

Welcome!

**Common Chronic
Conditions
Training**





Know Your Students

**Know the
School's Process**

Asthma



Training Objectives

1. Recognize a student who is having an asthma attack
2. Know where to find care plan and how to use it to treat the student
3. Identify correct inhaler technique

Asthma Management in Schools

1

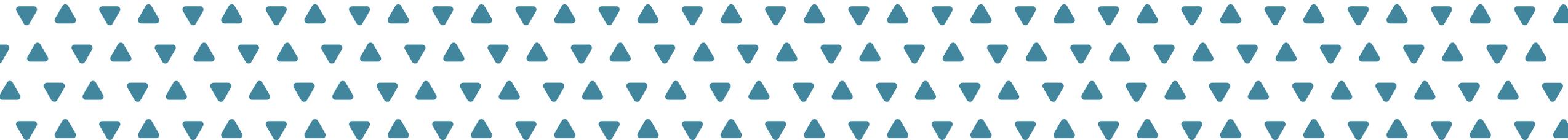
One out of every 12 school aged child has asthma

2

One of the leading causes of health related absences

3

Allows student to participate in activities





What Does Asthma Look Like?

Mild Symptoms of an Asthma Attack

1

Trouble
breathing

2

Wheezing

3

Frequent
cough

4

Chest
tightness

5

Change in
activity
level



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

PARENT/GUARDIAN COMPLETE AND SIGN: School/grade: _____
 Child Name: _____ Birthdate: _____
 Parent/Guardian Name: _____ Phone: _____
 Healthcare Provider Name: _____ Phone: _____
 Triggers: Weather (cold air, wind) Illness Exercise Smoke Dust Pollen Other: _____
 Life threatening allergy, specify: _____

I 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 healthcare provider. I assume full responsibility for providing the school/program prescribed medication and supplies, 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. I approve this care plan for my child/youth.

PARENT SIGNATURE		DATE	NURSE/CCHC SIGNATURE		DATE
HEALTHCARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:			QUICK RELIEF (RESCUE) MEDICATION: <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Common side effects: <input type="checkbox"/> heart rate, tremor <input type="checkbox"/> Have child use spacer with inhaler. Controller medication used at home: _____		
IF YOU SEE THIS:			DO THIS:		
GREEN ZONE: No Symptoms Pretreat	<ul style="list-style-type: none"> No current symptoms Doing usual activities 		Pretreat strenuous activity: <input type="checkbox"/> Not required <input type="checkbox"/> Routine <input type="checkbox"/> Student/Parent request Give QUICK RELIEF MED 10-15 minutes before activity: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Repeat in 4 hours, if needed for additional physical activity. <i>If child is currently experiencing symptoms, follow YELLOW ZONE.</i>		
YELLOW ZONE: Mild symptoms	<ul style="list-style-type: none"> Trouble breathing Wheezing Frequent cough Complains of tight chest Not able to do activities, but talking in complete sentences Peak flow: _____ & _____ 		1. Stop physical activity. 2. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 3. Stay with child/youth and maintain sitting position. 4. REPEAT QUICK RELIEF MED, if not improving in 15 minutes: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 5. Child/youth may go back to normal activities, once symptoms are relieved. 6. Notify parents/guardians and school nurse. <i>If symptoms do not improve or worsen, follow RED ZONE.</i>		
RED ZONE: EMERGENCY Severe Symptoms	<ul style="list-style-type: none"> 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 or blue ↓ Level of consciousness Peak flow < _____ 		1. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <ul style="list-style-type: none"> Refer to anaphylaxis plan, if child/youth has life-threatening allergy. 2. Call 911 and inform EMS the reason for the call. 3. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 4. Notify parents/guardians and school nurse. 5. If symptoms do not improve, REPEAT QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs every 5 minutes until EMS arrives. <i>School personnel should not drive student to hospital.</i>		
PROVIDER INSTRUCTIONS FOR QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)					
<input type="checkbox"/> Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler. <input type="checkbox"/> Student understands proper use of asthma medications, and in my opinion, <u>can carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.</u> <input type="checkbox"/> Student will notify school staff after using quick relief inhaler, if symptoms do not improve with use.					
HEALTH CARE PROVIDER SIGNATURE		PRINT PROVIDER NAME	DATE	FAX	PHONE

