

# Lesson Plan for Those Responsible for School or School District Training

“Responding to Breathing Emergencies at School”  
Unassigned Medication for Respiratory Distress in Texas  
A Training Module for Authorized Personnel or Volunteers



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## Lesson Plan

This document is for people responsible for school or district level training oversight under Texas State requirements for unassigned medication for respiratory distress. Intended for people charged with providing hands-on training and/or maintaining records of who has completed the required trainings to meet the Texas State requirements [Texas Education Code \(TEC\), Sec. 38.210](#).

**For any questions regarding the online module**, email anytime [register@unthsc.edu](mailto:register@unthsc.edu) or call 817.735.2327 during regular business hours.

1. Learners will need to register and create a free account at [ce.unthsc.edu](http://ce.unthsc.edu) to complete the module.
2. Learners do not have to complete the module in one sitting. The software will save the learner's progress so they will know where they exited the module.
3. Learners will be able to download and/or print a certificate of completion to verify successful completion of the online, on-demand module.

### Title & Course Information

**Title:** [Responding to Breathing Emergencies at School - Unassigned Medication for Respiratory Distress in Texas Schools: Unlicensed Personnel Training](#)

- The University of North Texas Health Science Center has developed this course.
- This module meets Texas state requirements for unassigned respiratory distress medication training in conjunction **with the following**:
  1. *Review and demonstrated understanding of the school's unassigned medication policy and standing delegation order.*
  2. *Review and demonstrated understanding of the school's complete protocol for unassigned medicine including emergency procedures, follow-up, documentation, inventory, and disposing of medication.*
  3. *Hands-on skill-check with the specific equipment the school will use.*

## Learning Objectives

After completing this training module, learners will be able to:

- Recognize signs of respiratory distress.
- Outline emergency protocols for respiratory distress and when to call 911.
- List steps to give medication for respiratory distress.
- Apply best practices to follow up with parents or legal guardian, and the primary healthcare provider for students with or without an asthma diagnosis.
- Describe the importance of knowing state laws, liability protections, and your school's policy for unassigned medication.
- Define standing delegation order (SDO) and the need to know your school's SDO.
- Discuss the role of Asthma Action Plans in keeping students safe.
- Restate how to safely store and maintain unassigned medications and devices for respiratory distress.
- List the reports required after giving unassigned medication.

## Target Audience for Training

### School Personnel and Volunteers

- This module is for school personnel and volunteers. Those who are willing to provide unassigned medication for respiratory distress during regular school hours or school sponsored events. Those wanting to participate must complete certain training.
- The module is for any school staff or volunteer. However, the module targets the needs of people without any kind of healthcare license. People who are new to health care and the administration of respiratory distress medications.

## Additional Training Resources for Licensed School Health Professionals

- Another module is designed for nurses and those with other healthcare licenses. Those taking this module do not need to be at a school in the Asthma 411 program. [‘Asthma 411 in Action: What You Need to Know’](#) provides 1 Continuing Nursing Education Credit (CNE).
- Additional items in the CNE module for those with healthcare licenses includes:
  1. Physical assessment of respiratory distress. This includes breath sounds heard through listening with a stethoscope.
  2. Options to use pulse oximeters in physical assessment of respiratory distress.

3. Asthma Self-Management Education strategies and resources. It covers the teach-back method for instructing students in correct inhaler technique.
  4. Best practice in school asthma services, categorized using the Asthma 411 framework. This framework has 4 parts: preparedness and response to acute exacerbations, education, links to resources.
- The CNE module has been taken by both licensed and unlicensed staff with positive outcomes.

## Instructional Materials & Resources

This training includes:

- Online, on-demand module with a range of interactive learning for adult learners.
- Knowledge checks, pre-tests, and post-tests to assess learning and retention.
- Downloadable and online resources to support knowledge retention and application.

Texas requirements for unassigned medication for respiratory distress require information and materials that will be specific to your school. Learners must be ready to apply knowledge in an emergency.

