status.

- **Parent/guardian of student will:**
  - Provide a written **physician's order or Asthma Action Plan (AAP- preferred)** to include the student's name; asthma diagnosis; the name and dose of the prescription asthma inhaler; the frequency of use; and special precautions. The order must also state that the physician supports the student to self-carry.
  - Provide the **prescribed asthma inhaler (spacer optional but suggested) for student use with the prescription label affixed to the inhaler**. Parents understand that **two (2) inhalers** may be requested (one for the student and one as backup in clinic- nurses discretion based on student's individual circumstances) Students participating in athletics may also be required to provide an additional inhaler to the NEISD athletic trainer/coach.
  - Review Readiness to Self-Carry Assessment score and work with student if any areas need improvement.
  - Re-inforce proper inhaler technique at home.
- **Student will participate in the Assessment for Readiness to Self-Administer – mandatory**
  - *The nurse will assess the student's readiness to self-carry using the ALA Self-Carry Assessment Tool. The purpose of this tool is to create a standardized process for designated school personnel to use in order to determine a student's readiness to self-carry a quick relief inhaler during the school day/school events. Use of this tool will help identify a student's capabilities and recognize any areas that need improvement.*
    - PDF NEISD version [Fillable Self Carry Assessment](#)
      - *Scoring:*
      - *< 70 - student is NOT READY and is lacking in key knowledge areas*
      - *70-105 - student is ALMOST READY*
      - *>105 - Student is READY*
  - To self-administer, the student will be required to effectively demonstrate the ability to properly use the prescription inhaler (using the **InCheck Dial**) consistently as indicated on the **Self-Carry Timeline**.
- **Student Self-Administration of Inhaler Medication- Student Agreement form**. Student will agree to the bulleted items on the Student Agreement form inserted below.
- **The Nurse will:**
  - Meet with the parent and student to review these assessments. *If the student did not meet the threshold of the Self-Carry Assessment Tool score of 105, the parent/guardian will receive a copy to review with the student to help the student improve their understanding and self-carry assessment score. The goal is to get the student ready to self-carry and meet the threshold score of 105.*
  - Meet with the parent and student and sign this form agreeing to comply with NEISD protocols.

# Authorization to Carry and Self-Administer a Prescription Quick-Reliever Asthma Inhaler

- Serve as the liaison for the parent/guardian, student, faculty, campus administrators, and physician regarding the student's care.
- Inform the student's teachers, coaches, extracurricular activity sponsors, and other district employees that the student may possess and self-administer their prescription asthma inhaler. This will be done confidentially and only on a need-to-know basis.
- Monitor the student and re-assess skills, as stated under student responsibilities and Self-Carry Timeline

By signing this form, the student, parent/guardian indicate they understand and agree to follow this protocol. The nurse will collaborate with the prescribing physician as necessary to facilitate optimal treatment for the student.

Parent/guardian of student and student understand the removal of self-carry privileges may occur if the student does not follow the guidelines as stated on the **Student Agreement form (below) or NEISD policy.**

## Student Agreement for Self-Administration of Inhaler Medication (make copy for student and nurse)



### Self-Administration of Inhaler Medication Student Agreement

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Inhaled Medication with current Pharmacy Label: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to:

- Follow my prescribing health professional's medication orders.
- Use correct medication administration technique.
- Make a note of when I use medication at school by keeping a calendar to show campus nurse
- Not allow anyone else to use my medication under any circumstances.
- Keep a supply of my medication with me in school and on field trips.
- Notify the school nurse or school health paraprofessional if the following occurs:
  - My symptoms continue or get worse after taking the medication.
  - My symptoms reoccur within 2-3 hours after taking the medication.
  - I think I might be experiencing side effects from my medication.
  - Check in to school clinic once every 4-9 weeks, (sooner if symptoms) perform ACT, In-Check
- I understand that permission for self-administration of medication may be discontinued if I am unable to follow the safeguards established above.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Verbalizes Dose \_\_\_\_\_

Verbalizes Asthma Episode Symptoms

- Demonstrates Proper Technique
- removes cap and shake if applicable
  - attaches spacer if applicable
  - breathes out slowly
  - presses down inhaler to release medication
  - breathes in slowly
  - holds breath for 10 seconds
  - repeats as directed.

Verbalizes Safe Use of Inhaler

The student has consistently achieved the proper inspiratory flowrate using the In Check Dial for the device prescribed. 30-50 LPM for metered dosed inhaler, 60-70 LPM for dry powder

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_

RN: \_\_\_\_\_

DATE: \_\_\_\_\_

LVN: \_\_\_\_\_

DATE: \_\_\_\_\_