Copies of plan provided to: Teacher(s) PhysEd/Coach Principal Main Office Bus Driver Other: _____

Student Information →

Medication →

Symptoms →

← Triggers

← Response

Common Asthma Triggers

- Physical Activity
- Colds/illness
- Allergies
- Smells
- Emotions
- Unique triggers



When an Asthma Attack Happens

1

Remove
Trigger

2

Stay with
Student

3

Follow
Asthma
Care Plan



Asthma Care Plan - Green Zone

	IF YOU SEE THIS:	DO THIS:
GREEN ZONE: No Symptoms Pretreat	<ul style="list-style-type: none"> • No current symptoms • Doing usual activities 	Pretreat strenuous activity: <input type="checkbox"/> Not required <input type="checkbox"/> Routine <input type="checkbox"/> Student/Parent request Give QUICK RELIEF MED 10-15 minutes before activity: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Repeat in 4 hours, if needed for additional physical activity. <i>If child is currently experiencing symptoms, follow YELLOW ZONE.</i>

Asthma Care Plan - Yellow Zone

	IF YOU SEE THIS:	DO THIS:
YELLOW ZONE: Mild symptoms	<ul style="list-style-type: none">• Trouble breathing• Wheezing• Frequent cough• Complains of tight chest• Not able to do activities, but talking in complete sentences• Peak flow: _____ & _____	<ol style="list-style-type: none">1. Stop physical activity.2. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs3. Stay with child/youth and maintain sitting position.4. REPEAT QUICK RELIEF MED, if not improving in 15 minutes: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs5. Child/youth may go back to normal activities, once symptoms are relieved.6. Notify parents/guardians and school nurse. <p><i>If symptoms do not improve or worsen, follow RED ZONE.</i></p>

Asthma Care Plan - Red Zone



	IF YOU SEE THIS:	DO THIS:
RED ZONE: EMERGENCY Severe Symptoms	<ul style="list-style-type: none">• 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 or blue• ↓ Level of consciousness• Peak flow < _____	<ol style="list-style-type: none">1. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs<ul style="list-style-type: none">▪ Refer to anaphylaxis plan, if child/youth has life-threatening allergy.2. Call 911 and inform EMS the reason for the call.3. Stay with child/youth. Remain calm, encouraging slower, deeper breaths.4. Notify parents/guardians and school nurse.5. If symptoms do not improve, REPEAT QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs every 5 minutes until EMS arrives. <p><i>School personnel should not drive student to hospital.</i></p>

Steps For Using An Inhaler

1

Prepare the medication

2

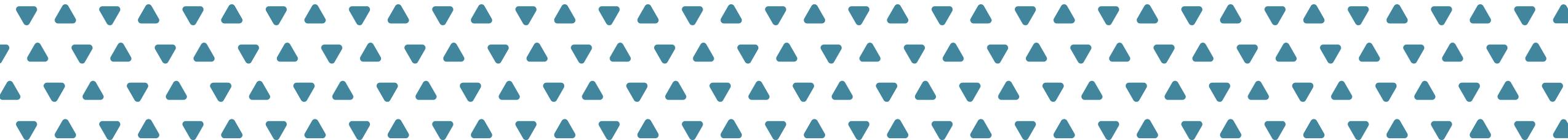
Prepare the student

3

- Exhale
- Inhale
- Hold
- Exhale

4

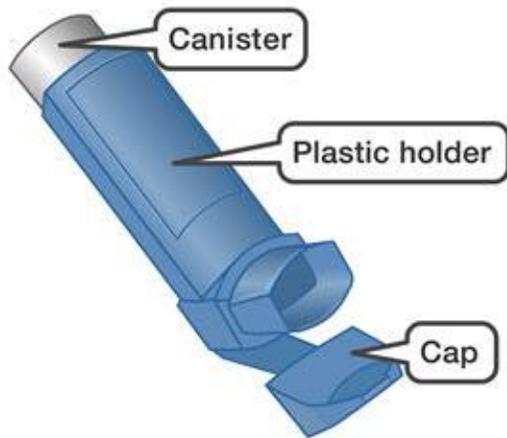
Follow Asthma Care Plan



1

Prepare the Medication

MDI



MDI with valved holding chamber / spacer



MDI with valved holding chamber / spacer and mask



2

Prepare the Student

- Have the student stand / sit up straight
- Stay with the student

The Student:

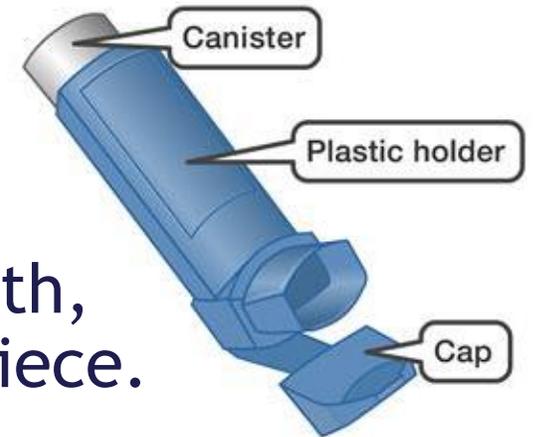
1. Exhale's their breath
2. Inhales the medication
3. Holds the medication in their lungs
4. Exhales their breath

3

Exhale / Inhale / Hold / Exhale

Metered Dose Inhaler (MDI)

1. Have student **EXHALE** their breath
2. Place the mouthpiece in the student's mouth, with lips tightly sealed around the mouthpiece.
3. Press the inhaler
4. Have student **SLOWLY** inhale the medication
5. Have student hold their breath for **10 SECONDS**
6. Have student **EXHALE**
7. Have student **RESUME NORMAL BREATHING**
8. Wait one minute and repeat above steps for each puff prescribed



3

Exhale / Inhale / Hold / Exhale

MDI with valved holding chamber/spacer



1. Have student **EXHALE** their breath
2. Place the mouthpiece in the student's mouth, with lips tightly sealed around the mouthpiece.
3. Press the inhaler
4. Have student **SLOWLY** inhale the medication so the **VALVED HOLDING CHAMBER DOES NOT MAKE A NOISE**
5. Have student hold their breath for **10 SECONDS**, if able
6. Have student **EXHALE**
7. Have student **RESUME NORMAL BREATHING**
8. Wait one minute and repeat above steps for each puff prescribed

3

Exhale / Inhale / Hold / Exhale

MDI with valved holding chamber and mask



1. Have student **EXHALE** their breath
2. Place the mask over the student's nose and mouth forming a tight seal
3. Press the inhaler
4. Have student breath in and out for **10 SECONDS**
5. **REMOVE MASK** and have student **RESUME NORMAL BREATHING**
6. Wait one minute and repeat above steps for each puff prescribed

4

Follow Asthma Care Plan

Review Asthma Care Plan to know if the student needs additional medication and further care



What's The Deal With Self Carry?

What is included in the Asthma Care Plan?

- A. Student's name
- B. Triggers
- C. Medication
- D. Symptoms
- E. Response
- F. All of the above





A student with asthma is having trouble breathing. What should you do next?

- A. Ask your friend who has asthma
- B. Review the Asthma Care Plan
- C. Ignore
- D. Talk to the school nurse the next time you see them
- E. Send the student to the health office

What is the correct order for using an inhaler?

- A. Inhale / Exhale / Hold / Exhale
- B. Lie Down / Rest / Wait 1 minute / Use Inhaler
- C. Exhale / Inhale / Hold / Exhale



What do you do if a student has an Inhaler in your classroom?

- A. Ask your school nurse if the student has a self carry contract
- B. Have them share with other students
- C. Take it away
- D. Nothing

Allergies



Training Objectives

1. Identify which students have severe allergies
2. Know where to find the care plan and how to use it
3. Explain correct epi pen technique
4. Manage, using ACT and REAct severe allergic reactions