### To fully meet Texas training requirements, participants need:

- To have your school's or school district's:
  - Medication for respiratory distress policy
  - Standing Delegation Order copy
  - Relevant school and school district procedures
  - Specific school and school district document examples
  - Reporting system
- Hands-on training with the respiratory distress devices used at your school.

## Lesson Outline & Content

The module has fourteen units that align with the Texas requirements for this training. The outline below provides a unit breakdown. The module will take about 90 minutes for the core content.

Unit 1. Learner support and technical aspects ( ~4 minutes)

Accessibility, Technical Requirements, Course Navigation

Using this Module and Module Objectives

Unit 2. Terms Used in this Training Module ( ~4 minutes)

Defining Terms That May Be Unfamiliar

Unit 3. Introduction ( ~12 minutes)

Texas Law and Liability Protection

Why Unassigned Medication for Respiratory Distress?

How Does Asthma Impact Schools and School Districts?

Unit 4. State Law and Policy ( ~5 minutes)

State Law and Policy

State Law and Policy Quiz

Unit 5. Understanding Standing Delegation Orders and Protocols ( ~3 minutes)

What Is a Standing Delegation Order?

Standing Delegation Order Quiz

Unit 6. Recognizing Respiratory Distress Protocols ( ~20 minutes)

Airway Changes During Respiratory Distress

Recognizing Respiratory Distress

Recognizing Severe Distress

Respiratory Rates and Counting Breaths

Differences Between Asthma and Anaphylaxis (severe allergic reaction)

Recognizing Respiratory Distress Quiz

Unit 7. Steps to Provide Help to a Person with Respiratory Distress ( ~6 minutes)

Steps to Provide Help to a Person with Respiratory Distress

Steps to Provide Help Quiz

Unit 8. Administering Medication for Respiratory Distress ( ~16 minutes)

Getting the Medication into the Airways

Metered Dose Inhaler (MDI) and Spacers

Nebulizers



Sanitizing devices

Administering Medication Quiz

Unit 9. Documentation, Reports and Follow-up after Medication for Respiratory Distress (~4 minutes)

Informing Parents/Legal Guardians and Primary Care Providers

Reports to Texas Department of State Health Services (DSHS)

Documenting and Reporting Quiz

Unit 10. Storing, Tracking, and Disposing of Medication (~3 minutes)

Storing and Medication Inventory

Restocking, Inventory and Disposal

Storing and Maintaining Medication Quiz

Unit 11. Asthma Action Plans (~3 minutes)

Using an Asthma Action Plan

Asthma Action Plan Quiz

Unit 12. Special Topics (~10 minutes)

Communicating with Parents

Knowing Asthma Triggers and Understanding How to Avoid Exposure

Unit 13. Resources

Unit 14. References and Claim Credit Instructions

References

Claim Credit

## Teaching Methods

The module uses evidence-based instructional strategies aligned with adult learning principles and the [Quality Matters](#) rubric for professional education.

- **Case-Based Learning:** Engaging video and text-based case studies
- **Guided Inquiry:** Directed readings with critical thinking prompts
- **Experiential Learning:** Application of module content to real-world policies and procedures, supported by school and school district documents (e.g., policies,

procedures, standing delegation orders, decision trees, and communication examples)

- **Formative Assessment:** Periodic knowledge checks
- **Game-Based Learning:** Interactive activities to reinforce key concepts

## Curriculum Mapping

Objective	Content Location	Pre/Post Assessment
Describe the importance of knowing state laws, liability protections, and your school's policy for unassigned medication.	Units 2-4	Questions 1, 2, 3
Define standing delegation order (SDO) and the need to know your school's SDO.	Unit 5	Questions 4, 5
Recognize signs of respiratory distress.	Unit 6	Questions 8, 9, 10, 11
Outline emergency protocols for respiratory distress and when to call 911.	Units 6-7	Questions 6, 7
List steps to give medication for respiratory distress.	Unit 7-8	Questions 12, 13, 14, 15
Apply best practices to follow up with parents or legal guardian, and the primary healthcare provider for students with or without an asthma diagnosis.	Units 9 – 12	Question 18, 19,
List the reports that are required after giving the medication.	Unit 9	Question 23
Restate how to safely store and maintain the unassigned medications and devices for respiratory distress.	Unit 10	Questions 20, 21, 22
Discuss the role of Asthma Action Plans in keeping students safe.	Unit 11	Question 16, 17

## Assessment

### *Online, on-demand module:*

Questions for the pre and post assessment are the same. The order of answer choices changes from one to the other. Learners have only one attempt at the pre-assessment and **four attempts** to pass the post-assessment with a score of 70% or better.



