RESPONSE TO MODERATE TO SEVERE RESPIRATORY DISTRESS

ALGORITHM FOR
Undesignated Stock Albuterol Inhaler Use for Severe Respiratory Distress

Severe symptoms of respiratory distress may include one or more of the following:

- Struggling to breathe and or Shortness of breath and or hunched over (tripod breathing)
- Coughing, wheezing, tightness in the chest
- Difficulty speaking (one word or short sentences)
- Bluiness around the lips or fingernails (may look gray or “dusky”)
- Chest retractions (chest/neck are pulling in)
- Use of accessory muscles (stomach muscles are moving up and down)
- Fast pulse (tachycardia)
- Agitation
- Nasal flaring

The student may present with or progress to symptoms of severe respiratory distress. Act quickly as it is safer to give albuterol than to delay treatment.

- Call 911 immediately
- Never leave a student alone.

- Have the student sit in a chair or on the ground and restrict physical activity. Encourage slow breaths
- Summon for help, notify parent and school administration and follow your school division protocol.
- If available, Registered Nurse/Licensed Practical Nurse should obtain and continue to monitor vital signs (pulse, respiratory rate, blood pressure, pulse oximetry [if available]) every 5 minutes or as needed.

Call 911
Administer 8 puffs of albuterol MDI with a valved holding chamber each 15-30 seconds apart between puffs

No Improvement

Repeat 8 more puffs of albuterol MDI with a valved holding chamber, 15-30 seconds apart between puffs

No improvement and student is responsive

May give albuterol MDI continuously until EMS arrives. Continue to monitor the student until EMS arrives.

No improvement and student becomes unresponsive

No improvement and student becomes unresponsive

Continue to monitor the student until EMS arrives.

Check for pulse and initiate CPR with rescue breathing

Use this algorithm if a student does not have an asthma action plan by their healthcare provider and appears to be having respiratory distress.