Allergy Management in Schools

1

Occur
frequently

2

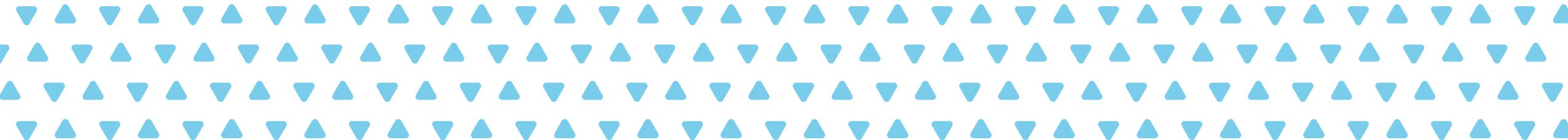
32%
unrecognized

3

24%
experience
bullying

4

Decreased
with staff
involvement



ACT to Prevent Accidental Exposures

1. **A**void
2. **C**ommunicate
3. **T**each

Be prepared to **REAct**

1. **R**ecognize
Anaphylaxis
2. **E**pinephrine
3. **A**ctivate School's
Emergency
Response Plan



ACT:

Avoid - Prevent
an emergency
by avoiding the
allergen

Common Food Allergens:



Peanuts



Soy



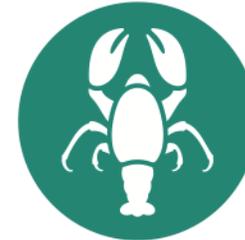
Fish



Nuts



Milk



Shellfish



Wheat



Eggs

Other Common Allergens:



Insect stings

- bees
- wasps
- hornets
- fire ants



Latex



Medications

Causes of Unintentional Allergen Exposure

1

Ingestion

2

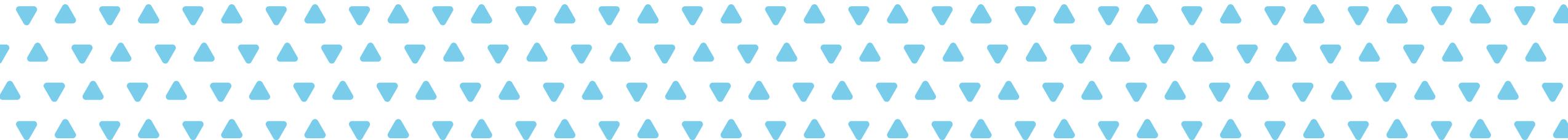
Contact
contamination

3

Cooking in
class

4

Craft
projects





ACT:

Communicate -
Know your
students

ACT: Teach

- 1 Allergy avoidance
- 2 Zero tolerance for bullying
- 3 Self-awareness
- 4 Being a good friend means DON'T share food

5

Hand Washing

Before and after eating or handling potential allergens:

- Hands must be washed for 20 seconds

What Works:

- Soap and water
- Commercial hand wipes

What Doesn't Work:

- Hand sanitizer

6

Surface Washing

Before and after eating or handling potential allergens:

- Surfaces must be cleaned

What Works:

- Soap and water
- Commercial hand wipes

Avoid:

- Re-dipping cloth or sponge in bucket
- Asking food allergic children to clean tables or desks

Bullying of Students with Food Allergies

Approximately 1/3 of children with food allergies report being bullying.

This Includes

Teasing because of eating at special tables

Not being included in class “treats”

Threats with foods

Beyond the social and emotional impact bullying can have, it can also pose a severe physical threat to the student.



Need to REAct:



1. **R**ecognize the emergency. Obtain allergy plan and medication
2. **E**pinephrine; Prepare medication; Follow allergy action plan
3. **A**ctivate school's emergency response plan

REAct - Recognize the Emergency



Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: _____ D.O.B. _____ Grade: _____
 School: _____ Teacher: _____

Place child's photo here

ALLERGY TO: _____
 HISTORY: _____

Asthma: YES (higher risk for severe reaction) – refer to their asthma care plan
 NO

◊ STEP 1: TREATMENT ◊

SEVERE SYMPTOMS: Any of the following:
 LUNG: Short of breath, wheeze, repetitive cough
 THROAT: Tight, hoarse, trouble breathing/swallowing
 MOUTH: Swelling of the tongue and/or lips
 HEART: Pale, blue, faint, weak pulse, dizzy
 SKIN: Many hives over body, widespread redness
 GUT: Vomiting or diarrhea (if severe or combined with other symptoms)
 OTHER: Feeling something bad is about to happen, Confusion, agitation