If a learner does not pass within the that number of attempts, you or the learner can email [register@unthsc.edu](mailto:register@unthsc.edu) to have the account reset so they can go through the module again.

Pre and Post Assessment Learner Instructions: *Choose the best answer for each question.*

## Section 1: Importance of Policies and Liability

1. Why is it important for school personnel authorized to administer unassigned medication for respiratory distress to be familiar with state laws regarding this matter?
- a) State laws dictate the specific brands of medication that can be used.
  - b) **State laws provide the framework and guidelines for the voluntary adoption, maintenance, administration, and disposal of unassigned medication, ensuring compliance and safety.**
  - c) State laws determine the amount of funding schools receive for asthma-related services.
  - d) Familiarity with state laws is only necessary for school administrators, not personnel administering medication.

Rationale: State laws, such as TEC §38.208 referenced in training unit 4, provide the legal basis for unassigned medication policies in schools. Understanding these laws ensures that the school's policy is compliant and that personnel act within the legal framework.

2. According to Texas law, what protection is offered to trained school staff or volunteers who administer unassigned medication for respiratory distress in good faith following school policy?
- a) complete immunity from any legal action
  - b) **liability protection, shielding them from legal consequences for actions taken or not taken related to administering the medication**
  - c) financial compensation for any legal fees
  - d) exemption from standard school district employment policies

Rationale: Texas law offers liability protection to individuals who make a good faith effort to follow the school's policy on unassigned medication for respiratory distress. This protection encourages individuals to act in the student's best interest without fear of legal repercussions.

3. Why is it crucial for school personnel to know their specific school district policy on unassigned medication for respiratory distress?
- a) The district policy outlines the medical definitions of respiratory distress.
  - b) Knowing the district policy is only important if the state laws are unclear.
  - c) **District policies can vary in important ways regarding implementation, procedures, and protocols for administering unassigned medication, and personnel must act according to their district policies and protocols.**
  - d) The district policy dictates which students are eligible to receive unassigned medication.

Rationale: While state law provides a framework, individual school districts can adapt policies to best meet their needs, **if** state requirements are met. Therefore, knowing the specific district policy is essential for proper implementation and response.

## Section 2: Standing Delegation Orders (SDO)

4. What is a Standing Delegation Order (SDO) in the context of unassigned medication for respiratory distress in schools?

- a) A request from a parent for school staff to administer their child's prescribed medication.
- b) **A document signed by an authorized prescriber that delegates authority to provide a specific prescription medication, such as unassigned medication for respiratory distress.**
- c) A school's internal procedure for documenting medication administration.
- d) A list of students with known respiratory conditions.

Rationale: A Standing Delegation Order (SDO) is a formal order from a licensed healthcare provider that allows trained school personnel or volunteers to administer a specific medication in defined situations.

5. Why is it important for school personnel authorized to administer unassigned medication to review their school's or school district's SDO?

- a) The SDO contains personal health information about students with asthma.
- b) Reviewing the SDO fulfills a requirement for state funding.
- c) **The SDO provides clear instructions on when and how to administer the unassigned medication, as well as follow-up and emergency care procedures.**
- d) The SDO lists the names of all authorized personnel in the school.

Rationale: The SDO is the guiding document for administering unassigned medication. It outlines the specific procedures, criteria for use, dosage, and necessary follow-up actions, ensuring safe and appropriate administration.

