**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_

**Trainee Name**: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Nurse**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Year:** \_\_\_\_\_\_\_\_\_\_\_

**Training & Return Monitoring Date Monitoring Date**

**Demo Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Metered-Dose Inhaler (MDI)/Auto-Inhaler**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identifies & States Name of MDI | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| States the Purpose for use of MDI | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| States Symptoms of Asthma Attack | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| States Location of Medication & Emergency Care Plan | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Follows procedure for use of MDI | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Identifies and correct problems with technique | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Assesses response to medication | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Responds appropriately to poor response to medication | Y | N | N/A | Y | N | N/A | Y | N | N/A |

**Valved Chamber/Spacer**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identifies & States Name of Spacer | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Follows procedure for assembly of inhaler with spacer | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| States the Purpose for use of Spacer | Y | N | N/A | Y | N | N/A | Y | N | N/A |
| Identifies and correct problems with technique | Y | N | N/A | Y | N | N/A | Y | N | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Identifies & States Name of Inhalation Solution/Nebulizer | Y N N/A | Y N N/A | Y N N/A |
| States the Purpose for use of inhalation Solution/Nebulizer | Y N N/A | Y N N/A | Y N N/A |
| Follows procedure for assembly of Nebulizer | Y N N/A | Y N N/A | Y N N/A |
| States Symptoms of Asthma Attack/Need for Medication | Y N N/A | Y N N/A | Y N N/A |
| States Location of Medication & Emergency Care Plan | Y N N/A | Y N N/A | Y N N/A |
| Follows procedure for use of inhalation/  Solution/Nebulizer | Y N N/A | Y N N/A | Y N N/A |
| Identifies and correct problems with technique | Y N N/A | Y N N/A | Y N N/A |
| Assesses response to medication | Y N N/A | Y N N/A | Y N N/A |
| Responds appropriately to poor response to medication | Y N N/A | Y N N/A | Y N N/A |
|  | Nurse's Signature | Nurse's Signature | Nurse's Signature |
|  |  |  |
| UAP Signature | UAP Signature | UAP Signature |
|  |  |  |

**Compressor/Nebulizer/Inhalation Solution**