1. INJECT EPINEPHRINE IMMEDIATELY
2. Call 911
 - Ask for ambulance with epinephrine
 - Tell EMS when epinephrine was given
3. Stay with child and
 - Call parent/guardian and school nurse
 - If symptoms don't improve or worsen give second dose of epi if available as instructed below
 - Monitor student; keep them lying down. If vomiting or difficulty breathing, put student on side

Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinephrine. **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:
 NOSE: Itchy, runny nose, sneezing
 SKIN: A few hives, mild itch
 GUT: Mild nausea/discomfort

1. Stay with child and
 - Alert parent and school nurse
 - Give antihistamine (if prescribed)
2. If two or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box

Symptoms of Mild Allergic Reaction

1

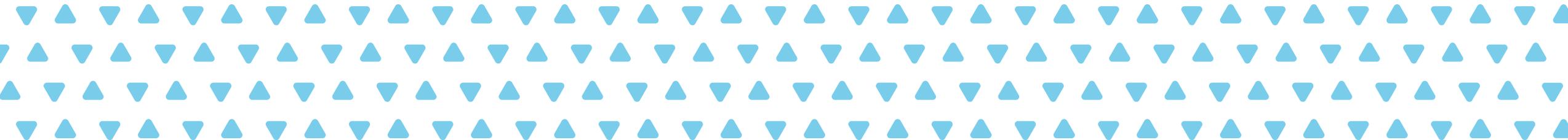
Nose

2

Skin

3

Gut



Symptoms of Severe Allergic Reaction



- Lung - Short of breath
- Throat - Tightness, hoarse
- Mouth - Swelling of tongue / lips
- Heart - Pale, blue, faint, dizzy
- Skin - Hives, redness
- Gut - Vomiting or diarrhea (if severe)
- Other - Confusion, agitation

REAct - Epinephrine



Student Name: _____ DOB: _____

Staff trained and delegated to administer emergency medications in this plan:

- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

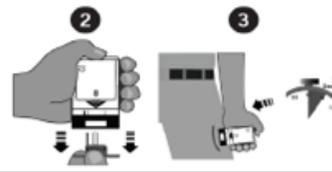
Self-carry contract on file: Yes No

Expiration date of epinephrine auto injector: _____

Keep the child lying on their back. If the child vomits or has trouble breathing, place child on his/her side.

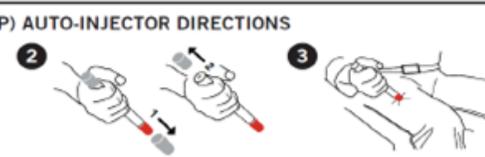
AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



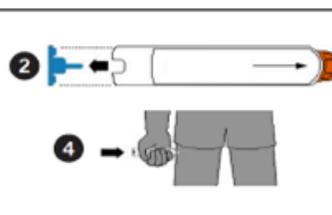
ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



If this conditions warrants meal accommodations from food service, please complete the form for dietary disability if required by district policy.

Additional information: _____

REAct -

Activate School's Emergency Response Plan

- Response from emergency medical services for monitoring and additional treatment





What is the best way to prevent an allergic reaction?

- A. Wash your hands
- B. Share snacks among students
- C. Avoid exposure to allergen
- D. Do not worry about it



A student with no documented allergies is having difficulty breathing, complaining of nausea and has hives all over their body.

What should you do first?

- A. Call their parents
- B. Activate the school's emergency response plan
- C. Use another student's epi-pen
- D. Leave the student just for a minute to find another adult

Diabetes



Training Objectives

1. Identify which students have diabetes
2. Recognize symptoms of high and low blood sugar
3. Know where to find the care plan and staff who can help with emergencies

Diabetes is:

A chronic disease in which the body does not make or properly use insulin.