## Section 3: Emergency Protocols and When to Call 911

6. What is the immediate first step a trained individual should take when encountering a person exhibiting signs of respiratory distress?

- a) Immediately administer unassigned medication.
- b) Leave the person to find the school nurse.
- c) **Stay with the person to monitor their condition and provide assistance.**
- d) Call the person's parents.

Rationale: Ensuring the person **is not left alone** is crucial for continuous monitoring and support during a respiratory emergency

7. According to the training module, under what circumstance should 911 be called when unassigned medication for respiratory distress has been administered?

- a) Only if the person has a known history of severe asthma.
- b) **If the person's condition does not improve after receiving the medication or if indicated by the school's standing delegation order and emergency protocol.**
- c) If the unassigned medication is used for a student without a prior asthma diagnosis.
- d) After the parents or legal guardian have been notified.

Rationale: Calling 911 is necessary if the medication is ineffective in relieving respiratory distress or, as indicated by the SDO and emergency procedures, signifies a potentially severe situation.

#### Section 4: Recognizing Signs of Respiratory Distress

8. Which of the following is a **common** sign of respiratory distress?

- a) Slow and deep breathing
- b) A flushed, red face
- c) **Rapid breathing (tachypnea)**
- d) Complaining of a headache

Rationale: Rapid breathing (tachypnea) is a key indicator that a person is struggling to get enough air.

9. The "tripod position" is a posture often adopted by individuals experiencing respiratory distress. How would you describe this position?

- a) Lying flat on their back with arms overhead.
- b) Standing upright with hands clasped behind their head.
- c) **Leaning forward, often supporting themselves with their hands on their knees or another surface.**
- d) Sitting upright with a straight back and shoulders relaxed.

Rationale: The tripod position helps to maximize lung expansion by allowing the person to use their accessory breathing muscles more effectively.

10. What breath sound is often associated with the narrowing of the airways during respiratory distress?

- a) A deep, rumbling cough
- b) **Wheezing, a high-pitched whistling sound**
- c) Quiet and shallow breathing
- d) A clicking sound during inhalation

Rationale: Wheezing is a characteristic sound produced when air is forced through constricted airways.

11. What physical sign might indicate that a person is using accessory muscles to help them breathe?

- a) A slow and steady heart rate
- b) Skin appearing to be pulled in around the neck, collarbone, ribs, and/or abdomen (retractions) during taking in a breath**
- c) Warm and dry skin
- d) Relaxed facial expressions

Rationale: Retractions occur when the muscles in the neck, chest, and abdomen work harder than normal to pull in air, causing the skin in these areas to appear sunken during inhalation (taking in a breath).

#### Section 5: Steps to Give Medication

12. If a student experiencing respiratory distress has their own prescribed quick-relief medication available, what should be the first course of action?

- a) Immediately use the unassigned medication to avoid any delay
- b) Use the student's own medication and follow their prescriber's instructions if available**
- c) Contact the school nurse before administering any medication
- d) Wait to see if the symptoms improve on their own

Rationale: When a person has their own prescribed medication, it is always best to use it according to their individual instructions.

13. When administering unassigned medication for respiratory distress using a metered-dose inhaler (MDI), what piece of equipment is highly recommended to use along with the inhaler to improve medication delivery?

- a) A nebulizer mask
- b) A spacer or valved holding chamber**
- c) An oxygen tank
- d) A peak flow meter

Rationale: Spacers or valved holding chambers help to hold the medication mist, making it easier for the person to inhale it effectively into their lungs.

14. What is the general procedure **immediately after** giving a puff of medication from an MDI with a spacer?

- a) Have the person exhale quickly and forcefully
- b) Have the person inhale slowly and deeply, then hold their breath for 5 to 10 seconds before breathing out slowly**
- c) Immediately administer a second puff
- d) Have the person rinse their mouth immediately with soap and water

Rationale: Slow, deep inhalation and breath-holding allow more of the medication to deposit in the airways.