Type 1 diabetes:

- Requires insulin

Type 2 diabetes:

- May be controlled with diet or oral medications
- Might require insulin

Check Blood Glucose Levels

- Regular basis, usually before lunch
- Manage their diabetes
- Recognize symptoms - high or low blood sugar

CGM



Finger poke



5 Common Symptoms of Mild to Moderate Low Blood Sugar

1

Shaky

2

Irritable

3

Hungry

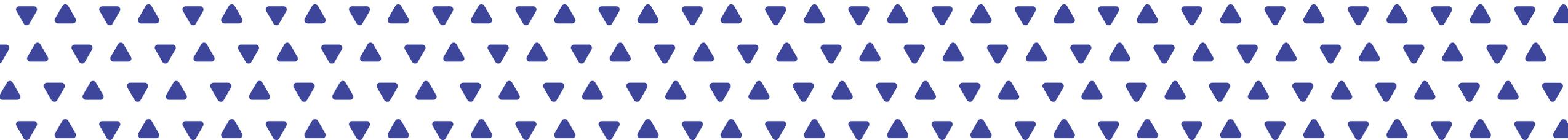
4

Confusion

5

Tired or
Drowsy

Look at student's care plan





Mild / Moderate Low Blood Sugar Steps to Follow

1. Check blood sugar, if possible
2. Send student to office **WITH** a responsible person
3. Notify the office



Give quick acting sugar:

- Glucose tablets
- Juice box, Capri pouch
- Regular soda pop 4-6 ounces
- 2-3 Smarties candy rolls

Look at student's care plan



Moderate
Low Blood Sugar

Give glucose gel:

1. Keep head elevated
2. Squeeze gel between cheek and gum
3. Encourage child to swallow

Look at student's care plan



Severe
Low Blood Sugar

Severe Low Blood Sugar

1. Unable / Unwilling to swallow
2. Unconscious
3. Having a seizure

Medical Emergency



Alert delegated staff to bring glucagon

- Position student on side
- Remain with student

- Emergency response plan initiated

Medical Emergency

4 Common Symptoms of High Blood Sugar

1

Thirsty

2

Frequent
restroom
use

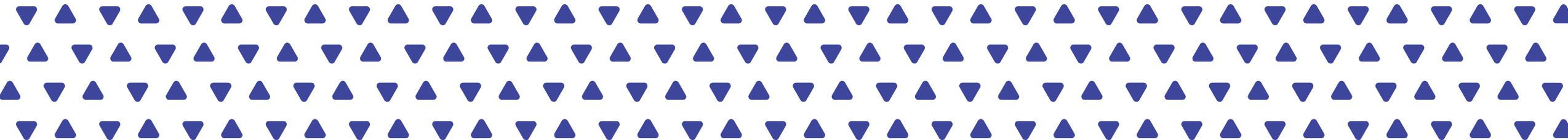
3

Stomach
ache

4

Nausea

Look at student's care plan





High Blood Sugar Steps to Follow

1. Check blood sugar, if possible
2. Send student to office **WITH** a responsible person
3. Notify the office



A student with Type 1 diabetes must have insulin daily in order to survive.

- A. True
- B. False

A student with mild to moderate low blood sugar (hypoglycemia) may be?

- A. Shaky
- B. Irritable
- C. Hungry
- D. Confused
- E. Tired
- F. Drowsy
- G. All of the above





What is an example of a quick acting sugar?

- A. Granola bar
- B. Crackers
- C. Diet soda
- D. Juice, Capri

Seizures



Training Objectives

1. Recognize the different types of seizures
2. Respond and provide first aid to a student who has a seizure

Seizures are:

A brief excessive discharge of electrical activity in the brain

Classified as:

- Generalized
- Focal

How to Respond & Provide First Aid

1

Know which students have a documented history

2

Read their Seizure Action Plan

3

Know your school's emergency response plan

4

Document all seizures on Seizure Observation Record

Contact school nurse with questions



Seizure Triggers

- Missed medication
- Sleep deprivation
- Flashing lights
- Illness
- Stress
- Dehydration
- Sudden rise in temperature
- Overheating
- Hormones

Try to Manage these Triggers

3 Types of Seizures

1

Generalized

2

Absence

3

Focal

4

Non-epileptic
Spells





1

Generalized Seizure

1. A sudden, hoarse cry; fall, with loss of consciousness
2. Stiffening arms/legs with rhythmic jerking, shallow breathing
3. Possible drooling, loss of bowel or bladder control, bluish skin, nails, lips
4. Generally lasts from seconds to 3 minutes
5. Followed by tiredness, confusion, headache



1

Generalized Seizure Response

1. Refer to Seizure Action Plan
2. Remain calm and time seizure
3. Have a responsible person escort other students out of the area
4. Stay with the student

Provide First Aid



1. Clear the area around student
2. Do not restrain - this may result in injury
3. Cushion head
4. Turn student on side to allow saliva to drain out of mouth
5. Do not put anything in students mouth

Provide First Aid



6. Give rescue medication per Seizure Action Plan, if ordered
7. After seizure, remain with student until they are oriented
8. Provide emotional support
9. Document seizure activity



Emergency

Initiate School's Emergency Response

- First time seizure
- Generalized seizure lasts longer than 5 minutes or per seizure action plan
- Repeated seizures without regaining consciousness
- Normal breathing does not resume



Emergency

Initiate School's Emergency Response

- Student is injured, has diabetes, is pregnant
- Seizure occurs in water
- Increase in number or type of seizure

2

Absence Seizure Video



- An absence seizure causes a short period of “blinking out” or staring into space
- If you tap a child on the shoulder and they respond, this is not a seizure.

2

Absence Seizure Response

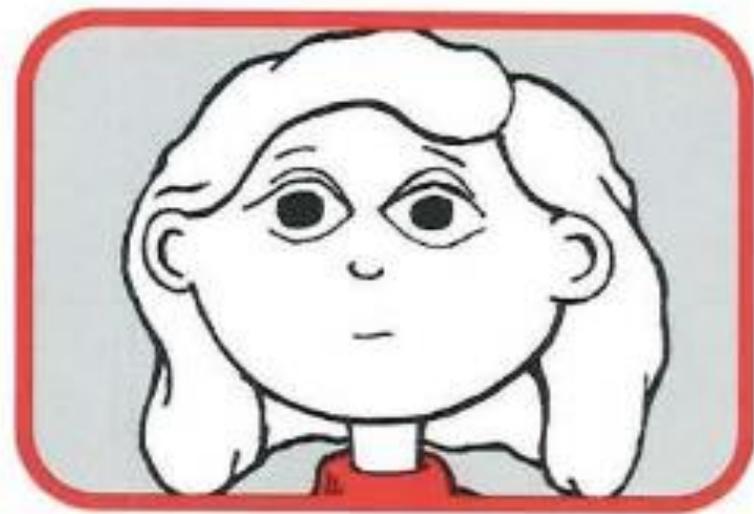
- Generally no first aid is needed
- Repeat instruction when needed
- If student has no known seizure disorder, report events to school nurse



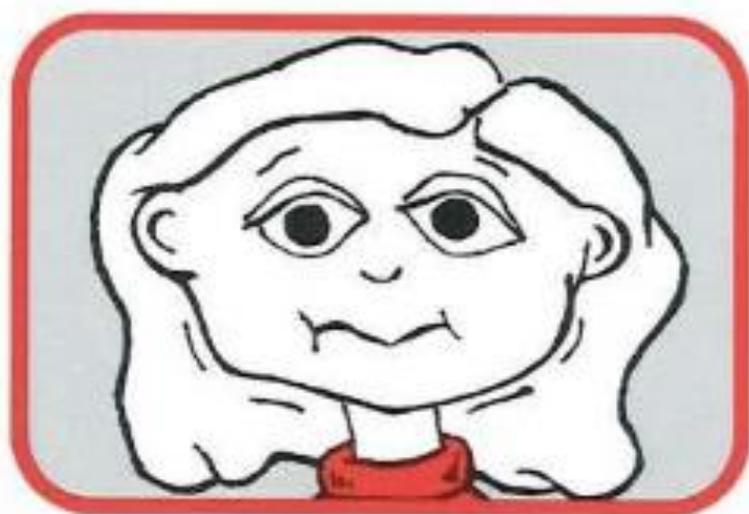
3 Focal Seizure

May have:

- Changes in sensation, emotions or thinking
- Stillness and staring off OR
- Repetitive, purposeless or clumsy movements (picking at things, nonsensical speech or lip smacking)