15. When administering medication using a nebulizer, what should you observe to ensure the device is working correctly?

- a) The nebulizer should make a loud hissing sound.
- b) **A light mist should be coming from the back of the tube opposite the mouthpiece or from the mask.**
- c) The medication in the cup should disappear instantly.
- d) The tubing should remain cool to the touch.

Rationale: The presence of a light mist indicates that the nebulizer is properly aerosolizing the medication so it can be inhaled.

#### Section 6: Asthma Action Plans

16. What is the primary purpose of an Asthma Action Plan (AAP) for a student with asthma?

- a) To document all the medications the student takes at home
- b) To provide contact information for the student's emergency contacts
- c) **To provide tailored instructions from the healthcare provider on how to manage the student's asthma, including recognizing triggers, managing symptoms, and responding to asthma episodes**
- d) To serve as a legal document to excuse asthma-related absence

Rationale: An Asthma Action Plan is a personalized guide developed by the healthcare provider to help manage a student's asthma effectively.

17. Ideally, where should a student's Asthma Action Plan be kept at school to ensure it is easily accessible in case of an emergency?

- a) Only with the student
- b) Only in the principal's office
- c) **In the school health office and easily accessible to those who may need to assist the student**
- d) Only with the student's classroom teacher

Rationale: For quick access during an emergency, the Asthma Action Plan should be readily available to relevant school personnel

#### Section 7: Follow-up Procedures

18. What is a critical follow-up action that **must** be taken after administering unassigned medication for respiratory distress to a student?

- a) Ensure the student returns to their regular activities immediately
- b) **Notify the student's parents or legal guardian and the student's primary healthcare provider as soon as possible**
- c) Administer a second dose of medication as a precaution
- d) Assume the student's breathing problems are resolved and no further action is needed

Rationale: Informing parent(s)/guardian and the primary healthcare provider is essential for their awareness of the incident and to ensure appropriate medical follow-up.

19. What additional follow-up is specifically required for a student who receives unassigned medication for respiratory distress but does not have a previously reported asthma diagnosis?

- a) No additional follow-up is necessary if the medication was effective
- b) **A referral to their primary care provider for a medical assessment to determine the cause of the respiratory distress, ideally on the same day**
- c) A mandatory meeting with the school counselor
- d) A home visit by school personnel

Rationale: For students without a known asthma diagnosis, it is crucial to identify the underlying cause of their respiratory distress through a medical evaluation.

#### Section 8: Storing and Maintaining Medication

20. How should unassigned medication for respiratory distress be stored at a school campus?

- a) In an unlocked cabinet for easy access by any student
- b) In the refrigerator to maintain its potency
- c) **In a secure location that is easily accessible to trained and authorized staff and volunteers**
- d) In direct sunlight so that it is easily visible

Rationale: Secure storage ensures that the medication is protected from unauthorized access while also being readily available to those who are authorized to administer it.

21. How often should the inventory of unassigned medication for respiratory distress be checked for expiration dates?

- a) Once a year, at the beginning of the school year
- b) Only when a medication is used
- c) **At least twice during the school year**
- d) Monthly

Rationale: Regular inventory checks are necessary to ensure that the medication is not expired and will be effective when needed.

22. How should expired metered-dose inhalers be disposed of?

- a) In the regular school trash
- b) Punctured to prevent misuse, then placed in the trash
- c) **Following district rules and the manufacturer's instructions, which may include designated disposal sites**
- d) Flushed down the toilet

Rationale: Proper disposal methods are important for safety and environmental reasons. District policies and manufacturer guidelines should be followed.

## Section 9: Reporting Requirements

23. Within how many business days after administering unassigned medication for respiratory distress must a **report** be submitted to the Texas School Health Program website?

- a) 2 business days
- b) 5 business days
- c) **10 business days**
- d) 15 business days

Rationale: A report detailing the administration of unassigned medication must be submitted within 10 business days as specified by Texas law.

**Rationale Key (for Instructor Use):** The rationale provided after each question explains why the selected answer is correct based on the information presented in the training document and the related policy excerpts. Learners will see these Rationales after their responses are recorded.

### *Hands-on Training:*

Assessment of hands-on training needs to be tailored to your specific policy, procedures, Standing Delegation Order and equipment.

The checklist in *Appendix 1* for this training could be used as a template for your school or school district.

## Program Evaluation

Within the learning management system hosting the online, on-demand module, learners answer evaluation questions. Your school and school district may have additional information you wish to gather.

The following evaluation questions are asked:

Please rate the following statements from Strongly Disagree to Strongly Agree on this 5-point scale.

1. This CE activity fulfilled an educational need for me.
2. The stated objectives for this activity were met.
3. I intend to incorporate new strategies from this activity into my work.

The following follow-up question appears only to those answering statement 3 as Neutral, Disagree or Strongly Disagree:

3a. What factors might prevent you from incorporating this activity's strategies into your work? (Select all that apply)

- ☐ The correct situation or opportunity may not occur where the strategy(ies) would be appropriate.



- ☐ I do not feel competent in implementing the strategies.
  - ☐ Time factors
  - ☐ Organizational/system factors
  - ☐ Strategies do not apply to my work
  - ☐ Other... (learners given a chance to say more if checking other)
4. I learned information I will share with my team.
5. Please indicate your primary role within your school or district.
6. What did you like best about this training?
- ☐ Administrator District Level
  - ☐ Administrator School Level
  - ☐ Teacher
  - ☐ Paraprofessional or Teacher Aide
  - ☐ Office Staff
  - ☐ Nurse
  - ☐ Other healthcare staff
  - ☐ Substitute Teacher
  - ☐ Volunteer
  - ☐ Other
7. How could this training be improved?
8. Additional Comments: Please share any additional comments/suggestions/barriers you would like to address.

## Follow-up & Continuing Learning

- [Complete resources list from the online, on-demand module.](#)

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## Appendix 1. Hands-on Training Template Checklist

Knowledge/Skill Area	Met	Did Not Meet	N/A	Notes
Can describe school's and school district's policy major components				
Can describe the school's and school district's Standard Delegation Order (SDO).				
Can explain the criteria for when to call 911 based on school's and school district's SDO and procedures				
Can verbally explain the steps to administer unassigned medication for respiratory distress based on what type of device(s) are available on the person's usual campus.				
Demonstrated steps to administer unassigned medication for respiratory distress based on device(s) available on the person's usual campus.				
Wash hands				
Gather correct supplies				
Made sure the device was clean				
Made sure no foreign objects were in device				
Check to make sure medication (MDI or liquid for nebulizer) within used by date				
Specific to MDI with Spacer				
Remove cap from MDI				
Shake MDI 5 seconds				
Properly connect MDI to spacer				
Instruct the person to tilt their head back slightly				
Instruct the person to put the mouthpiece of the spacer in their own mouth and close their lips tightly around the spacer, and to keep their tongue down				
Instruct the person to breathe out fully				
Instruct the person to press down on the MDI or press down on MDI for the person				
Instruct the person to breathe in slowly and deeply for 5 seconds, then hold their breath for 10 seconds				
Wait one minute between the prescribed number of puffs				

Knowledge/Skill Area	Met	Did Not Meet	N/A	Notes
Specific to Nebulizer				
Attach tubing to compressor				
Take top off the medicine cup				
Pour in the proper amount of medication				
Replace top on the medicine cup and attach securely				
Attach the other end of tubing connected to the compressor to the medicine cup				
Attach either mask or mouthpiece to the top of the medicine cup				
If using mask, tighten straps to make sure the mask fits over the person's mouth and nose securely				
If using mouthpiece, instruct person to put their lips tightly around the mouthpiece.				
Have person breath out fully				
Turn the compressor on				
Instruct the person to breath deeply and slowly				
Demonstrate the correct cleaning procedure for the device used				
Demonstrate the area where device and medication should stored				
Describe when and how to notify parents/caregiver/legal guardian that medication was administered based on school procedures				
Explain who is responsible at your school for reporting to the person's primary care provider and Texas Health and Human Services				
Demonstrated completing appropriate paperwork based on school procedure				