Blank staring



Chewing



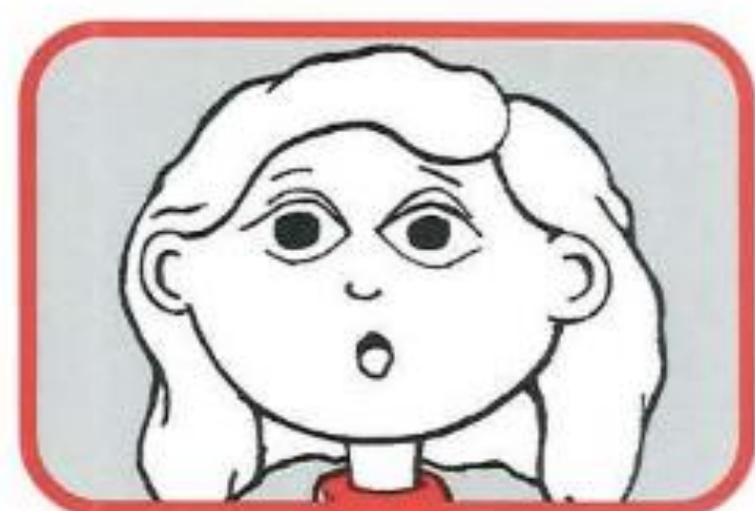
Fumbling



Wandering



Shaking



Confused speech



3

Focal Seizures

- May be misinterpreted as drunkenness, drug abuse, aggressive behavior or resemble mental health issues (panic attacks, hallucinations)
- May become combative if you attempt to restrain them



3

Focal Seizure Response

1. Refer to Seizure Action Plan
2. Stay calm and time seizure
3. Reassure others
4. Do not restrain - this may result in injury
5. Gently direct away from hazards



3

Focal Seizure Response

6. Don't expect student to follow verbal instructions
7. Give rescue medication per Seizure Action Plan, if ordered
8. Stay with student until fully alert and aware

4

Non-Epileptic Spells

- Look very similar to seizures, but are not caused by abnormal electrical brain activity.
- Psychological in nature
- Not clearly purposeful or intentional
- Student may have non-epileptic spells and epilepsy



4

Non-Epileptic Spells

- Typically caused by difficulties coping with stress or anxiety
- Body responds physically to these strong emotions, similar to people having stomach aches or headaches when nervous or stressed



4

Non-Epileptic Spells Response

Know and follow the non-epileptic spell care plan

- Monitor for safety and allow the spell to run its course
- Give brief reassurance, then stop interacting until the spell has stopped
- May be tired, have a headache or not be able to remember what occurred.



4

Non-Epileptic Spells Response

- Provide a 5-10 minute break if needed, but may return to classwork immediately
- It is not appropriate to give medications, or initiate school's emergency response
- Encourage participation in normal activities



Which statement(s) are true?

- A. Students may not be aware that they are having a seizure
- B. Epilepsy is not contagious
- C. Most seizures are considered medical emergencies
- D. All students with seizures have similar symptoms



First aid for a generalized seizure include:

- A. Refer to Seizure Action Plan
- B. Cushion head
- C. Position student on their side
- D. All the above

Case Study: A student's Seizure Action Plan states to give emergency medication and call 911 if the seizure lasts for more than 5 minutes. The student's seizure has lasted 1 minute and it has now stopped.

What should you do?

- A. Follow Seizure Action Plan
- B. Call 911
- C. Leave student to go get help
- D. Give emergency medication`



A student with a seizure disorder is going on a field trip. What may raise concerns?

- A. Bowling with strobe lights
- B. An overnight field trip at the zoo
- C. A long hike with questionable cell service
- D. All of the above



**Together
We Can
Keep Kids
Healthy and
Safe In
School**



Thank You!

Talk to your
school nurse
about any
additional
questions.



Funding: Colorado Cancer Cardiovascular and Pulmonary Disease Grants Program

AsthmaCOMP Common Chronic Disease Working Group

- **Children's Hospital Colorado School Nurses**

Pamela Brunner Nii, BSN, RN, NCSN, AE-C

Charlotte Brazelton, BA, BSN, RN, NCSN

Bobbi Gillis, BSN, RN

Geri M Johnson, MS, RN, NCSN

Wendy Moore RN MSN, NCSN

Andria Redman, BSN, RN, AE-C

Emily Ziniel, RN, CPN, AE-C

- **RMC Health**

Natalie Boyer, MPH

- **University of Colorado School of Medicine**

Melanie Gleason, MS, PA-C, AE-C